

**On approval of the requirements for the health status of persons for their service in the Armed Forces, other troops and military formations of the Republic of Kazakhstan**

*Unofficial translation*

Order № 722 of the Minister of Defense of the Republic of Kazakhstan as of December 22, 2020. Registered with the Ministry of Justice of the Republic of Kazakhstan on December 22, 2020 under № 21863.

**Unofficial translation**

In accordance with subparagraph 1) of paragraph 2 of Article 11 of the Code of the Republic of Kazakhstan "On the health of the people and the health care system", **I hereby ORDER:**

**Footnote. Preamble - in the wording of the order of the Minister of Defense of the RK dated 29.11.2022 № 1144 (shall enter into force upon expiry of ten calendar days after the day of its first official publication).**

1. To approve the requirements for the health status of persons for their service in the Armed Forces, other troops and military formations of the Republic of Kazakhstan in accordance with Appendix 1 to this order.

2. To invalidate some orders of the Minister of Defense of the Republic of Kazakhstan in accordance with Appendix 2 to this order.

3. In accordance with the procedure established by the legislation of the Republic of Kazakhstan, the Main Military Medical Directorate of the Armed Forces of the Republic of Kazakhstan shall ensure:

1) the state registration of this order with the Ministry of Justice of the Republic of Kazakhstan;

2) the posting of this order on the website of the Ministry of Defense of the Republic of Kazakhstan after its first official publication;

3) the sending of information on implementation of the measures provided for in subparagraphs 1) and 2) of this paragraph to the Legal Department of the Ministry of Defense of the Republic of Kazakhstan within ten calendar days of the state registration.

4. Control over the execution of this order shall be entrusted to the supervising Deputy Minister of Defense of the Republic of Kazakhstan.

5. This order shall be brought to the notice of officials to the extent it is applicable to them

6. This order shall be enforced ten calendar days of its first official publication.

*Minister of Defense of  
the Republic of Kazakhstan*

*N.Yermekbayev*

“AGREED”

Ministry of Healthcare of  
the Republic of Kazakhstan

“AGREED”

Ministry of Internal Affairs of  
the Republic of Kazakhstan

“AGREED”

State Security Service of  
the Republic of Kazakhstan

“AGREED”

National Security Committee of  
the Republic of Kazakhstan

Appendix 1  
to Order № 722 of  
the Minister of Defense of  
the Republic of Kazakhstan  
as of December 22, 2020

**Requirements for the health status of persons for their service in the Armed Forces,  
other troops and military formations of the Republic of Kazakhstan**

1. Requirements for the health status of persons for their service in the Armed Forces, other troops and military formations of the Republic of Kazakhstan provide for the requirements for the health status of citizens (military personnel) for military service in the Armed Forces, other troops and military formations of the Republic of Kazakhstan (hereinafter referred to as the Requirements).

2. Requirements for the health status of citizens (military personnel) for military service by columns (hereinafter referred to as the Requirements by columns) are described in Appendix 1 to these Requirements and are set for:

with regard to column I:

citizens registering with recruiting stations;

citizens conscripted for military service;

citizens selected for training in military-technical and other specialties in specialized organizations of the Ministry of Defense of the Republic of Kazakhstan (hereinafter referred to as specialized organizations of the Ministry of Defense of the Republic of Kazakhstan) on a gratuitous basis;

citizens entering military educational institutions (hereinafter referred to as the MEI) implementing general secondary education programs (hereinafter referred to as schools) and their students;

with regard to column II:

citizens (military personnel) entering a MEI implementing technical and professional, higher education programs;

citizens entering and studying at military departments (faculties) of higher educational institutions;

citizens entering military service under a contract who are privates, reserve sergeants, military conscripts, as well as women without military ranks;

citizens selected for training in military-technical and other specialties in specialized organizations of the Ministry of Defense of the Republic of Kazakhstan on a reimbursable basis;

military conscripts;

MEI military students (cadets) prior to concluding a military service contract;

privates and reserve sergeants called for military training and taking military training, for the purposes of registration;

with regard to column III:

reserve officers conscripted for military service and entering military service under a contract;

military personnel doing military service under a contract;

officers doing compulsory military service;

military personnel entering a MEI implementing postgraduate education programs;

MEI military students (cadets) after concluding a military service contract;

reserve officers called for military training and doing military training, for the purposes of registration;

with regard to column IV:

as to military personnel (citizens) doing military service under a contract (entering military service under a contract), officers conscripted for military service in the Air Assault Forces (hereinafter referred to as AAF), the Naval Forces (hereinafter referred to as the Navy), special forces units (hereinafter referred to as SFU), requirements are set for the units of special forces units, marines, air assault and reconnaissance units, combat swimmers and diving personnel, as well as the crew of ships and vessels;

military personnel (citizens called for military training) involved in underwater driving of tanks and other vehicles, as well as going to sea.

3. The requirements by the columns are set out by classes of diseases, in the form of items, sub-items with the names of diseases, handicaps (wounds, injuries, contusions) in accordance with the International Classification of Diseases, Tenth Revision (hereinafter referred to as the ICD-10).

Explanations for the Requirements by the columns are given in Appendix 2 to these Requirements.

Abbreviations used in the Requirements by the columns and in the explanations for them are given in Appendix 3 to these Requirements.

Indicators of degrees of respiratory (pulmonary) failure are set out in Appendix 4 to these Requirements.

The table for measuring the range of motion in the joints (in degrees) is given in Appendix 5 to these Requirements.

4. The Requirements by the columns provide for the following categories of fitness for military service:

A - fit for military service;

B - fit for military service with minor restrictions;

C - fit for limited military service (in relation to military personnel doing military service under a contract and officers conscripted for military service);

D - temporarily unfit for military service;

E - not fit for military service in peacetime, fit for limited military service in wartime;

F - not fit for military service and subject to military deregistration;

NF - not fit for military service in the services and branches of the Armed Forces, as well as other troops and military formations of the Republic of Kazakhstan in certain military specialties, not fit for entering a MEI (school), not fit for military service with harmful factors ;

M-IND - fitness for military service in the Armed Forces, other troops and military formations of the Republic of Kazakhstan is determined individually and provides a B or C category of fitness;

IND - fitness for military service in the services and branches of the Armed Forces, as well as other troops and military formations of the Republic of Kazakhstan for certain military specialties is determined individually.

For military conscripts, category B means unfitness for military service in AAF (the Navy or SFU).

Fitness category D means unfitness for entering military service under a contract, MEI and schools; and fitness categories C, E and E mean unfitness for training in MEI and schools .

5. With the fitness category B, the fitness of citizens (military personnel) for military service in services and branches of the Armed Forces, as well as other troops and military formations of the Republic of Kazakhstan, for entering MEI (schools), training (doing military service) in some military specialties, as well as doing military service with radioactive substances, ionizing radiation sources, propellant components, sources of electromagnetic fields and laser radiation are determined according to:

1) the categories of citizens' fitness for military service by services and branches of troops of the Armed Forces, as well as other troops and military formations of the Republic of Kazakhstan when registering with recruiting stations, in case of military conscription defined in Appendix 6 to these Requirements;

- 2) the categories of fitness of citizens (military personnel) for entering MEI implementing educational programs of the appropriate level defined in Appendix 7 to these Requirements;
- 3) the categories of fitness of military personnel for training (military service) in some military specialties defined in Appendix 8 to these Requirements;
- 4) the categories of fitness of military personnel for military service with radioactive substances, ionizing radiation sources, propellant components, sources of electromagnetic fields and laser radiation (hereinafter referred to as harmful factors) defined in Appendix 9 to these Requirements.

Appendix 1 to the Requirements  
for the health status of  
persons for their service in  
the Armed Forces, other  
troops and military formations of  
the Republic of Kazakhstan

### Requirements for the health status of citizens (military personnel) for military service by columns

Items of requirements by columns	Name of diseases, codes by the ICD -10, sub-items of requirements by columns, degree of dysfunction	Category of fitness for military service			
		I column	II column	III column	IV column
Chapter 1. Infectious and parasitic diseases					
1	Certain infectious and parasitic diseases (A00-A09, A20-A28, A30-A49, A75-A79, A92-A99, B00-B09, B15-B19, B25-B34, B50-B64, B65-B83, B85-B89, B99)				
	1) refractory or recalcitrant	E	E	M-IND	NF
	2) temporary functional disorders after acute infectious diseases or exacerbation of chronic infectious diseases	D	D	D	D
2	Respiratory tuberculosis, sequelae of tuberculosis (A15, A16, B90.9)				
	1) active with the release of mycobacteria and (or) destruction of lung tissue	F	F	F	NF
	2) active without the release of mycobacteria and destruction of lung tissue	E	E	E	NF
	3) clinically cured	F	F	C	NF

	4) minor residual changes after cured tuberculosis	F	F	B	NF
	5) temporary functional disorders after treatment	-	D	D	D
3	Tuberculosis of other organs, sequelae of tuberculosis (A18, A19, B90.0-B90.8)				
	1) active progressive	F	F	F	NF
	2) active during the main course of treatment	E	E	E	NF
	3) clinically cured	E	E	C	NF
	4) inactive without signs of activity for more than 3-5 years	E	E	B	NF
	5) temporary functional disorders after treatment	-	D	D	D
4	Leprosy, sequelae of leprosy (A30, B92)	F	F	F	F
5	Human immunodeficiency virus (B20-B24)				
	1) HIV infection, clinical stage 3,4	F	F	E	NF
	2) HIV infection, clinical stage 1,2	E	E	M-IND	NF
	Infections with predominantly sexual mode of transmission (A50-A64, A65-A69, A70-A74)				
	1) late congenital syphilis	F	F	E	NF
	2) primary, secondary and latent syphilis, with delayed negative classic serological reactions	E	E	B	IND
	3) infections with predominantly sexual mode of transmission (chancroid, lymphogranuloma inguinale, Granuloma inguinale,	D	A		A

6	nongonococcal urethritis )			A	
7	Mycoses (B35-B49)				
	1) candidiasis of internal organs, coccidioidosis, histoplasmosis, blastomycosis, sporotrichosis, chromomycosis, pheomycotic abscess, mycetoma	E	E	M-IND	NF
	2 ) dermatophytosis	D	D	A	A
Chapter 2. Neoplasms					
8	Malignant neoplasms, neoplasms in situ (C00-C97, except C70-C72, C81-C96, D00-D09, D37-D48, except D43, D47)				
	1) inoperable and with distant metastases	F	F	F	NF
	2) conditions after radical resection of the original tumor	F	F	E	NF
	3) temporary functional disorders after surgical treatment , cytostatic or radiation therapy	E	E	D	D
	Malignant neoplasms of lymphoid, hematopoietic and related tissue, other neoplasms of uncertain or unknown behavior of lymphoid, hematopoietic and related tissue (C81-C96, D47)				
	1) rapidly progressive, as well as slowly progressive, with significant changes in the composition of blood and	F	F		NF

9	periodic exacerbations			F	
	2) slowly progressive with moderate dysfunction of the hematopoietic system and rare exacerbations	F	F	E	NF
	3) temporary functional disorders after completed radiation or cytostatic therapy	F	F	D	NF
10	Benign neoplasms (D10-D36, except D32, D33)				
	1) with significant dysfunction	F	F	E	NF
	2) with moderate dysfunction	E	E	M-IND	NF
	3) with minor dysfunction	E	E	B	IND
	4) given objective data without dysfunction	A	A	A	A
	5) temporary functional disorders after surgical treatment	D	D	D	D
Chapter 3. Diseases of the blood, blood-forming organs and certain disorders involving the immune mechanism					
11	Diseases of the blood, blood-forming organs and certain disorders involving the immune mechanism (D50-D89)				
	1) rapidly progressive with significant dysfunction	F	F	F	NF
	2) slowly progressive with significant changes in blood composition and frequent exacerbations	F	F	E	NF
	3) slowly progressive with moderate dysfunction of the	E	E		NF



	hematopoietic system and rare exacerbations			M-IND	
	4) temporary functional disorders after non-systemic blood diseases	D	D	D	D
Chapter 4. Endocrine disorders, eating disorders and metabolic disorders					
12	Other nontoxic goitre (E04)				
	1) causing a disorder of the functions of nearby organs	E	E	E	NF
	2) making it difficult to wear military uniforms	E	E	M-IND	NF
	3) not making it difficult to wear a military uniform	B	B	A	IND
13	Endocrine disorders, eating disorders and metabolic disorders (E00-E90, except E04)				
	1) with significant dysfunction	F	F	E	NF
	2) with moderate dysfunction, class III obesity	E	E	C	NF
	3) with minor dysfunction, class II obesity	E	E	M-IND	NF
	4) condition after an acute illness, exacerbation of a chronic illness or surgical treatment in the presence of temporary functional disorders	D	D	D	NF
	5) given objective data without dysfunction, class I obesity	B	B	B	IND
Chapter 5. Mental, behavioral disorders (diseases)					
	Organic mental disorders (F00-F09)				
	1) with pronounced persistent mental disorders	F	F	F	NF

14	2) with moderate mental disorders	E	E	E	NF
	3) with mild short-term painful manifestations	D	D	D	NF
	4) with persistent compensation of earlier minor mental disorders or mental disorders that ended in recovery	B	B	B	NF
15	Endogenous psychoses: schizophrenia, schizotypal disorders, chronic delusional disorders and affective psychoses (F20-F29, F30-F39)	F	F	F	NF
16	Symptomatic mental disorders of exogenous etiology (F00-F09)				
	1) with pronounced persistent painful manifestations	F	F	F	NF
	2) with moderate, long-term or repeated painful manifestations	E	E	E	NF
	3) with moderate or mild, long-term asthenic condition	D	D	D	NF
	4) with mild and short-term asthenic condition that ended in recovery	B	B	B	IND
17	Neurotic, stress-related and somatoform disorders, behavioral syndromes associated with physiological disturbances and physical factors (F40-F48, F50-F59, F95)				
	1) with pronounced persistent painful manifestations	E	E	E	NF
	2) with moderate, long-term or repeated painful manifestations	E	E	C	NF

	3) with moderate, short-term painful manifestations	E	E	M-IND	IND
	4) with mild and short-term painful manifestations that ended in recovery	B	B	A	A
18	Disorders of personality and behavior (F60-F69, F90-F98, except F95, F98.0, F98.5)				
	1) with severe impairments and a tendency to repeated long-term decompensation or pathological reactions	F	F	F	NF
	2) with moderate impairments with unstable compensation	E	E	E	NF
	3) behavioral and emotional disorders with stable compensation	E	E	C	NF
19	Mental and behavioral disorders due to psychoactive substance use (F10-F19)				
	1) with pronounced moderate persistent mental disorders	F	F	E	NF
	2) with minor mental disorders	E	E	C	NF
20	Mental retardation (F70-F79)				
	1) deep, severe and moderate	F	F	F	NF
	2) mild	E	E	E	NF
Chapter 6. Diseases of the nervous system					
21	Episodic and paroxysmal disorders (G40-G47, except G45,G46)				
	1) in the presence of frequent manifestations	F	F	F	NF
	2) in the presence of single and rare manifestations	E	E	M-IND	NF
	3) in the presence of epileptiform activity detected				

	by the results of electroencephalography, without clinical manifestations	B	B	B	NF
22	Inflammatory, demyelinating diseases of the central nervous system and their sequelae (A17, A80-A89, G00-G09, G35-G37)				
	1) with significant dysfunction or rapidly progressive	F	E	E	NF
	2) with moderate dysfunction	E	E	C	NF
	3) with minor dysfunction	E	E	M-IND	NF
	4) given objective data without dysfunction	B	B	B	IND
23	Organic, hereditary-degenerative diseases of the central nervous system and neuromuscular diseases (G10-G13, G20-G26, G30-G32, G70-G73, G80-G83, G90-G99, C70-C72, D32, D33, Q00-Q07)				
	1) with significant dysfunction or rapidly progressive	F	F	F	NF
	2) with moderate dysfunction or slowly progressive	E	E	B	NF
	3) with minor dysfunction	E	E	M-IND	NF
	4) given objective data without dysfunction	B	B	B	IND
	Vascular diseases of the brain, spinal cord (G45, G46, I60-I69, R55)				
	1) with significant dysfunction	F	F	F	NF
	2) with moderate dysfunction, frequent transient disorders of cerebral blood flow	F	F	E	NF
	3) with minor dysfunction, rare transient				

24	disorders of cerebral blood flow, in the presence of frequent fainting without signs of organic lesion in the central nervous system	E	E	M-IND	NF
	4) given objective data without signs of organic lesion in the central nervous system	B	B	B	NF
25	Sequelae of injuries of the brain, spinal cord and lesions of the central nervous system from external causes (T90, T91.3, T98.1)				
	1) with significant dysfunction	F	F	F	NF
	2) with moderate dysfunction	E	E	E	NF
	3) with minor dysfunction	E	E	M-IND	NF
	4) given objective data without dysfunction	B	B	B	IND
26	Diseases of the peripheral nervous system (G50-G59, G60-G64)				
	1) with significant dysfunction	F	F	E	NF
	2) with moderate dysfunction	E	E	M-IND	NF
	3) with minor dysfunction	E	E	B	NF
	4) given objective data without dysfunction	B	B	A	IND
27	Sequelae of injuries of peripheral nerves (T90.3, T92.4, T93.4)				
	1) with significant dysfunction	F	F	E	NF
	2) with moderate dysfunction	E	E	C	NF
	3) with minor dysfunction	E	E	B	NF
	4) given objective data without dysfunction	B	B	A	IND

28	Temporary functional disorders of the central or peripheral nervous system after an acute illness, exacerbation of a chronic illness, injury, or surgery	D	D	D	D
Chapter 7. Diseases of the eye and adnexa					
29	Disorders and sequelae of injuries and burns of the eyelids, lacrimal passages, orbit, conjunctiva (H00-H06, H10-H13, Q10, T90.4)				
	1) pronounced anatomical changes or deficiencies in the position of the eyelids, orbit or conjunctiva with significant visual or motor dysfunctions in both eyes	F	F	E	NF
	2) the same in one eye or moderately expressed in both eyes, pronounced diseases of the eyelids, lacrimal passages, orbit, conjunctiva in one or both eyes	E	E	M-IND	NF
	3) minor anatomical changes or deficiencies in the position of the eyelids, orbit or conjunctiva, moderate or mild diseases of the eyelids, lacrimal passages, orbit, conjunctiva in one or both eyes	B	B	A	A
	Diseases and sequelae of injuries and burns of the sclera, cornea, iris, ciliary body, lens, choroid, retina, vitreous body, globe, optic nerve (H15-H22, H25-H28, H30-H36, H43-H45, H46-H48, Q11-Q14)				

30	1) pronounced with a progressive decrease in visual functions or frequent exacerbations in both eyes	F	F	E	NF
	2) the same in one eye or moderate in both eyes	E	E	M-IND	NF
	3) moderate, non-progressive with rare exacerbations in one eye	B	B	B	IND
31	Retinal detachments and breaks (H33)				
	1) of non-traumatic etiology in both eyes	F	F	F	NF
	2) of post-traumatic etiology in both eyes	E	E	M-IND	NF
32	3) of any etiology in one eye	E	E	B	NF
	Glaucoma (H40-H42, Q15.0)				
	1) in advanced and subsequent stages in both eyes	F	F	E	NF
	2) the same in one eye	E	E	M-IND	NF
33	3) in the initial stage, in the stage of praeglaucoma of one or both eyes	E	E	B	NF
	Disorders of ocular muscles, binocular movement (H49-H51)				
33	1) persistent palsy of the motor muscles of the globe in the presence of diplopia	E	E	M-IND	NF
	2) the same in the absence of diplopia,				

	concomitant strabismus in the absence of binocular vision	B	B	B	IND
Disorders of refraction and accommodation (H52)					
	1) myopia or hypermetropia of any eye in one of the meridians of more than 12.0 diopters or any form of astigmatism in any eye with a difference in the refractive power in two main meridians of more than 6.0 diopters	F	F	E	NF
	2) myopia or hypermetropia of any eye in one of the meridians from 8.0 to 12.0 diopters or any form of astigmatism in any eye with a difference in the refractive power in two main meridians from 4.0 to 6.0 diopters	E	E	M-IND	NF
	3) myopia or hypermetropia of any eye in one of the meridians from 6.0 to 8.0 diopters	E	E	B	NF
	4) myopia of any eye in one of the meridians from 3.0 to 6.0 diopters , hypermetropia of any eye in one of the meridians from 4.0 to 8.0 diopters or any form of astigmatism in any eye with a difference in the	B	B		IND



34	refractive power in two main meridians from 2.0 to 4.0 diopters			B	
Blindness, visual impairment, color vision deficiencies (H54, H53.5)					
	1) visual acuity of one eye is 0.09 and worse or its blindness with the visual acuity of the other eye from 0.3 and worse, as well as the absence of a globe with the visual acuity of the other eye from 0.3 and worse or the visual acuity of both eyes from 0.2 and worse	F	F	F	NF
	2) visual acuity of one eye from 0.09 and worse or its blindness with the visual acuity				

35	of the other eye above 0.3, as well as the absence of globe with the visual acuity of the other eye better than 0.3 or the visual acuity of one eye equal to 0.3 with the visual acuity of the other eye from 0.3 to 0.1	E	E	C	NF
	3) visual acuity of one eye equal to 0.4 with the visual acuity of the other eye from 0.3 to 0.1	E	E	B	NF
	4) dichromasia, color weakness III-II degree	B	B	A	IND
36	Temporary functional disorders of the organ of vision after an acute illness, exacerbation of a chronic disease, injury or surgical treatment	D	D	D	D
Chapter 8.Diseases of the ear and mastoid					
37	Diseases of the external ear: eczema of the external ear canal and auricle, chronic diffuse otitis externa, exostosis of the ear canal, acquired stenosis of the ear canal (H60-H62)	B	B	B	IND
Diseases of the middle ear and mastoid (H65-H75)					
	1) chronic otitis media with polyps, granulations in the tympanic cavity, caries of	E	E		NF

38	bone and (or) combined with chronic diseases of the paranasal sinuses			M-IND	
	2) chronic otitis media without polyps, granulations in the tympanic cavity, caries of bone and (or) not combined with chronic diseases of the paranasal sinuses	E	E	B	NF
	3) residual effects of past otitis media, disease with persistent disorder of the barofunction of the ear	B	B	A	IND
39	Disorders of vestibular function (H81)				
	1) stable significant vestibular disorders	F	F	E	NF
	2) unstable moderate vestibular disorders	E	E	M-IND	NF
	3) persistent and significant sensitivity to vestibular stimulation	B	B	A	NF
	Conductive and sensorineural hearing loss and other hearing loss (H80, H90, H91, H93, H94)				
	1) hearing loss in both ears or deaf mutism	F	F	F	NF
	2) persistent hearing loss in the absence of perception of whispered speech in one ear and with perception of whispered speech at a distance of up to				

40	3 meters in the other ear or persistent hearing loss with perception of whispered speech at a distance of up to 1 meter in one ear and at a distance of up to 2 meters in the other ear	E	E	M-IND	NF
	3) persistent hearing loss in the absence of perception of whispered speech in one ear and with perception of whispered speech at a distance of more than 3 meters in the other ear or persistent hearing loss with perception of whispered speech at a distance of up to 2 meters in one ear and at a distance of up to 3 meters in the other ear	E	E	B	IND
41	Temporary functional disorders after an acute illness, exacerbation of a chronic illness, injury to ear and mastoid, or surgical treatment	D	D	D	D
Chapter 9. Diseases of the circulatory system					
42	Chronic inflammatory rheumatic, non-rheumatic heart diseases, cardiomyopathies, degenerative and dystrophic heart diseases (I00-I02, I05-I09, I34-I52)				
	1) CHF III - IV FC	F	F	F	NF
	2) CHF II FC	E	E	E	NF
	3) CHF I FC	E	E	M-IND	NF

	4) without chronic heart failure	B	B	B	IND
43	Arterial hypertension (I10-I15)				
	1) with pronounced dysfunction of target organs, rapidly progressive	F	F	F	NF
	2) with moderate dysfunction of target organs	E	E	E	NF
	3) with minor dysfunction of target organs	E	E	M-IND	NF
	4) given objective data without dysfunction of target organs	E	E	B	IND
44	Ischaemic heart disease (I20-I25)				
	1) with significant dysfunction	F	F	F	NF
	2) with moderate dysfunction	E	E	E	NF
	3) with minor dysfunction	E	E	M-IND	NF
	Diseases and sequelae of injury to the aorta, main and peripheral arteries and veins, lymphatic vessels (I70-I79, I80-I89)				
	1) with significant impairment of the circulatory system and functions	F	F	E	NF
	2) with moderate impairment of the circulatory system and functions	E	E	E	NF
	3) with minor impairment of the circulatory system and functions	E	E	M-IND	NF
	4) given objective data without impairment of the circulatory	B	B		IND

45	system and functions			A	
46	Somatoform autonomic dysfunction of the heart and cardiovascular system (I99)				
	1) with persistent significant vegetovascular disorders	E	E	M-IND	NF
	2) with persistent moderate disorders	B	B	A	IND
47	Temporary functional disorders of the circulatory system after an acute illness, exacerbation of a chronic illness, injury, or surgical treatment	D	D	D	D
Chapter 10. Diseases of the respiratory system					
	Diseases of the nasal cavity, paranasal sinuses, pharynx (J30-J35)				
	1) severe atrophic rhinitis (ozena)	E	E	C	NF
	2) polypous sinusitis with persistent obstruction of nasal breathing, purulent sinusitis with frequent exacerbations	E	E	M-IND	NF
	3) diseases of the nasal cavity, nasopharynx with persistent obstruction of nasal breathing and (or)	B	B		NF

48	persistent disorder of the barofunction of the paranasal sinuses			B	
	4) chronic decompensated tonsillitis, chronic atrophic, hypertrophic, granular pharyngitis (nasopharyngitis)	B	B	B	IND
	5) polypous sinusitis without persistent obstruction of nasal breathing, purulent sinusitis with rare exacerbations, non-purulent sinusitis	B	B	B	IND
49	Diseases and injuries of the larynx, cervical trachea (J37-J38, Q31, Q32.0, Q32.1)				
	1) with significant impairment of respiratory and (or) voice functions	F	F	E	NF
	2) with moderate impairment of respiratory and (or) voice functions	E	E	C	NF
	3) with minor impairment of respiratory and (or) voice functions	E	E	B	NF
50	Unspecified chronic diseases of the lungs and pleura, disseminated lung diseases of non-tuberculous etiology (J40-J99, except for J45)				
	1) with significant dysfunction	F	F	E	NF
	2) with moderate dysfunction	E	E	C	NF
	3) with minor dysfunction	B	B	B	IND
	Bronchial asthma (J45)				

51	1) severe persistent course	F	F	F	NF
	2) moderate persistent course	E	E	E	NF
	3) mild persistent course	E	E	M-IND	NF
	4) intermittent course	E	E	B	IND
52	Temporary functional disorders of the respiratory system after an acute illness, exacerbation of a chronic illness, injury, or surgical treatment	D	D	D	D

Chapter 11.Diseases of the digestive system

53	Diseases of tooth development and eruption, dental caries (K00-K02)				
	1) the absence of 10 or more teeth in one jaw or their replacement with a removable denture, the absence of 8 molars in one jaw , the absence of 4 molars in the upper jaw on one side and 4 molars in the lower jaw on the other side, or their replacement with removable dentures	E	E	B	IND
	2) the absence of 4 or more anterior teeth in one jaw or the absence of the second incisor , canine tooth and the first premolar in a row if it is impossible to replace them with fixed dentures	B	B	B	IND
	3) multiple extensive caries	B	B	A	IND



54	Diseases of hard tissues of teeth, pulp and periapical tissues, gingiva and periodontium, oral soft tissues (K04-K06, K12-K13)				
	1) periodontitis, severe generalized periodontal disease	E	E	M-IND	NF
	2) periodontitis, moderate generalized periodontal disease, stomatitis, gingivitis, and other diseases of the lips and oral mucosa, unmanageable	E	E	B	IND
	3) periodontitis, generalized mild periodontal disease	B	B	A	IND
55	Dentofacial anomalies (except for congenital malformations), other changes in the teeth and their supporting structure, diseases of the jaws, salivary glands, tongue (K07- K11,K14)				
	1) with significant respiratory, olfactory, chewing, salivary, swallowing and speech impairments	F	F	E	NF
	2) with moderate respiratory, olfactory, chewing, salivary, swallowing and speech impairments	E	E	M-IND	NF
	3) with minor respiratory, olfactory, chewing, salivary, swallowing and speech impairments or without them	B	B	B	IND
	4) given objective data without dysfunction	B	B	A	IND
Diseases of the oesophagus, intestines (except for the duodenum) and peritoneum (K20-K23, K35-K38, K50-K52, K55-K63, K65-K67)					

56	1) with significant dysfunction	F	F	E	NF
	2) with moderate dysfunction and frequent exacerbations	E	E	M-IND	NF
	3) with minor dysfunction	E	E	B	NF
	4) given objective data without dysfunction	A	A	A	A
57	Gastric ulcer, duodenal ulcer (K25-K28)				
	1) with significant dysfunction	F	F	E	NF
	2) with moderate dysfunction and frequent exacerbations	E	E	M-IND	NF
	3) with minor dysfunction and rare exacerbations	E	E	B	IND
58	Diseases of the stomach and duodenum (except for peptic ulcer), liver, gallbladder, biliary tract and pancreas, other diseases of the digestive system (K29-K31, K70-K77, K80-K87, K90-K93)				
	1) with significant dysfunction	F	F	E	NF
	2) with moderate dysfunction and frequent exacerbations	E	E	M-IND	NF
	3) with minor dysfunction	E	E	B	IND
	4) given objective data without dysfunction	B	B	A	A
59	Hernia (K40-K46)				
	1) with significant dysfunction	F	F	E	NF
	2) with moderate dysfunction	E	E	M-IND	NF
	3) given objective data without dysfunction	B	B	A	IND
Haemorrhoid (K64)					

60	1) IV stage	E	E	C	NF
	2) III stage, II stage with frequent complications	E	E	M-IND	NF
	3) II stage without complications	E	E	B	IND
	4) I stage	B	B	A	A
61	Temporary functional disorders of the digestive system after an acute illness, exacerbation of a chronic illness, or surgical treatment	F	F	F	F
Chapter 12. Diseases of the skin and subcutaneous tissue					
62	Diseases of the skin and subcutaneous tissue, including congenital ones (L00 - L99, Q80 -Q82 )				
	1) refractory or recalcitrant forms	F	F	E	NF
	2) treatable common and (or) often recurrent forms	E	E	M-IND	NF
	3) common and (or) limited rarely recurrent forms requiring no treatment	E	E	B	NF
	4) limited forms, including those in the stage of stable remission	B	B	A	IND
63	Temporary functional disorders after an acute illness, exacerbation of a chronic disease of the skin and subcutaneous tissue	F	F	F	F
Chapter 13.Diseases of the musculoskeletal system and connective tissue					
	Infectious arthropathies, inflammatory polyarthropathies, systemic connective tissue disorders, ankylosing spondylitis (M00-M03, M05-M14, M30-M36, M45, M46)				
	1) with significant				

64	dysfunction, persistent and pronounced changes	F	F	E	NF
	2) with moderate dysfunction and frequent exacerbations	E	E	C	NF
	3) with minor dysfunction and rare exacerbations	E	E	B	NF
65	Arthrosis and lesions of large joints, diseases and lesions of muscles, synovial membranes and tendons, disorders of bone density and structure, osteopathy, chondropathy (M15-M19, M20-M25, M60-M63, M65-M68, M80-M85, M86-M90, M91-M94)				
	1) with significant dysfunction	F	F	E	NF
	2) with moderate dysfunction	E	E	C	NF
	3) with minor dysfunction	E	E	B	NF
	4) given objective data without dysfunction	B	B	A	IND
66	Dorsopathies (M40-M43, M47-M49, M50-M54)				
	1) with significant dysfunction	F	F	E	NF
	2) with moderate dysfunction	E	E	C	NF
	3) with minor dysfunction	E	E	B	NF
	4) given objective data without dysfunction	B	B	A	IND
67	Absence, deformities, malformations of the hand and fingers (M20-M21.3, M21.5)				
	1) with significant dysfunction	F	F	E	NF
	2) with moderate dysfunction	E	E	C	NF
	3) with minor dysfunction	E	E	M-IND	NF
	4) given objective data without dysfunction	B	B	A	IND
Acquired and congenital deformities of the foot (M20-M21, except for M21.7, Q66)					

68	1) with significant dysfunction	F	F	E	NF
	2) with moderate dysfunction	E	E	C	NF
	3) with minor dysfunction	E	E	B	NF
	4) given objective data without dysfunction	B	B	A	A
69	Acquired deformities of limbs (M21.7 - M21.9)				
	1) with significant dysfunction	F	F	E	NF
	2) with moderate dysfunction	E	E	C	NF
	3) with minor dysfunction	E	E	M-IND	NF
	4) given objective data without dysfunction	B	B	B	IND
70	Absence of limb (Z89)				
	1) bilateral amputation stumps of the upper and lower limbs at any level , absence of the entire upper or lower limb after disarticulation or at the level of the upper third of the shoulder, thigh	F	F	F	NF
	2) absence of limbs to the level of the upper third of the shoulder or thigh	F	F	E	NF
	3) absence of a limb to the level of the lower third of the forearm	F	F	C	NF
Chapter 14. Diseases of the genitourinary system					
	Glomerular, renal tubule-interstitial disease, renal failure (N00-N08, N10, N11.8,N11.9,N12, N14-N16, N18-N19, N26)				
	1) with significant dysfunction	F	F	F	NF

71	2) with moderate dysfunction	E	E	M-IND	NF
	3) with minor dysfunction	E	E	B	NF
	4) given objective data without dysfunction	B	B	A	IND
72	Obstructive uropathy and reflux uropathy, pyelonephritis (secondary), urolithiasis, other diseases of the kidney, ureter and urinary system (N11.0,N11.1,N13, N20-N23, N25-N29 except for N26, N30-N39)				
	1) with significant dysfunction	F	F	F	NF
	2) with moderate dysfunction	E	E	E	NF
	3) with minor dysfunction	E	E	B	NF
	4) given objective data without dysfunction	B	B	A	IND
73	Diseases of the male genital organs, breast hypertrophy (N40-N51, N62)				
	1) with significant dysfunction	E	E	E	NF
	2) with moderate dysfunction	E	E	M-IND	NF
	3) with minor dysfunction	E	E	B	IND
	4) given objective data without minor clinical manifestations	B	B	A	A
Chapter 15. Diseases of the female reproductive system					
74	Inflammatory diseases of female pelvic organs (N70-N77)				
	1) with significant dysfunction	F	F	E	NF
	2) with moderate dysfunction	E	E	M-IND	NF
	3) with minor dysfunction	E	E	B	NF
75	Endometriosis (N80)				
	1) with significant dysfunction	F	F	E	NF
	2) with moderate dysfunction	E	E	M-IND	NF

	3) with minor dysfunction	B	B	B	NF
76	Non-inflammatory diseases of female genital organs, benign breast dysplasia, other disorders of the genitourinary system (N60, N81-N90, N99)				
	1) with significant dysfunction	F	F	E	NF
	2) with moderate dysfunction	E	E	M-IND	NF
	3) with minor dysfunction	E	E	B	NF
77	Disorders of ovarian-menstrual function (N91-N95)				
	1) with significant dysfunction	E	E	E	NF
	2) with moderate dysfunction	E	E	M-IND	NF
	3) with minor dysfunction	B	B	B	NF
78	Temporary functional disorders of the genitourinary system after an acute illness, exacerbation of a chronic disease, or surgical treatment	D	D	D	D
Chapter 16. Pregnancy, childbirth and the puerperium					
79	Pregnancy, childbirth and the puerperium (O00-O99)	D	D	D	NF
Chapter 17. Congenital anomalies (malformations), deformities and chromosomal abnormalities					
80	Congenital anomalies (malformations), deformities and chromosomal abnormalities (Q00-Q99)				
	1) with significant dysfunction	F	F	F	NF
	2) with moderate dysfunction	E	E	E	NF
	3) with minor dysfunction	E	E	M-IND	NF
	4) given objective data without dysfunction	B	B	B	IND
Chapter 18. Consequences of injuries, poisoning and other external causes					

81	Post-traumatic and postoperative injuries (defects) of the bones of the skull without signs of organic damage to the central nervous system (S02.0, S02.1, T90,2)				
	1) with the presence of an intracranial foreign body, a significant defect in the bones of the skull	F	F	E	NF
	2) with a moderate defect of the bones of the skull	E	E	M-IND	NF
	3) with a slight defect in the bones of the skull	E	E	B	NF
82	Fractures of the spine, trunk bones, upper and lower limbs and their sequelae (S12, S22, S32, S42, S52, S72, S82, T91.1, T91.2, T92.1, T93.1, T93.2)				
	1) with significant dysfunction	F	F	E	NF
	2) with moderate dysfunction	E	E	C	NF
	3) with minor dysfunction	E	E	B	NF
	4) given objective data without dysfunction	B	B	B	IND
83	Injuries to the internal organs of the chest, abdominal cavity and pelvis, and their sequelae (S26, S27, S36, S37, T91.4, T91.5)				
	1) with significant dysfunction	F	F	E	NF
	2) with moderate dysfunction	E	E	C	NF
	3) with minor dysfunction	E	E	M-IND	NF
	4) given objective data without dysfunction	B	B	B	IND
84	Consequences of thermal and chemical burns and frostbite, hypertrophic disorders of skin (T95, L91)				
	1) with significant dysfunction	F	F	E	NF
	2) with moderate dysfunction	E	E	C	NF
	3) with minor dysfunction	E	E	B	IND



85	Poisoning by drugs, medicaments and biological substances, the toxic effect of substances chiefly nonmedicinal as to source, the effect of external causes (T51-T78, T96, T97, T98)				
	1) with significant dysfunction	F	F	E	NF
	2) with moderate dysfunction	E	E	M-IND	NF
	3) with minor dysfunction	E	E	B	IND
86	Temporary functional disorders of the musculoskeletal system, connective tissue, skin and subcutaneous tissue after treatment of diseases, wounds, injuries, poisoning and other external causes	D	D	D	D
Chapter 19. Other diseases					
87	Physical underdevelopment				
	1) body weight is less than 45 kilograms, height is less than 155 centimeters	E	E	C	NF
	2) the same, first identified when registering with recruiting stations or when conscripting for military service	D	D	-	-
88	Enuresis (F98.0, R32).	E	E	M-IND	NF
89	Speech disorders (F98.5, R47- R49)				
	1) high degree of stuttering (stammering), disorders of speech that make it hard to understand	E	E	C	NF
	2) moderate stuttering (stammering),				

	disorders of speech that make it not intelligible enough	E	E	B	IND
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Appendix 2 to the Requirements  
for the health status of  
persons for their service in  
the Armed Forces, other  
troops and military formations of  
the Republic of Kazakhstan

## **Explanations to the Requirements for the health status of citizens (military personnel) for military service by columns**

### **Chapter 1. Infectious and parasitic diseases**

Item 1 of the Requirements by columns. Intestinal infections, bacterial zoonoses, other bacterial diseases, viral diseases with rash, viral diseases transmitted by arthropods (except for infections of the central nervous system), other viral diseases, rickettsioses, and other infectious diseases.

With acute diseases, the category of military personnel's fitness for military service is determined at the end of treatment, depending on the degree of dysfunction of organs and systems.

Subitem 1) of item 1 of the Requirements by columns includes chronic recurrent forms of diseases that are refractory or recalcitrant.

Those examined under column I who had acute brucellosis or toxoplasmosis less than twelve months ago, according to subitem 2) of item 1 of the Requirements by columns are recognized as temporarily unfit for military service in order to assess the constancy of remission; in case of relapse, the opinion is made based on subitem 1) of this item.

After a relapse or acute brucellosis or toxoplasmosis, military conscripts are recognized as unfit for military service.

When primary latent brucellosis is diagnosed (Wright-positive case, in the absence of clinical manifestations), conscripts are given a six-month deferral from conscription, those entering military service under a contract and MEI are considered unfit.

In case of chronic brucellosis or toxoplasmosis, the examination is carried out according to subitem 1) of item 1 of the Requirements by columns.

Servicemen with chronic diarrhea, as well as carriers of bacteria of typhoid fever, paratyphoid fever and salmonellosis, are subject to hospital treatment. If they are bacteria carriers for three or more months, they are examined according to subitem 1) of this item, and those examined according to column I under subitem 2) of item 1 of the Requirements by columns are recognized as temporarily unfit for military service for six months for the

purposes of treatment; in case of being carriers of bacteria for more than six months, which is confirmed by laboratory research, they are examined according to subitem 1) of item 1 of the Requirements by columns.

In case of echinococcosis, alveococcosis of internal organs, acute, subacute and chronic forms of sepsis with septicopyemic metastases confirmed with methods of laboratory and instrumental research, the category of fitness for military service of those examined according to columns I - II is determined according to subitem 1) of this item, regardless of the localization of the primary focus and the results of treatment.

The category of fitness for military service of those examined according to column III with complicated or recurrent echinococcosis, alveococcosis of internal organs, acute, subacute and chronic forms of sepsis with septicopyemic metastases confirmed with methods of laboratory and instrumental research is determined according to subitem 1) of this item.

Military conscripts who had severe viral hepatitis B, C, D with a protracted course of treatment, extrahepatic manifestations (autoimmune thyroiditis, Sjogren's syndrome, lymphocytic sialadenitis), mixed hepatitis are recognized as unfit for military service.

Military conscripts who had mild and moderate viral hepatitis are recognized as unfit for work with harmful factors, for military service in AAF, SFU and diving.

Military personnel examined under column IV who had uncomplicated mild or moderate viral hepatitis, typhoid fever, paratyphoid fever are recognized as temporarily unfit for parachute jumping, diving and work with harmful factors and shall be re-examined six months later. After this period, these persons are allowed to parachute jumping, diving and to work with harmful factors provided that they have no dysfunctions of liver and gastrointestinal tract.

Military personnel examined under column IV who had severe and (or) protracted viral hepatitis, typhoid fever, paratyphoid fever are recognized as temporarily unfit for parachute jumping, diving and work with harmful factors and shall be re-examined twelve months later.

In this case, servicemen are allowed to dive at depths of up to 60 meters; diving at a depth over 60 meters is allowed no earlier than a year after the examination.

Identification of the surface antigen of hepatitis B virus and antibodies to the hepatitis C virus is the basis for a detailed examination in order to exclude latent chronic viral hepatitis.

After confirmation of chronic viral hepatitis, citizens (military personnel) are examined according to item 58 of the Requirements by columns, taking into account the degree of activity and the presence of liver dysfunctions.

Asymptomatic (inactive) carriage of markers of viral hepatitis B or C confirmed by the results of additional examination methods (including ultrasound, EIA, PCR) is not a basis for applying the items of the Requirements by columns.

Citizens entering MEI who had mild viral hepatitis, typhoid fever, paratyphoid fever and have no dysfunctions of liver and gastrointestinal tract are recognized as fit for entering MEI no earlier than six months after the end of treatment.

Military personnel who had severe typhoid, paratyphoid fever, hemorrhagic fevers, rickettsial infections, zoonotic infections, and also in case of a complicated disease (with intestinal perforation, intestinal bleeding, pneumonia with parapneumonic pleurisy), regardless of the severity of the disease, with persistent asthenia after treatment, are subject to examination under subitem 1) of item 1 of the Requirements by columns.

Servicemen doing military service under a contract, officers doing military service by conscription, after surgical treatment, or complications of the diseases specified in this item, are examined after completion of treatment and rehabilitation according to the relevant items of the Requirements by columns, taking into account dysfunctions of the organ and system.

In case of severe complications of the central nervous, cardiovascular, osteoarticular systems, they are additionally examined according to the relevant items of the Requirement by columns, depending on the damage to organs and systems.

Subitem 2) of item 1 of the Requirements by columns includes temporary functional disorders after acute infectious, parasitic diseases, when, upon completion of inpatient treatment, the patient has general asthenia, loss of strength, and malnutrition.

An opinion on the need to grant a sick leave is made only in cases of a severe or complicated course of the disease with asthenia persisting after hospital treatment, when at least a month is required to assess the persistence of residual changes and to fully restore the ability of the examined person to perform military duties.

With regard to military personnel who had a mild or moderate uncomplicated illness, an opinion on the need for granting a sick leave is not made. Rehabilitation treatment in this category is completed in military medical (medical) units.

After hospital treatment of mild viral hepatitis, typhoid and paratyphoid fever, MEI cadets and students are discharged with recommendations for their release from certain types of work, daily shifts, and physical training.

Citizens who had acute viral hepatitis, typhoid fever and paratyphoid fever, when being called up for military service or entering military service under a contract, are recognized as temporarily unfit for military service for six months after the end of hospital treatment.

Item 2 of the Requirements by columns. Respiratory tuberculosis

Subitem 1) of item 2 of the Requirements by columns includes:

- all forms of active respiratory tuberculosis with bacterial excretion and (or) destruction;
- forms of active respiratory tuberculosis with pronounced symptoms of intoxication;
- significant residual changes in the lungs and pleura with displacement of the mediastinum and with type II respiratory (pulmonary) failure;

- multi-resistant forms of tuberculosis, as well as sequelae of surgical treatment, with type II respiratory (pulmonary) failure;

- pleural empyema;

- fistulous lesions of the bronchi.

Subitem 2) of item 2 of the Requirements by columns includes:

all forms of active respiratory tuberculosis without the release of mycobacterium tuberculosis and destruction;

thin-walled cystic spaces transformed in the course of treatment (healing of an open cavity );

sequelae of surgical treatment, with I type respiratory (pulmonary) failure;

significant residual changes in the lungs and pleura of type I respiratory (pulmonary) failure.

Significant residual changes include:

multiple (5 or more) components of the primary complex (Ghon focus and calcified lymph nodes) less than 1 cm, single and (or) multiple components of the primary complex ( Ghon focus and calcified lymph nodes) 1 or more cm;

multiple (5 or more) intense, clearly defined lesions less than 1 cm;

single and (or) multiple intense, clearly defined lesions 1 or more cm and foci;

disseminated fibrosis (more than two segments);

cirrhotic changes of any length;

sanitized cavities;

fibrothorax;

pleuropneumosclerosis with bronchiectasis;

massive pleural thickening more than 1 cm wide (with or without pleural calcification);

changes after pneumonectomy, thoracoplasty, pleuroectomy, cavernotomy, extrapleural pneumolysis;

combinations of two or more manifestations of small residual changes, objectified by plain radiographs and (or) roentgenograms.

Subitem 3) of item 2 of the Requirements by columns includes:

respiratory tuberculosis after a successful inpatient stage of treatment (at least three months) upon achievement of clinical and radiological well-being: cessation of bacterial excretion, closure of cavities of destruction, disappearance of symptoms of intoxication, resorption of infiltration in the lungs and resorption of fluid in the pleural cavity;

clinically cured respiratory tuberculosis after the end of the main course of treatment;

sequelae of surgical treatment (after resection of 2 or more segments or a lobe), without respiratory failure;

significant residual changes in the lungs and pleura without respiratory failure.

In the presence of tuberculous serositis (exudative pleurisy, pericarditis, polyserositis), examination is carried out with account of the results of cytological, immunological, microbiological studies and biopsy. The tuberculous etiology of dry pleurisy is proven by methods of tuberculin and immunodiagnostics, trial treatment and dynamics of laboratory parameters, ultrasound examination of the pleural cavity.

This subitem applies to persons examined according to columns I, II in case of presence or absence of residual changes in the lungs and pleura in the next three years after the completion of the main course of treatment.

Citizens (military personnel) who had tuberculous serositis with positive clinical and radiological dynamics are examined according to subitem 4) of item 2 of the Requirements by columns based on an MCB opinion after dispensary deregistration.

In case of treatment failure or refusal of treatment, servicemen are examined according to subitem 2) of this item.

Those examined according to column II show up before an MCB after final diagnosis and treatment, the stabilization of the process, regardless of the nature, course and outcome, not earlier than after three months.

Subitem 4) of item 2 of the Requirements by columns includes minor residual changes after past (including spontaneously cured) respiratory tuberculosis upon completion of observation in the group of clinically cured tuberculosis and after dispensary deregistration.

Minor residual changes include:

- minor residual changes of primary origin - single (four or less) components of the primary complex (Ghon focus and calcified lymph nodes) less than 1 cm;

- single (four or less) intense, clearly defined foci less than 1 cm;

- limited fibrosis within two segments;

- one- or two-sided blocked sinuses, interlobar synechia, pleurodiaphragmatic and pleuromediastinal adhesions, pleuroapical and pleurocostal layers up to 1 cm wide (with or without pleural calcification).

This subitem also includes the sequelae of resection of a segment of the lung, or its atypical resection, without respiratory failure.

Medical re-examination of citizens who had tuberculosis is carried out when they are removed from the dispensary registration, not earlier than three years after the end of the main course of treatment.

The presence of single small calcifications (no more than three) in the lungs or intrathoracic lymph nodes is not a basis for applying this item, does not prevent from military service, entering a MEI.

Subitem 5) of item 2 of the Requirements by columns includes temporary functional disorders after the inpatient stage of treatment (conservative or surgical). Servicemen doing military service under a contract are granted a sick leave after an intensive phase of treatment for up to 60 calendar days. At the same time, an opinion is made on the need to grant a sick leave to continue treatment on an outpatient basis under the supervision of a phthisiatrician, followed by a medical examination and determination of fitness for military service.

Item 3 of the Requirements by columns. Tuberculosis of other organs and systems.

Subitem 1) of item 3 of the Requirements by columns includes:

generalized tuberculosis with combined damage to various organs and systems, regardless of the nature, course, duration and outcome;

tuberculosis of eyes with a progressive decrease in visual functions;

common and disfiguring forms of tuberculosis of skin;

tuberculosis of the genitourinary organs with destruction and (or) bacterial excretion;

progressive tuberculosis, regardless of location;

metatuberculous nephrosclerosis, residual changes and sequelae of tuberculosis of the urinary system, the absence of one kidney after its resection in case of dysfunction of the remaining kidney, the sequelae of surgical treatment of the kidneys and urinary tract in the presence of chronic renal failure or significant excretory dysfunction;

cicatricial changes in the bladder with significant urinary disorders;

absence of both testicles resected because of tuberculosis.

Subitem 2) of item 3 of the Requirements by columns includes:

active limited tuberculosis of the spine, bones and joints, urogenital organs and other extrathoracic localization until decrement;

active tuberculosis of peripheral lymph nodes without destruction, fistulas and bacterial excretion;

residual effects or sequelae of the past tuberculosis of the urinary system, the sequelae of surgical treatment of tuberculosis of the kidneys and urinary tract with moderate excretory dysfunction of the kidneys and urination;

sequelae of surgical treatment of tuberculosis with moderate dysfunction.

Subitem 3) of item 3 of the Requirements by columns includes tuberculosis of extrathoracic localization after successful inpatient stage of treatment with the achievement of clinical and radiological well-being.

In case of treatment failure or refusal of treatment, servicemen are examined according to subitem 1) or 2) of item 3 of the Requirements by columns.

Subitem 4) of item 3 of the Requirements by columns includes residual changes after the past tuberculosis of extrathoracic localization in the absence of signs of activity after the completion of the main course of treatment for three years (in case of tuberculosis of the spine, tubular bones, joints - for five years) and the removal of the examined person from the dispensary registration.

An MCB opinion in relation to citizens (military personnel) with extrathoracic localization of tuberculosis is also made on the basis of the items of the Requirements by columns, depending on the function of the damaged organ or system.

Subitem 5) of item 3 of the Requirements by columns includes temporary functional disorders after the inpatient stage of (conservative or surgical) treatment.

Servicemen doing military service under a contract are granted a sick leave for up to 60 calendar days to continue treatment on an outpatient basis under the supervision of a phthisiatrician with subsequent medical examination by a MCB.

Item 4 of the Requirements by columns. With diagnosed leprosy, military personnel are recognized as unfit for military service and removed from military registration.

Citizens registering with recruiting stations, being conscripted for compulsory military service, military personnel, in whose family a leper is identified by a relevant healthcare organization, are recognized as unfit for military service and removed from military registration.

Citizens with a medical history of non-family contact with a leper are sent for examination and, in the absence of infection, are recognized as fit for military service.

Item 5 of the Requirements by columns. The clinical stage of HIV infection is determined according to the WHO classification.

Item 6 of the Requirements by columns. Infections with predominantly sexual mode of transmission.

Citizens registering for military service for the first time, being conscripted or entering military service under a contract, as well as military personnel, in cases of detection of infections with predominantly sexual mode of transmission are subject to treatment. After successful treatment and removal from dispensary registration, they are recognized as fit for military service.

In case of chronic or complicated venereal urethritis, citizens, when conscripted for military service or joining military service under a contract and entering a MEI, are recognized as temporarily unfit for military service for six months if it takes up to six months to complete treatment, and in case of primary, secondary or latent syphilis are considered temporarily unfit for military service for twelve months.

The criterion for the cure of gonorrhea and syphilis is the resolution of the clinical manifestations of a venereal disease, the presence of three negative results of laboratory control and removal from dispensary registration.

In case of absence of negative classical serological reactions twelve months after full treatment of syphilis, the examination is carried out according to subitem 2) of item 6 of the Requirements by columns.

In case of damage to internal organs, bones, nervous system by syphilis, depending on the degree of their dysfunction, the examination is carried out according to relevant items of the Requirements by columns.

Item 7 of the Requirements by columns. Citizens with dermatophytosis are subject to treatment. When conscripted for military service, entering military service under a contract and a MEI, they are recognized as temporarily unfit for military service for up to six months.

Servicemen with dermatophytosis are subject to treatment, upon completion of which they are recognized as fit for military service.

The diagnosis of mycosis is confirmed by laboratory tests.

## **Chapter 2. Neoplasms**



Servicemen with malignant neoplasms, regardless of the form, nature of the course and outcome of treatment, are sent for a medical examination to determine their fitness for military service within four months of the diagnosis.

Item 8 of the Requirements by columns. Malignant neoplasms (except for tumors of the nervous system, lymphoid, hematopoietic and related tissues).

Subitem 1) of item 8 of the Requirements by columns includes:

malignant neoplasms of bones and articular cartilage, regardless of spread and stage;

malignant neoplasms of organs and soft tissues with distant metastases after non-radical surgical treatment or disease progression after previous treatment;

cases of a patient's refusal to treat a malignant tumor, regardless of the stage and spread of the tumor.

Subitem 2) of item 8 of the Requirements by columns includes:

scars after radical treatment of malignant tumors of the lower lip or skin;

conditions after radical treatment of malignant neoplasms (except for bones, articular cartilage) of organs and soft tissues, including those with regional metastases.

For servicemen doing military service under a contract and being examined in connection with the upcoming dismissal from military service upon reaching the age limit or as part of organizational and staff measures, an opinion is made according to subitem 1) of item 8 of the Requirements by columns, regardless of the location, stage and spread of the malignant process, and also the time of onset of the disease. The exception is cases of radical treatment of cancer of the lower lip, skin without metastases, when this category of military personnel is examined according to subitem 2) of item 8 of the Requirements by columns.

After completion of inpatient treatment, a sick leave is granted to patients with malignant neoplasms examined under column III-IV, according to subitem 3) of item 8 of the Requirements by columns.

Item 9 of the Requirements by columns. Malignant neoplasms of lymphoid, hematopoietic and related tissues.

Subitem 1) of item 9 of the Requirements by columns includes malignant diseases of lymphoid, hematopoietic and related tissues, when treatment gives no effect.

Subitem 2) of item 9 of the Requirements by columns includes diseases with a slowly progressive course, and the effect of treatment is temporary.

For servicemen doing military service under a contract and being examined in connection with the upcoming dismissal from military service upon reaching the age limit, as part of organizational and staff measures, an opinion is made according to subitem 1) of item 9 of the Requirements by columns, regardless of the location, stage and spread of the malignant process, and also the time of onset of the disease.

Subitem 3) of item 9 of the by columns includes conditions after radiation or cytostatic therapy for malignant diseases of the blood and hematopoietic organs, neoplasms of lymphoid, hematopoietic and related tissues.

An opinion on the need for a sick leave is made only after the first course of radiation or cytostatic therapy.

Item 10 of the Requirements by columns. In the presence of benign neoplasms, persons under examination are offered surgical treatment. The item is applied in cases of unsatisfactory results of treatment or in case of its refusal.

Subitem 1) of item 10 of the Requirements by columns includes:

- benign neoplasms of the endocrine (except thyroid) glands in a state of clinical and hormonal decompensation under drug therapy;

- benign neoplasms of the upper respiratory tract with significant respiratory and (or) voice dysfunctions;

- benign neoplasms of the mediastinum with significant clinical manifestations (displacement, compression of thoracic organs);

- benign neoplasms of the respiratory system with severe clinical manifestations (hemoptysis, bronchoconstriction or atelectasis);

- benign neoplasms of the digestive system with a decline in nutrition or significantly complicating the swallowing and passage of food;

- benign neoplasms of the skin, subjacent tissues, blood or lymph vessels, which do not allow wearing military uniforms, shoes or equipment;

- benign neoplasms of bone and cartilage tissue that do not allow wearing military uniforms, shoes or equipment, or significantly impair the function of a nearby organ or system;

- benign neoplasms of the genitourinary system with severe dysuric disorders or recurrent bleeding;

- benign neoplasms of the mammary gland (fibroadenomas, intraductal papillomas, cysts, lipomas), female genital organs with significant organ dysfunction, with unsatisfactory surgical treatment.

Subitem 2) of item 10 of the Requirements by columns includes:

- insitu neoplasms;

- benign neoplasms of the endocrine (except thyroid) glands in a state of clinical and hormonal compensation under drug therapy;

- benign neoplasms of the mediastinum with impaired organ functions;

- benign neoplasms of the respiratory system with moderate clinical manifestations;

- benign neoplasms of the digestive system with moderate clinical manifestations without a decline in nutrition;

- benign neoplasms of the skin, subjacent tissues, blood or lymphatic vessels that make it difficult to wear military uniforms, shoes or equipment;

- benign neoplasms of bone and cartilage tissue that make it difficult to wear military uniforms, shoes or equipment, or moderately disrupt the function of a nearby organ or system;

- benign neoplasms of long tubular bones, after removal of which the bone tissue defect will be half or more of the bone diameter;

benign neoplasms of the genitourinary system with moderate dysuric disorders.

Subitem 2) of this item also includes benign neoplasms of the mammary gland and female genital organs requiring surgical treatment in case of refusal of it, including uterine fibroids with sizes corresponding to a 12-week pregnancy and more, recurrent uterine fibroids, or fibroids with bleeding leading to anemia, as well as in the presence of submucous or subserous nodes with impaired blood supply, rapid growth (tumor increase to a size corresponding to more than five weeks of pregnancy per year).

Subitem 3) of item 10 of the Requirements by columns includes:

- benign neoplasms of the endocrine (except for the thyroid) glands without hormonal disorders;

- benign neoplasms of the upper respiratory tract with a slight breathing and (or) voice dysfunction;

- benign neoplasms of the mediastinum with minor clinical manifestations;

- benign neoplasms of the respiratory system with minor clinical manifestations;

- benign neoplasms of the digestive system with minor clinical manifestations and dyspeptic disorders;

- benign neoplasms of the genitourinary system with minor dysuric disorders;

- benign neoplasms of bone and cartilage tissue, slightly impairing the function of a nearby organ or system;

- giant pigmented nevi, the largest linear size of which is more than 20 cm;

- multiple nevi (more than 50), provided that close relatives have cases of melanoma confirmed by medical records;

- frequently traumatized nevi (with facts of trauma confirmed by medical documents) with signs of inflammation and (or) ulceration when localized in areas of possible trauma caused by wearing military uniforms, shoes or equipment.

Subitem 3) of this item shall also include benign neoplasms of the mammary gland, female genital organs that do not require surgical treatment, including uterine fibroids the size of which corresponds to 11 weeks of pregnancy or less, without clinical manifestations.

Subitem 4) of item 10 of the Requirements by columns includes benign neoplasms or sequelae of their radical treatment with damage to the functions of organs and organ systems, not hampering the wearing of military uniforms, shoes or equipment.

An opinion on granting a sick leave under subitem 5) of item 10 of the Requirements by columns is made after surgical treatment for benign neoplasms, when, after completion of treatment in inpatient conditions, at least one month is required to fully restore functions.

Citizens (military personnel) with benign neoplasms of the brain and spinal cord are examined in accordance with item 23 of the Requirements by columns, the peripheral nervous system - in accordance with item 26 of the Requirements by columns.

When diagnosing osteoma of the paranasal sinuses, the category of fitness of examined persons is determined depending on their dysfunction according to the relevant subitems of this item.

Benign neoplasms (lipomatosis, hemangiomas, osteomas, chondromas, papillomas and pigmented nevi, except for the nevi specified in subitem 3) or sequelae of their radical treatment without dysfunctions of organs and organ systems, not making it difficult to wear military uniforms, shoes or equipment are not grounds for applying this item and preventing from military service and entering MEI.

### **Chapter 3. Diseases of the blood, blood-forming organs and certain disorders involving the immune mechanism**

Item 11 of the Requirements by columns. Diseases of the blood and blood-forming organs, immunodeficiency states diagnosed during a special examination.

Subitem 1) of item 11 of the Requirements by columns includes diseases of the blood and blood-forming organs with no or temporary effect of treatment such as:

- hypo- or aplastic anemia, regardless of the effectiveness of therapy and degree of dysfunction;

- thrombocytopathy, hemophilia, coagulopathy with recurrent bleeding, hemorrhage, vascular thrombosis, thromboembolic complications;

- acquired or congenital persistent immunodeficiency states (except for the disease caused by HIV) with frequent relapses of infectious complications.

Servicemen with diseases of the blood and blood-forming organs, whose remission is achieved only due to glucocorticoid therapy, or who had splenectomy with a good effect, are examined under subitem 3), and in case of insufficient effectiveness of the treatment - under subitem 2) of this item.

Subitem 3) of item 11 of the Requirements by columns includes:

- hemolytic anemias with long-term positive effect of treatment with moderate or minor dysfunctions;

- anemia associated with nutrition (including iron deficiency, vitamin B12-deficiency, folate deficiency) of moderate, severe degree with insufficiently effective treatment;

- thrombocytopathy, coagulopathy with long-term positive effect of treatment without thrombosis, hemorrhagic manifestations and in the absence of medical indications for the maintenance of hormone therapy.

Subitem 4) of item 11 of the Requirements by columns includes temporary functional disorders after non-systemic blood diseases, as well as conditions after fully completed course of therapy if a minor dysfunction or splenectomy persists.

In case of blood clotting disorders, purpura and other hemorrhagic conditions (including von Willebrand disease, Schönlein-Henoch disease), examination is carried out under

subitems 1), 2) or 3) of item 11 of the Requirements by columns depending on the degree of dysfunction and course of the disease.

Those examined with hemorrhagic vasculitis (Schönlein-Henoch disease) of a mixed form with a recurrent course are examined according to subitem 3) of this item.

Those joining the military service under a contract, entering MEI and showing signs of a disease of the blood or hematopoietic organs for the first time during a medical examination are sent for consultation to a hematologist. The procedure for examination in case of diagnosing a disease shall not be inpatient.

Those examined under columns I, II with hemoglobin content in the blood of less than 120 gr/l are recognized as temporarily unfit for military service for up to six months.

In case of secondary immunodeficiency states, changes in blood composition, coagulation disorders identified in cases of diseases of other organs and systems, the category of fitness for military service is determined depending on the degree of dysfunction of the affected organ or organ system according to the relevant items of the Requirements by columns.

#### **Chapter 4. Endocrine disorders, eating disorders and metabolic disorders**

Item 12 of the Requirements by columns. Euthyroid goitre.

To determine the size of the goiter by degrees, the following scale is used: 0 - thyroid is not palpable, I – thyroid isthmus is enlarged, clearly palpable and visible when swallowing, II - lateral lobes and isthmus are well defined both when palpating and when swallowing, III - thyroid is clearly visible, flattens the anterior sections of the neck (“bull neck”), IV - thyroid changes the shape of the neck, V - thyroid has a very large size.

Subitem 1) of item 12 of the Requirements by columns includes euthyroid goitre of IV - V degree.

Subitem 2) of item 12 of the Requirements by columns includes euthyroid goitre of III degree.

If the disease specified in subitems 1) and 2) of this item is diagnosed in a person examined, the latter is offered surgical treatment. An opinion on the specified subitems is made in case of unsatisfactory results of surgical treatment or refusal of a surgery.

Subitem 3) of item 12 of the Requirements by columns includes euthyroid goitre of II degree.

When euthyroid goiter of II degree is diagnosed for the first time, citizens conscripted for compulsory military service are recognized as temporarily unfit for military service for twelve months for taking drug therapy. Twelve months later they are reexamined depending on the results of treatment.

In the presence of persistent endocrine disorders, the examination is carried out in accordance with item 13 of the Requirements by columns, depending on the degree of dysfunction.

Euthyroid goiter of 0 - I degree, in the presence of data on long-term (more than three years) observation, is not a basis for applying this item.

Item 13 of the Requirements by columns. Endocrine disorders, eating disorders and metabolic disorders.

Medical examination of citizens registering with recruiting stations, as well as those conscripted for compulsory military service, in case of newly diagnosed diseases related to subitems 1), 2), 3) of item 13 of the Requirements by columns, is carried out only after inpatient examination and treatment.

Subitem 1) of item 13 of the Requirements by columns includes:

diseases of the pituitary gland, adrenal glands, parathyroid and gonads, as well as thyroid diseases not included in item 12 of the Requirements by columns, with significant dysfunction in a state of clinical and hormonal subcompensation or decompensation under drug therapy;

condition (sequela) after medical procedures on the endocrine gland (including surgical resection (full or partial), radiation therapy) in a state of clinical hormonal subcompensation or decompensation under substitution therapy;

genetic syndromes with significant dysfunction of the endocrine organs in a state of clinical and hormonal subcompensation or decompensation under drug therapy;

type 1 diabetes mellitus;

type 2 diabetes mellitus, which requires constant administration of insulin therapy, including in combination with tableted antihyperglycemic medications;

type 2 diabetes mellitus, which does not require constant administration of insulin therapy (regardless of the level of hyperglycemia and the nature of treatment), in the presence of at least one complication such as preproliferative and proliferative retinopathy (with eye damage), diabetic nephropathy with the development of chronic renal failure (with kidney damage), autonomic (vegetative) neuropathy (with neurological complications), diabetic angiopathy of the lower limbs (with impaired peripheral circulation) manifested by trophic ulcers, gangrene of the foot, neuropathic edema, osteoarthropathies (diabetic foot syndrome), as well as in recurrent hypoglycemic and ketoacidotic conditions, hypoglycemic and diabetic coma.

Subitem 2) of item 13 of the Requirements by columns includes:

diseases of the pituitary gland, adrenal glands, parathyroid and gonads, as well as diseases of the thyroid not included in item 12 of the Requirements by columns with moderate dysfunction in the state of clinical and hormonal compensation under drug therapy;

condition (sequela) after medical procedures on the endocrine gland in a state of clinical and hormonal compensation under substitution therapy;

genetic syndromes with moderate dysfunction of endocrine organs in a state of clinical and hormonal subcompensation or decompensation under drug therapy;

type 2 diabetes mellitus, in which compensation of carbohydrate metabolism is achieved only by constant intake of tableted antihyperglycemic medications under diet therapy;

type 2 diabetes mellitus, in which the glycemia during the day exceeds 8.9 mmol/liter and (or) glycosylated hemoglobin is more than 7.5 percent;

type 2 diabetes mellitus, in which compensation of carbohydrate metabolism is achieved by the prescription of constant diet therapy, in the presence of non-proliferative retinopathy, nephropathy of the 3rd (microalbuminuric) or 4th (proteinuric) stage, moderate peripheral neuropathy and angiopathy;

class III exogenous constitutional obesity;

metabolic disorders requiring constant treatment, special nutrition, adherence to a special work-rest regimen (including phenylketonuria, galactosemia, glycogenosis, Wilson-Konovalov disease, Gaucher disease).

Citizens who, when conscripted for military service, were first diagnosed with class II exogenous constitutional obesity, are recognized, according to subitem 4) of item 13 of the Requirements by columns, as temporarily unfit for military service for twelve months, and with unsuccessful treatment of obesity, a medical examination is carried out under subitem 3) of item 13 of the Requirements by columns.

Subitem 3) of item 13 of the Requirements by columns includes:

mild reversible forms of diffuse toxic goitre (mild neurosis-like symptoms, decreased exercise tolerance, heart rate is up to 100 beats per minute, increased basal metabolism does not exceed 30 percent, with an increase in the thyroid gland of I-II degrees); condition after medical procedures on the endocrine gland with clinical and hormonal compensation, which does not require the prescription of therapy;

type 2 diabetes mellitus, in which compensation of carbohydrate metabolism is achieved by the prescription of constant diet therapy, and glycemia during the day does not exceed 8.9 mmol/l and (or) glycosylated hemoglobin is equal to or less than 7.5 percent, in the absence of late complications;

renal diabetes;

subacute thyroiditis with a recurrent course;

class II exogenous constitutional obesity.

In case of chronic fibrous and autoimmune thyroiditis, medical examination is carried out according to subitems 1), 2) or 3) of item 13 of the Requirements by columns, depending on the degree of dysfunction of the thyroid gland (without dysfunction - according to subitem 3) of item 12 of the Requirements by columns).

When diagnosing other metabolic disorders (cystic fibrosis, amyloidosis, albinism), examination is carried out according to the relevant subitems of this item, depending on the clinical manifestation and functional impairment.

Subitem 4) of item 13 of the Requirements by columns includes the state after medical procedures on the endocrine gland (including surgical resection (full or partial), radiation

therapy), the state after treatment of acute and subacute thyroiditis. Citizens called up for military service, joining military service under a contract are recognized as temporarily unfit for military service for six months according to subitem 4) of this item.

In the presence of insufficient body weight - BMI is less than 18.5 - conscripts, after consulting a general practitioner and a gastroenterologist, shall be consulted by an endocrinologist. When endocrine pathology is identified, medical examination and treatment of conscripts are carried out in hospitals. Citizens called up for military service are recognized as temporarily unfit for military service for six months according to subitem 4) of this item. If six months later, citizens are not diagnosed to have diseases that cause a decrease in body weight, have no negative dynamics of BMI (according to monthly examinations), have preserved physical performance (according to functional stress tests), they are subject to examination according to subitem 5) of item 13 of the Requirements by columns. In case of negative dynamics of BMI, reduced physical performance, citizens are subject to examination according to subitem 3) of this item.

To assess the nutritional status (malnutrition, obesity class) of citizens who have reached the age of 18, it is necessary to use the BMI determined by the authorized body for healthcare of the Republic of Kazakhstan according to the formula below:

$BMI (kg/m^2) = \text{body weight (kg)} / \text{height squared (m}^2\text{)}.$

The norm is 18.5-24.9 kg/m<sup>2</sup>.

Overweight - 25.0 - 29.9 kg/m<sup>2</sup>.

Class I obesity - 30.0 - 34.9 kg/m<sup>2</sup>.

Class II obesity - 35.0 - 39.9 kg/m<sup>2</sup>.

Class III obesity - 40 kg/m<sup>2</sup> or more.

To assess the nutritional status during the examination of persons under 18 years of age, the standards of physical development of children and adolescents adopted in the Republic of Kazakhstan are used.

## **Chapter 5. Mental, behavioral disorders (diseases)**

Citizens (military personnel) with mental, behavioral disorders (diseases) who committed suicidal attempts or self-harm confirmed by official, medical documents, eyewitness reports are examined according to the items of the Requirements by columns that include relevant nosological forms of neuropsychic pathology. In this case, the expert diagnosis indicates the fact of a suicidal attempt or self-harm.

A medical examination of servicemen and citizens with newly diagnosed mental and behavioral disorders (diseases) is carried out after an inpatient examination (treatment); citizens who are registered with a psychiatrist are examined on an outpatient basis.

An opinion on the category of fitness for military service is made no earlier than a month after inpatient examination (treatment) unless otherwise specified in the clinical protocols.



Item 14 of the Requirements by columns. The item includes mental, behavioral disorders (diseases) caused by diseases, brain injuries, strokes directly or selectively affecting the brain and leading to cerebral dysfunction, brain tumors, encephalitis, meningitis, neurosyphilis, as well as senile and presenile psychoses, vascular, degenerative diseases of the brain.

This item also includes specific personality changes due to epilepsy.

Subitem 1) of item 14 of the Requirements by columns includes pronounced, protracted psychotic states, as well as mental, behavioral disorders (diseases) manifested by persistent pronounced intellectual and mnemonic disorders or pronounced personality changes of psychoorganic type, states with repeated hospitalizations (more than twice a year) persistently hindering social adaptation.

Subitem 2) of item 14 of the Requirements by columns includes states with moderate persistent asthenic, affective, dissociative, cognitive, personality disorders, as well as psychotic states with a favorable course, non-psychotic states with frequent decompensations more than twice a year and (or) requiring maintenance treatment on an outpatient basis.

Subitem 3) of item 14 of the Requirements by columns includes transient, short-term psychotic and non-psychotic disorders, with a duration of treatment up to one month, not requiring dispensary observation and supportive treatment, conditions that do not impede social adaptation arising from acute organic diseases or brain injuries, which ended in recovery or mild asthenia in the absence of signs of organic damage to the central nervous system.

Military personnel are granted a sick leave followed by a medical examination. Draftees are given a deferral from conscription for military service for a period of twelve months followed by inpatient examination and medical examination according to subitem 2) or 4) of this item depending on compensation of painful manifestations.

Subitem 4) of item 14 of the Requirements by columns includes the states of persistent (at least two years) compensation or recovery with mild mental, behavioral disorders (diseases) after an acute illness or brain injury in the absence of mental disorders and phenomena of organic damage to the central nervous system with only a few scattered organic signs without dysfunctions.

This subitem also includes the presence of the mental, behavioral disorders (diseases) indicated in the medical history in the absence of pathology of the neuropsychic sphere and internal organs. The favorable outcome of these mental, behavioral disorders (diseases) is confirmed by the results of inpatient (outpatient) examination in a medical facility.

Item 15 of the Requirements by columns. Schizophrenia, schizotypal and delusional disorders, mood disorders (affective disorders).

It includes all forms of schizophrenia, mild, pronounced or protracted forms of manic-depressive psychosis, acute polymorphic psychotic disorders, cyclothymia with frequently recurring phases, with rare attacks and long intervals (several years) of "complete mental health".

In the presence of endogenous psychosis confirmed by medical documents on treatment and observation in a medical facility providing medical care in the field of mental health to persons with mental, behavioral disorders (diseases), no hospital examination is required to determine the category of fitness for military service of citizens examined under column I, as well as citizens joining military service under a contract.

Item 16 of the Requirements by columns. The item includes mental, behavioral disorders (diseases), which are caused by systemic diseases or disorders leading to cerebral dysfunction, when the brain is involved in a pathological process along with other organs and systems. This also includes mental behavioral disorders (diseases) caused by exposure to harmful factors.

Medical documents on the results of check-up and medical examination indicate a reason that led to the development of a mental, behavioral disorder (disease).

Subitem 1) of item 16 of the Requirements by columns includes psychotic disorders with pronounced clinical manifestations and a long course, including those with pronounced personality changes.

Subitem 2) of item 16 of the Requirements by columns includes moderate or repeated psychotic and non-psychotic disorders leading to pathological changes in the personality of an organic type or a pronounced long-term (more than three months) asthenic state (cerebrasthenia), also with phenomena of organic damage to the central nervous systems.

With a favorable course of the disease, in case of stable compensation of painful manifestations with minor lesions of the central nervous system, military personnel are examined under subitem 3) of this item.

Subitem 3) of item 16 of the Requirements by columns includes moderate or light protracted (up to three months) asthenic states after an infection or somatic illness in the absence of organic lesions of the central nervous system.

Servicemen with acute poisoning by alcohol or narcotic (toxic) substances are not granted a sick leave.

Subitem 4) of item 16 of the Requirements by columns includes mental, behavioral disorders (diseases) resulting from an acute illness, proceeding with mild and short-term (up to 2-3 weeks) asthenia and ending with recovery.

The same subitem includes the presence of mental, behavioral disorders (diseases) in a medical history in the absence of pathology from the neuropsychic sphere and internal organs. The favorable outcome of these mental, behavioral disorders (diseases) is confirmed by examination in medical facilities that provide medical care in the field of mental health to people with mental, behavioral disorders (diseases).

Item 17 of the Requirements by columns. The item includes anxiety-phobic, obsessive-compulsive, anxiety, dissociative (conversion), somatoform disorders, reactions to

severe stress, adaptation disorders and other neurotic disorders. This item also includes eating disorders, non-organic sleep disorders, sexual dysfunction not caused by organic disorders or diseases, tic disorders.

Subitem 1) of item 17 of the Requirements by columns includes chronic mental, behavioral disorders (diseases) requiring long-term treatment and (or) dispensary observation, conditions with repeated hospitalizations (more than twice a year) persistently hindering social adaptation (protracted reactive psychoses: psychogenic paranoid psychosis, hysterical psychoses with a change in consciousness, reactive depression), as well as pronounced neurotic, somatoform disorders that are not treatable.

Subitem 2) of item 17 of the Requirements by columns includes:

Psychotic disorders with a short and favorable course, as well as mild depressive episodes ;  
moderate protracted or repeated neurotic disorders, when painful manifestations, despite the ongoing treatment in hospitals, are persistent and expressed to a degree hampering an examined person to perform military duties.

Subitem 3) of item 17 of the Requirements by columns includes moderate, short-term neurotic and somatoform disorders, including somatoform dysfunctions of the autonomic nervous system with a favorable course, ending in compensation. Servicemen who had reactive psychosis with a short-term, favorable course or moderate neurotic disorder, which ended in mild asthenia, are also examined under this subitem.

This subitem applies when the social adaptation of examined persons is difficult and their further dispensary observation is required.

Subitem 4) of item 17 of the Requirements by columns includes mild, short-term neurotic and somatoform disorders, including somatoform dysfunctions of the autonomic nervous system, characterized mainly by emotionally volitional, autonomic disorders, well treatable and ending in recovery and full social adaptation.

Item 18 of the Requirements by columns. The item includes specific and other personality and behavioral disorders, including those that begin in childhood and adolescence ( psychopathies, pathological personality development, mental infantilism, except for tic disorders), persistent personality changes not associated with brain damage or disease, disorders of habits and impulses, gender identity disorder, sexual preference disorder, psychological and behavioral disorders associated with sexual development and orientation.

Subitem 1) of item 18 of the Requirements by columns includes personality and behavioral disorders (nuclear forms of psychopathy, pathological personality development) with severe decompensations requiring repeated and long-term inpatient treatment and (or) dispensary observation, as well as disorders with comorbid psychiatric pathology.

Subitem 2) of item 18 of the Requirements by columns includes moderate forms of personality disorders, psychopathy, pathological personality development manifested by affective breakdowns, easy development of reactive states, a distinct imbalance of the

autonomic nervous system (compensated and with unstable compensation of personality and behavioral disorders (complicating family, labor and social adaptation reducing the level of functioning), as well as mental infantilism with a tendency to persistent and pronounced pathological reactions and disorders of gender identity and sexual preference.

Citizens with transsexualism and who had changed their sex indicated in the passport of a citizen of the Republic of Kazakhstan or another identity document, and (or) who had hormonal and (or) surgical sex reassignment are also examined under this subitem.

Subitem 3) of item 18 of the Requirements by columns includes mild disorders of behavior, emotions, mixed disorders of behavior and emotions usually beginning in childhood and adolescence (including mental infantilism), with persistent (more than three years) compensation of pathological manifestations (including emotional and volitional ones), which is documented by medical facilities, educational institutions, from the place of work, as well as peculiarities of character not reaching a degree of personality disorder.

Citizens (military personnel) with psychopathic conditions causally associated with specific external hazards (infections, intoxications, injuries) or with impulse disorders are examined under those items of the Requirements by columns that include nosological forms of neuropsychic pathology.

Cases of attitudinizing, deliberate behavior, manifestations of indiscipline not arising from the entire pathological structure of the personality are not assessed as signs of a personality disorder.

Item 19 of the Requirements by columns. The item includes mental, behavioral disorders (diseases), the severity of which varies (from abuse with harmful consequences without dependence syndrome to psychosis and dementia), but all of them are the result of the use of one or more psychoactive substances.

Subitem 1) of item 19 of the Requirements by columns includes:

mental, behavioral disorders (diseases) due to the use of psychoactive substances with severe and moderate personality changes, intellectual and mnestic disorders.

Subitem 2) of item 19 of the Requirements by columns includes:

mental, behavioral disorders (diseases) due to the use of psychoactive substances with mildly expressed personality changes;

abuse of psychoactive substances (cases of repeated intake of psychoactive substances with clear harmful consequences for mental or physical health in the absence of dependence syndrome).

A sporadic or episodic use of psychoactive substances without mental disorders is not a basis for applying this item.

If the test for psychoactive substances is positive, citizens called up for military service, entering MEI and joining military service under a contract are recognized as temporarily unfit for military service and sent for examination by a narcologist.

Item 20 of the Requirements by columns. Mental retardation.

All forms of profound, severe and moderate mental retardation are included in subitem 1) of item 20 of the Requirements by columns.

With significant and obvious intellectual defects, no inpatient examination is required to establish unfitness for military service of those examined under column I.

Subitem 2) of item 20 of the Requirements by columns includes mild mental retardation (IQ range is 50-69 according to psychometric testing). When making a diagnosis, clinical diagnostic criteria in combination with the results of an experimental psychological study of thinking and intelligence are of decisive importance. If the results of a medical examination do not match the data characterizing the behavior of the person being examined when diagnosing, the examination is carried out in a hospital.

## **Chapter 6. Diseases of the nervous system**

Significant dysfunctions of the nervous system are characterized by a decrease in the muscle strength of the limbs from 0 to 2 points, severe dysphagia, aphonia, pelvic disorders, pronounced cerebellar and extrapyramidal disorders, pronounced impairments of praxis, gnosis, speech.

Moderate dysfunctions of the nervous system are characterized by a decrease in the muscle strength of the limbs of 3 points, moderate dysphagia, dysarthria, cerebellar and extrapyramidal disorders, hypertensive-hydrocephalic syndrome confirmed with neuroimaging methods, as well as repeated lumbar punctures with figures of cerebrospinal fluid pressure more than 200 millimeters of water column (mm WG) (persons examined are in the prone position), or a single confirmation of cerebrospinal fluid hypertension with choked discs.

Minor dysfunction of the nervous system is characterized by a decrease in muscle strength of the limbs of 4 points, mild dysphagia, dysarthria, cerebellar and extrapyramidal disorders.

The degree of dysfunction is determined according to the established order unless otherwise specified in the relevant item of the Requirements by columns, and the decrease in muscle strength of the limbs is determined using a 6-point muscle strength scale (L. McPeak, 1996, M. Weiss, 1986).

Item 21 of the Requirements by columns. The item includes epilepsy, status epilepticus, migraine, other headache syndromes and sleep disorders.

In case of symptomatic epilepsy, examination is carried out for the disease that led to the development of convulsive syndrome.

A seizure is confirmed by medical supervision, medical documents confirming an epileptic seizure are also taken into account. In some cases, written testimonies of eyewitnesses (eyewitness reports) are taken into account if the seizure described therein and the subsequent state suggest its epilepsy. In this case, the authenticity of the signatures of

eyewitnesses of epileptic seizures must be notarized or certified in writing by the commander (chief) of the military unit (institution). In doubtful cases, it is required to request data from the place of residence, study, work, service.

In case of frequent (three or more times a year) epileptic seizures or mental equivalents of convulsive seizures, as well as progressive mental disorders, examination is carried out under subitem 1) of this item.

Citizens (military personnel) who had status epilepticus with a diagnosis of epilepsy confirmed in a hospital are examined according to subitem 1) of item 21 of the Requirements by columns, regardless of the frequency of epileptic seizures.

In case of single rare (less than three times a year) epileptic seizures, including non-convulsive paroxysms without equivalents and mental changes characteristic of epilepsy, the examination is carried out in accordance with subitem 2) of this item.

In cases where the past diagnosis of epilepsy is confirmed by the documents of a medical facility, but without epileptic seizures over the past 5 years, the examination is carried out according to subitem 2) of this item, regardless of the results of electroencephalography during the examination.

In case of migraine with frequent (three or more times a year) and long-term (day or more ) migraine attacks, persistent headache syndromes and sleep disorders confirmed by medical documents and dynamic observation requiring inpatient treatment (to verify the diagnosis, a head MRI with an angioprogram is mandatory), examination is carried out according to subitem 2) of this item.

In the presence of epileptiform activity identified by the results of electroencephalography (peaks, sharp waves, all types of peak-wave complexes, polyspikes, photoparoxysmal reaction) without clinical manifestations, examination is carried out according to subitem 3) of this item.

In cases of single seizures (epileptic reaction) of any nature in the past or mild and rarely occurring minor seizures, non-convulsive paroxysms or specific mood disorders, the category of fitness for military service is determined after an inpatient examination. Citizens (military personnel) with epileptic paroxysms are not fit for driving vehicles, working at height, near moving mechanisms, fire and water.

Item 22 of the Requirements by columns. The item includes infectious and parasitic diseases of the central nervous system, lesions of the brain or spinal cord in general infections , acute and chronic intoxications (meningococcal meningitis, serous meningitis, poliomyelitis, tick-borne and mosquito viral encephalitis, lesions of the nervous system in tuberculosis, syphilis, demyelinating diseases).

Subitem 1) of item 22 of the Requirements by columns includes:

diseases of the nervous system with profound paralysis or paresis, pronounced secondary parkinsonism, frequent (3 or more times a year) epileptic seizures, severe extensive

hyperkinesis, frequent attacks of Kozhevnikov's or Jackson's epilepsy, atactic disorders, pronounced hydrocephalus, severe liquor hypertension;  
opticochiasmal arachnoiditis with visual impairment;  
multiple sclerosis;  
sequelae of myelitis with symptoms of paralysis or severe paresis;  
severe forms of damage to the nervous system in early and late neurosyphilis, tuberculous meningitis, parasitic lesions of the nervous system.

Subitem 2) of item 22 of the Requirements by columns includes residual effects and sequelae of diseases that, according to the degree of dysfunction of the central nervous system, limit the ability to perform military duties (residual effects of encephalitis, arachnoiditis with moderate hemiparesis in the form of decreased muscle strength, increased muscle tone, moderate hydrocephalus, moderate cerebrospinal fluid hypertension), as well as with frequent (two or more times a year) and long-term (for citizens subject to conscription - at least six months, for military personnel - at least four months) decompensation of painful disorders.

Subitem 3) of item 22 of the Requirements by columns includes the sequelae and residual effects of damage to the central nervous system with minor dysfunction, individual organic signs combined with vegetative-vascular instability and astheno-neurotic manifestations with unsuccessful treatment. With the improvement of the condition and restoration of the ability to perform military duties, a medical examination is carried out in accordance with subitem 4) of this item.

Citizens (military personnel) who had tuberculous meningitis are examined according to subitems 1), 2) or 3) of item 22 of the Requirements by columns, depending on the degree of dysfunction of the central nervous system.

Subitem 4) of item 22 of the Requirements by columns includes the sequelae and residual effects of damage to the nervous system with minor manifestations of asthenia, vegetative-vascular instability and individual persistent scattered organic signs without dysfunctions of the nervous system (including motor, sensory, coordination ones).

The presence of the disorders indicated in this item is confirmed by medical documents, information about the influence of these disorders on the ability to work or perform military duties from the place of work, study or military service, and the diagnosis shall be confirmed by the results of clinical and special studies. At the same time, an opinion on the category of fitness for military service of citizens registering with recruiting stations, being conscripted for military service, joining military service under a contract is made only after an inpatient examination.

When assessing the severity of the syndrome of intracranial hypertension, in addition to the indicators of the pressure of the cerebrospinal fluid (normally the cerebrospinal pressure in the horizontal position of the body ranges from 100 to 150 mWG), the clinical picture of

the disease, the presence of occlusive-hydrocephalic paroxysms, stagnant changes in the fundus, data of echoencephalography, the degree of expansion of the ventricular system of the brain according to CT or MRI are taken into account.

Severe clinical manifestations of the syndrome of increased intracranial pressure are as follows:

- the presence of headache, vomiting, oculomotor disorders, cognitive impairment, gait disorders, pelvic dysfunction, choked discs, or secondary atrophy of the optic discs;

- CSF pressure in prone position for lumbar puncture is over 300 mmWG;
- periventricular edema.

Moderate clinical manifestations of the syndrome of increased intracranial pressure are as follows:

- the presence of headache, initial symptoms of stagnation in the fundus;

- CSF pressure in prone position for lumbar puncture is over 200 mmWG.

The expansion of the ventricular system of the brain is assessed by computed (magnetic resonance) tomography. Signs of hydrocephalus are the ratio of the maximum width of the anterior horns to the distance between the inner plates of the frontal bones at this level being over 0.5 (less than 0.4 is the norm, 0.4 - 0.5 is the borderline value, over 0.5 is hydrocephalus), Evans' index (the ratio of the width of the anterior horns to the maximum distance between the inner plates of the parietal bones) being over 26, index of III ventricle (up to 20 years is over 3.0, up to 50 years - over 3.9, 50 years and older - over 4.5). The presence of periventricular edema is assessed by computed tomography (decrease in the density of the periventricular white matter), magnetic resonance imaging (high-intensity signal on T2-weighted images).

With pronounced emotional-volitional or intellectual-mnemonic disorders that have arisen as a result of an organic brain damage, an infectious disease or intoxication, the examination is carried out in accordance with item 14 of the Requirements by columns.

Item 23 of the Requirements by columns. The item includes a group of diseases: systemic atrophies affecting mainly the central nervous system, extrapyramidal and other movement disorders, other degenerative diseases of the nervous system, cerebral palsy and other paralytic syndromes, diseases of the neuromuscular synapse and muscles, other disorders of the nervous system, tumors of the brain and spinal cord, congenital anomalies (malformations) of the nervous system.

In addition, they include: hereditary ataxias, spinal muscular atrophy, Parkinson's disease, essential tremor, Alzheimer's disease, muscular dystrophy, cerebral palsy, toxic or unspecified hydrocephalus, including residual encephalopathy, cerebral cyst, syringomyelia.

Subitem 1) of item 23 of the Requirements by columns includes severe congenital anomalies (malformations) and diseases of the nervous system, as well as diseases with a rapidly progressive course or significant dysfunction.



This subitem also includes tumors of the brain and spinal cord, regardless of the stage of development and effectiveness of treatment, essential tremor, with significant written expression disorders (inability to read a written text by a person examined, inability to put a signature), disorders of the ability to self-service, as well as pronounced changes when performing drawing tests (including spiralgrams, parallel lines).

Subitem 2) of item 23 of the Requirements by columns includes diseases with moderate dysfunction, the course of which is characterized by a slow, long-term (at least a year) increase in symptoms of muscle atrophy with sensory disorder, craniostenosis with intracranial hypertension syndrome.

Subitem 3) of item 23 of the Requirements by columns includes mild, extremely slowly progressive (over three years or more) diseases of the nervous system, when objective signs of the disease are expressed insignificantly or when the symptoms of the disease persist for a long time, are in the same state.

Subitem 4) of item 23 of the Requirements by columns includes:

essential tremor without dysfunction, which does not prevent from performing official duties;

hydrocephalus syndrome, congenital cerebral and spinal cysts without dysfunction;

encephalopathy without signs of increased intracranial pressure, in which mild asthenoneurotic manifestations and (or) vegetative-vascular instability are identified in the neurological status.

After radical resection of benign tumors of the brain or spinal cord, examination is carried out according to subitems 1), 2) or 3) of this item, depending on the degree of dysfunction.

Item 24 of the Requirements by columns. The item includes intracranial hemorrhage (including subarachnoid, intracerebral), cerebral infarction, transient cerebral ischemia, sequelae of vascular lesions of the brain, spinal cord.

Subitem 1) of item 24 of the Requirements by columns includes:

repeated strokes regardless of the degree of dysfunction;

repeated subarachnoid hemorrhages (regardless of etiology);

persistent loss of functions of the nervous system resulting from an acute impairment of the cerebral or spinal circulation;

stage III dyscirculatory encephalopathy;

spontaneous (non-traumatic) subarachnoid hemorrhages of the brain in those examined under columns I - II;

aneurysms and arteriovenous malformations of the vessels of the brain and spinal cord, which caused cerebrovascular accident, in case of refusal of surgical treatment or inoperability, regardless of the severity of residual phenomena of cerebrovascular accident and functions of the nervous system.

Subitem 2) of item 24 of the Requirements by columns includes:

multiple arterial aneurysms after their exclusion from blood circulation;

arteriovenous aneurysms after embolization, artificial thrombosis or intracranial resection; vascular lesions of the brain or spinal cord with a favorable course and moderate severity of focal loss;

dyscirculatory encephalopathy stage II with cerebral atherosclerosis;

frequent (three or more times a year) transient disorders of cerebral circulation (transient cerebral ischemia, hypertensive cerebral crises) requiring inpatient examination and treatment with verification of cerebral and focal symptoms, with its obligatory assessment in dynamics;

sequelae of impaired spinal circulation in the form of persistent disturbances in sensitivity or mild paresis of limbs;

spontaneous (non-traumatic) subarachnoid hemorrhages of the brain in those examined under column III.

After surgical treatment of vascular lesions of the brain (including cerebral vascular aneurysm) or spinal cord in relation to those examined under columns I, II, an opinion is made according to subitem 1) of this item, and in relation to those examined under column III - according to relevant subitems of paragraph 24 of the Requirements by columns, depending on the radical nature of surgery, its effectiveness, the magnitude of the postoperative defect of skull bones, the dynamics of restoration of impaired functions. In the presence of a defect in the skull bones, subitems of item 81 of the Requirements by columns are additionally applied.

Subitem 3) of item 24 of the Requirements by columns includes:

single arterial aneurysms after intracranial clipping or exclusion from the blood circulation by ballooning or artificial thrombosis;

rare (no more than twice a year) transient disorders of cerebral circulation (transient cerebral ischemia, hypertensive cerebral crises) with unstable focal symptoms of the central nervous system (paresis, paresthesias, speech disorders, cerebellar phenomena), which persist for no more than a day and pass without impairing the functions of the nervous system or aggravating existing disorders;

frequent (three or more times a year) or repeated (two or more times a month) crises manifested by acute anemia of the brain (simple and convulsive fainting), confirmed by documents;

asymptomatic arterial aneurysms and arteriovenous malformations.

Subitem 4) of item 24 of the Requirements by columns includes:

rare (no more than twice a year) crises manifested by acute anemia of the brain (simple and convulsive fainting), confirmed by documents;

stage I dyscirculatory encephalopathy.

When diagnosing dyscirculatory encephalopathy, it is necessary to be guided by the following conditions:

the presence of one of the etiological factors (atherosclerosis of cerebral vessels, arterial hypertension, diabetes mellitus, hypercholesterolemia, hyperhomocysteinemia, heart diseases (ischemic heart disease, rheumatic lesions, cardiac arrhythmias, etc.), blood diseases, lesions

of the cerebral vessels due to injury, infectious and systemic diseases, anomalies in the development of blood vessels, pathology of the cervical spine, brain injury, etc.);

the presence of complaints reflecting an impairment of the functional state of the brain;

the presence of clinical signs of organic brain injury;

the presence of objective signs of cognitive impairment according to neuropsychological examination data;

the presence of signs of lesion of the cerebrovascular bed;

the presence of signs of structural changes in the brain matter according to the data of magnetic resonance imaging and computed tomography.

The diagnosis is made provided that there are at least three conditions and cause-and-effect relationships of the formation of clinical symptoms with risk factors and changes obtained during additional examination.

Citizens (military personnel) with fainting are subject to in-depth medical examination and treatment.

The diagnosis of fainting (syncope) is made when purposeful observation failed to identify other diseases with disorders of the autonomic nervous system. In the presence of fainting due to other diseases or disorders (infection, injury, intoxication), the examination is carried out according to the relevant items of the Requirements by columns. Citizens (military personnel) with fainting are not fit for driving vehicles, working at height, near moving machinery, fire and water.

With regard to military personnel examined under column III after a transient cerebrovascular accident, with full restoration of the central nervous system functions according to item 28 of the Requirements by columns, an opinion is made on the need to grant an exemption or sick leave.

Item 25 of the Requirements by columns. The item includes immediate and distant (after a year or more from the moment of injury) sequelae of brain or spinal cord injuries, complications of traumatic injuries of the central nervous system, as well as the sequelae of injuries from external factors (including a blast wave).

Subitem 1) of item 25 of the Requirements by columns includes:

sequelae of traumatic injuries with severe dysfunctions of the brain or spinal cord (bruises and compression of the brain leading to persistent paralysis or deep paresis, dysfunction of the pelvic organs);

sequelae of traumatic injuries of the brain matter with a disorder of cortical functions (aphasia, agnosia, apraxia, amnesic syndrome);

post-traumatic arachnoiditis, hydrocephalus leading to a sharp increase in intracranial pressure and (or) frequent (three or more times a year) epileptic seizures.

Subitem 2) of item 25 of the Requirements by columns includes the sequelae of brain or spinal cord injuries, in which focal symptoms and functional disorders do not reach the degree of severity specified in subitem 1) of this item:

paresis moderately limiting the function of the limb;  
moderate cerebellar disorders in the form of instability when walking, nystagmus, sensory disorders;

traumatic arachnoiditis;

hydrocephalus with a moderate or slight increase in intracranial pressure, rare (less than three times a year) epileptic seizures.

Subitem 3) of item 25 of the Requirements by columns includes the sequelae of traumatic injury of the brain or spinal cord, traumatic arachnoiditis without signs of increased intracranial pressure, in which scattered organic signs are identified in the neurological status (asymmetry of cranial innervation and anisoreflexia, mild sensory disorders) combined with persistent asthenoneurotic manifestations and vegetative-vascular instability.

Examination under this subitem is carried out only in the absence of positive dynamics of painful manifestations as a result of ongoing treatment and rehabilitation, as well as in case of protracted or repeated decompensations.

Subitem 4) of item 25 of the Requirements by columns includes:

late sequelae of brain and spinal cord injuries with separate scattered organic signs, weakly expressed vegetative-vascular instability and minor asthenia without dysfunctions of the nervous system (including motor, sensory, coordination ones);

improvement of the condition, compensation of painful manifestations, restoration of the ability to perform military duties after treatment.

The fact of treatment in relation to a brain or spinal cord injury, or its sequelae in the medical history, is confirmed by medical documents, and the effect of the sequelae of the injury on the ability to work, perform military duties - by information about the service activities with regard to military personnel, and with regard to citizens - with references from the place of employment, study.

In the presence of pronounced emotional-volitional or intellectual-mnemonic disorders arising from a brain injury, which complicate the performance of military duties, they are examined according to item 14 of the Requirements by columns. In the presence of sequelae of lesions of the central nervous system from external factors (including radiation, low and high temperatures, light, high or low air or water pressure), the examination is carried out according to the relevant subitems of this item depending on the degree of dysfunction.

In the presence of injuries and defects in the skull bones, the relevant subitems of item 81 of the Requirements by columns also apply in addition to this item.

Medical examination of citizens (military personnel) who had an acute injury of the brain or spinal cord is carried out in accordance with item 28 of the Requirements by columns.

Item 26 of the Requirements by columns. The item includes diseases, primary and secondary lesions of individual cranial nerves (except for pairs II and VIII), nerve roots and plexuses, polyneuropathy and other lesions of the peripheral nervous system.

Subitem 1) of item 26 of the Requirements by columns includes:

sequelae (neurological symptoms persisting for six months or more from the onset of a disease of the nervous system) of polyneuritis (polyneuropathies), plexitis (plexopathies) of inflammatory and intoxication origin, tumors of peripheral nerves, accompanied by significant disorders of movement, sensitivity and trophism (pronounced unilateral muscle atrophy: shoulder - over 4 cm, forearms - over 3 cm, thighs - over 8 cm, lower legs - over 6 cm; chronic trophic ulcers, bedsores), which are accompanied by severe pain syndrome;

frequent (two or more times a year) recurrent and long-term radiculitis with severe persistent pain syndrome with motor and vegetative-trophic disorders, requiring continuous long-term (four months or more) inpatient and outpatient treatment;

severe forms of trigeminal neuralgia or plexitis with unsuccessful treatment.

Subitem 2) of item 26 of the Requirements by columns includes:

diseases of the peripheral nerves and plexuses, in which the main function is moderately disrupted (persistent paralysis of facial muscles, decreased muscle strength of the limb, limb elevation is limited);

chronic, recurrent radiculitis, plexitis, neuropathy, neuritis with a forced position of the trunk, pain along the nerves in the exacerbation phase and requiring continuous inpatient and outpatient treatment for two-three months.

Subitem 3) of item 26 of the Requirements by columns includes:

recurrent diseases of peripheral nerves and plexus with rare (less than twice a year) exacerbations without a tendency to increase motor, sensory and trophic disorders;

mild residual effects caused by past exacerbations, slightly disrupting the function of the limb.

Subitem 4) of item 26 of the Requirements by columns includes residual effects of peripheral nerve diseases in the form of minor sensory impairments, small atrophies or weakening of muscle strength, which do not disrupt the function of the limb and tend to recover.

For secondary lesions of the peripheral nervous system, the relevant items of the Requirements by columns also apply.

Item 27 of the Requirements by columns. The item includes the sequelae of injury of the cranial (except for pairs II and VIII) and peripheral nerves.

Subitem 1) of item 27 of the Requirements by columns includes the sequelae of injuries or wounds of the nerve trunks and plexuses in the presence of pronounced and persistent movement, sensory disorders, trophic disorders (similar to subitems 1 of item 26 of the Requirements by columns), as well as the sequelae of injuries accompanied by severe pain syndrome.

Subitem 2) of item 27 of the Requirements by columns includes the sequelae of damage to nerves and plexuses, in which, due to paresis of a muscle group or individual muscles, the main function of the limb is moderately disturbed, paralysis of facial muscles due to damage to the main trunk or large branches of the facial nerve occurs.

Subitem 3) of item 27 of the Requirements by columns includes the sequelae of damage to nerves, plexuses, in which the function of the limb is slightly impaired (damage to one radial or ulnar nerve, in which the strength of the extensors of the hand is reduced and its dorsal flexion is limited).

Subitem 4) of item 27 of the Requirements by columns includes the sequelae of nerve injury when their functions are fully restored, and the existing mild residual effects in the form of minimally expressed sensory impairments or slight weakening of the muscles innervated by the damaged nerve practically do not limit the function of the limb.

After injuries of peripheral nerves or surgical treatment, when at least one month is required to fully restore the ability to perform military duties, a medical examination is carried out in accordance with item 28 of the Requirements by columns.

Item 28 of the Requirements by columns. The item includes conditions after acute infectious, parasitic diseases, exacerbation of chronic diseases, intoxication lesions and injuries of the nervous system, as well as acute vascular diseases of the brain or spinal cord.

An MPB opinion on the need to provide a serviceman with a sick leave is made after acute serous meningitis, meningeal form of tick-borne encephalitis, generalized forms of meningococcal infection (meningitis, meningoencephalitis, meningococccemia), mixed forms of polyradiculoneurites and those resulting in asthenic forms after the treatment is completed and cerebrospinal fluid is sanitized. The criterion for the sanitation of cerebrospinal fluid in meningococcal meningitis is a decrease in cytositis below 50 cells with a lymphocyte count of 95 percent or more. Servicemen who had the above diseases are sent for rehabilitation.

With an uncomplicated course of these diseases and full recovery, servicemen are granted exemption.

When examining military personnel who had a brain concussion with severe clinical manifestations or a brain contusion, an opinion is made to grant a sick leave.

After a sick leave, military personnel examined under column IV are subject to repeated medical examination.

Citizens with meningitis, meningoencephalitis registering with recruiting stations, being conscripted for military service, or joining military service under a contract, are recognized as temporarily unfit for military service if less than twelve months have passed since the end of treatment. Re-examination is carried out depending on the outcome of treatment and rehabilitation according to the relevant subitems of item 22 of the Requirements by columns.

Citizens after an acute closed brain injury registering with recruiting stations, being conscripted for military service, joining military service under a contract are recognized as temporarily unfit for military service for up to twelve months, depending on the severity of the injury and dysfunction.

With regard to military personnel examined under columns III and IV, after the first acute cerebrovascular accident which ended in the restoration of the functions of the nervous system or an asthenic state, a sick leave is granted with a subsequent medical examination.

## Chapter 7. Diseases of the eye and adnexa

Item 29 of the Requirements by columns. The item includes congenital and acquired (due to diseases, injuries and burns) anatomical changes or deficiencies in the position of the eyelids, diseases of the eyelids, lacrimal passages, orbit and conjunctiva. An opinion on the fitness for military service is made depending on the severity of anatomical changes, the severity of the disease (injuries and burns), treatment results, and functions of the eye.

Subitem 1) of item 29 of the Requirements by columns includes:

fusion of eyelids themselves or with the globe if they significantly restrict eye movements or impede vision;

blepharosis or growing of eyelash towards the globe, which causes eye irritation;

eversion, cicatricial deformity or deficiencies in the position of eyelids (other than ptosis) that prevent the cornea from closing;

persistent lagophthalmos.

Subitem 2) of item 29 of the Requirements by column includes:

pronounced ulcerative blepharitis with cicatricial degeneration and baldness of the edges of the eyelids;

chronic conjunctivitis with hypertrophy and pronounced infiltration of the submucous tissue with frequent (at least twice a year) exacerbations with unsuccessful inpatient treatment ;

chronic trachomatous lesion of the conjunctiva;

diseases of the lacrimal passages and relapses of the pterygoid hymen with progressive dysfunction of the eye, which cannot be cured after repeated surgical treatment;

congenital or acquired ptosis, in which the upper eyelid, in the absence of tension in the frontal muscle, covers more than half of the pupil in one eye or more than one third of the pupil in both eyes;

conditions after reconstructive surgery on lacrimal passages with the introduction of a lacoprosthesis.

In case of sequelae of trachoma with persistent dysfunctions of the eye, an opinion is made according to relevant items of the columns of diseases that include these impairments.

Simplex blepharitis with individual scales and slight hyperemia of the edges of the eyelids , follicular conjunctivitis with single follicles, velvety of the conjunctiva in the corners of the eyelids and in the area of the conjunctival fornices, some small superficial scars of the conjunctiva of a non-trachomatous origin, as well as changes in the conjunctiva (smooth scars ) of trachomatous origin without relapse of the trachomatous process within a year, pseudopterygium and true pterygoid hymen without progressing phenomena are not grounds for applying this item, do not interfere with military service, entering MEI.

In case of allergic lesions of the conjunctiva (including spring catarrh), depending on the intensity, severity of the course of the disease, the frequency of exacerbations and the

effectiveness of the treatment, medical examination is carried out according to subitem 2) or 3) of this item.

With regard to military personnel, after treatment of acute trachoma, an opinion on the need for a sick leave is not made.

If it is necessary to complete the treatment under item 36 of the Requirements by columns, an opinion is made on exempting from the performance of military duties for up to 15 days.

Item 30 of the Requirements by columns. The item includes chronic, intractable or incurable diseases (of tuberculous, degenerative, dystrophic and congenital nature) of the sclera, cornea, iris, ciliary body, lens, choroid, retina, vitreous body, globe, optic nerve, as well as the sequelae of injuries and burns.

With a completed process or a non-progressive course with rare exacerbations (less than twice a year), as well as after tissue transplantation, the category of fitness for military service is determined depending on the functions of the eye according to relevant items of the Requirement by columns.

In the presence of neoplasms of the eye and its adnexa, depending on their nature and degree of visual dysfunction, a medical examination is carried out according to the relevant subitems of items 8 or 10 of the Requirements by columns.

Benign neoplasms not impairing the functions of the eye do not prevent from doing military service, entering MEI.

Subitem 1) of item 30 of the Requirements by columns includes:

diseases with progressive loss of vision and resistant to conservative or surgical treatment;  
conditions after keratoprosthesis in one or both eyes;  
tapetoretinal abiotrophies regardless of the function of the eye.

Pigment degeneration of the retina with or without pigment in combination with dark adaptation disorder (hemeralopia) is confirmed by two-hour adaptometry performed using control methods for measuring twilight vision.

With persistent tunneling of vision (along the vertical and horizontal meridians) from the fixation point to a level of less than 30 degrees in both eyes, an opinion with regard to all columns of the requirements is made according to subitem 1) of this item, in one eye - according to subitem 2) of this item, from 30 to 45 degrees in both eyes - according to subitem 2) of this item, in one eye - according to subitem 3) of this item.

Subitem 2) of item 30 of the Requirements by columns includes:

chronic uveitis and uveopathies diagnosed in hospitals and accompanied by increased intraocular pressure, keratoglobus and keratoconus;

aphakia, pseudophakia in one or both eyes;

the presence of degenerative-dystrophic changes in the fundus (retinal degeneration, multiple chorioretinal foci, posterior staphiloma, etc.) with a progressive decrease in the visual functions of the eye;

a foreign object in the eye that does not cause inflammatory or degenerative changes.



The category of fitness for military service of those examined according to columns III-IV is determined not earlier than three months after injury. With good eye functions (visual acuity, visual field, dark adaptation), the absence of inflammation and signs of metalosis, these servicemen are recognized as fit for military service with minor restrictions, but not fit for military service as part of the crews of tanks, infantry fighting vehicles, armored personnel carriers, launcher installations of missile military units, as drivers of vehicles, as well as for work associated with body vibration.

In case of optic nerve atrophy, those examined according to columns I-II are recognized as unfit for military service, regardless of the functions of the eye (visual acuity, visual field), and the category of fitness of those examined according to column III is determined depending on the functions of the eye.

When being conscripted for military service, entering military service under a contract, citizens with optical reconstructive surgery on the cornea or sclera are recognized as temporarily unfit for military service if less than six months have passed since the surgery. After the surgery, the category of their fitness for military service is determined according to the relevant items of the Requirement by columns, depending on the state of the eye functions and the degree of ametropia documented before the surgery with account of the results of ultrasound biometry of the globes.

Citizens (military personnel) who had optical reconstructive surgery on the cornea are fit for entering MEI no earlier than a year after the surgery in the absence of post-surgery complications and degenerative-dystrophic changes in the cornea and fundus, and also provided that the degree of ametropia documented before the surgery was not higher than that specified in subitem 4) of item 34 of the Requirements by columns.

In case of aphakia, pseudophakia in one or both eyes, an opinion concerning military personnel examined under columns I-II is made according to subitem 2) of this item; and in relation to military personnel examined under column III, it is made according to item 35 of the Requirements by columns, depending on the visual acuity with practically bearable correction. These military personnel are not fit for entering MEI, for military service in AAF, SFU and the NAVY, as part of tank crews, infantry fighting vehicles, as drivers of vehicles and for work associated with body vibration.

Lens dislocation and subluxation are considered to be aphakia. Aphakia in one eye is regarded as bilateral if there is a clouding of the lens in the other eye, which reduces the visual acuity of this eye to 0.4 and below.

The so-called color iridescence, iridescence, lumps, grains and vacuoles of the lens, which are identified only when examining with a slit lamp, as well as congenital pigment deposition on the anterior capsule of the lens, which does not reduce visual acuity, are not grounds for applying this item, do not prevent from military service, entering MEI, military service with harmful factors.

Servicemen doing military service with harmful factors, upon identification of opacities under the posterior capsule of the lens during biomicroscopy and the presence of convincing signs of the progression of lens opacities (a significant increase with long-term observation of their number and size), are recognized as unfit for military service with harmful factors.

With persistent absolute central and paracentral scotomas in one or both eyes, the category of fitness for military service and fitness for military service according to a military specialty is determined depending on the function of the eye.

Citizens (military personnel) with parenchymal keratitis of syphilitic origin are examined according to subitem 2) of item 6 of the Requirements by columns.

Item 31 of the Requirements by columns. Retinal detachments and breaks.

Subitem 1) of item 31 of the Requirements by columns includes non-traumatic detachment (rupture) of the retina in both eyes, regardless of their function (visual acuity, visual field), as well as cases of unsuccessful repeated surgical treatment of post-traumatic detachment (break) of the retina in both eyes with progressive decline in eye function.

Citizens (military personnel) with a detachment (break) of the retina of traumatic etiology in both eyes, provided that good eye functions (visual acuity, visual field) are preserved, are examined according to subitem 2) of item 31 of the Requirements by columns. They are not fit for military service as part of the crews of tanks, infantry fighting vehicles, armored personnel carriers, launcher installations of missile military units, as drivers of vehicles, as well as for work associated with body vibration.

Item 32 of the Requirements by columns. The diagnosis of glaucoma is confirmed in a hospital examination using stress tests. The category of fitness for military service is determined after treatment (medical or surgical), taking into account the degree of stabilization of the process and functions of the eye (visual acuity, visual field, the presence of paracentral scotomas, also during stress tests, as well as excavation of the optic nerve head)

Citizens (military personnel) with secondary glaucoma are also examined under this item.

Item 33 of the Requirements by columns. Diseases of ocular muscles, binocular movement.

Subitem 1) of item 33 of the Requirements by columns also includes persistent diplopia after an injury to the orbit with damage to ocular muscles. If diplopia is a consequence of any disease, an opinion is made on the underlying disease.

If persons examined have double vision only with extreme abduction of the globes to the sides and upward, the examination is carried out according to subitem 2) of this item, and when looking down - according to subitem 1) of this item.

Subitem 2) of item 33 of the Requirements by columns also includes a clearly expressed swinging spasm of the muscles of the globe.

If nystagmus is one of the signs of damage to the nervous system or vestibular apparatus, examination is carried out according to the underlying disease. With significantly reduced visual acuity, an opinion is made according to item 35 of the Requirements by columns.

Nystagmoid twitching of the eyes with extreme abduction of the globes is not an obstacle to military service, entering MEI, training as an operator of radar stations or anti-tank guided missile, working with displays and information display units.

With concomitant strabismus less than 15 degrees, the diagnosis is confirmed by examining binocular vision. The presence of binocular vision is the basis for excluding concomitant strabismus.

In case of alternating strabismus with good vision in both eyes, it is necessary to refrain from surgical treatment due to the possibility of diplopia.

In case of binocular vision impairments (including concomitant strabismus, paralytic strabismus without diplopia), the category of fitness for military service and fitness for military service according to a military specialty are determined depending on the functions of the eye (visual acuity, visual field).

Item 34 of the Requirements by columns. Refraction and accommodation disorders.

The type and degree of refractive error are determined using skiascopy or refractometry.

If individual assessment of fitness for military service is required in case of refractive errors indicated in this item, critical significance is attached to visual acuity.

In case of persistent spasm, paresis or paralysis of accommodation, an examination is carried out with the participation of a neurologist, a therapist and, if necessary, doctors of other specialties. If persistent spasm, paresis or paralysis of accommodation is caused by diseases of the nervous system, internal organs, a medical examination is carried out for the underlying disease.

Accommodation spasm is a functional disorder in which the refraction identified during cycloplegia is weaker than the strength of the optimal negative corrective lens prior to cycloplegia.

In case of spasm, paresis of accommodation in one or both eyes after unsuccessful inpatient treatment, the category of fitness for military service is determined according to items 34 or 35 of the Requirements by columns, depending on the visual acuity with correction and the degree of ametropia returning to the previous level after repeated cycloplegia.

With persistent paralysis of accommodation in one eye, the category of fitness for military service, fitness for military service according to a military specialty is determined depending on the functions of the eye.

Servicemen doing military service under a contract from among junior sergeants and privates, examined according to column IV with myopia or farsightedness in the meridian of

greatest ametropia of more than 3.0 diopters, astigmatism of any kind with a difference in the refractive power in the two main meridians of more than 2.0 diopters are recognized as unfit for military service in AAF, SFU and the NAVY.

Item 35 of the Requirements by columns. Blindness, visual impairment, color vision deficiencies.

The visual acuity of each eye is taken into account with correction by any glasses, including combined glasses, as well as contact lenses (in case of good (at least 20 hours) tolerance, absence of diplopia, eye irritation) in military personnel examined under column III, in addition, by intraocular lenses.

Visual acuity of citizens (military personnel) wearing contact lenses is tested with ordinary glasses.

Visual acuity not preventing persons examined according to columns I, II from doing military service, for distance with correction, is determined not less than 0.5 in one eye and 0.1 in the other eye or not less than 0.4 in each eye. In doubtful cases, visual acuity is determined using control research methods.

When correcting with ordinary spherical glasses, as well as in case of uncorrected anisometropia of persons being examined under all columns of the Requirements, it is necessary to take into account visual acuity with practically bearable binocular correction, i.e. with a difference in the strength of glasses for both eyes of no more than 2.0 diopters. Correction of astigmatism of any kind is carried out with cylindrical or combined glasses completely along all meridians.

As to citizens entering MEI, visual acuity with correction not exceeding the refractive limit specified in Appendix 7 to the Requirements is determined only in the presence of myopia, simple or complex myopic astigmatism, and for other reasons of decreased visual acuity (including farsightedness, farsighted or mixed astigmatism) - without correction.

Those examined under column IV are recognized as unfit for military service with uncorrected visual acuity for distance below 0.5 in one eye and below 0.4 in the other eye.

When diagnosing forms, degrees of decrease in color perception, it is necessary to follow guidelines for threshold tables for the study of color vision approved for use in medical practice. Type C anomalous trichomasia includes conditions of persons being examined when they correctly see 12 or more tables with correct reading of Table XVIII in Rabkin polychromatic tables.

## **Chapter 8. Diseases of the ear and mastoid**

Item 37 of the Requirements by columns includes diseases of the external ear: eczema of the external ear canal and auricle, chronic diffuse otitis externa, exostosis of the ear canal, acquired stenosis of the ear canal. The diagnosis of eczema of the external ear canal and auricle, otitis externa with mycoses is made together with a dermatovenerologist.

Conscripts with eczema of the external ear canal and auricle, chronic diffuse otitis externa, otitis externa with mycoses are given a deferral from conscription for military service up to six months under item 41 of the Requirements by columns with subsequent medical examination.

With exostosis, acquired stenosis of the ear canal with hearing impairment, the examination is carried out according to item 40 of the Requirements by columns depending on their degree of decrease.

Item 38 of the Requirements by columns. Diseases of the middle ear and mastoid. The diagnosis of chronic suppurative otitis media (attico-antral, tubotympanic otitis media) is confirmed by otoscopic data (purulent discharge, perforation of the tympanic membranes, granulation, polyps, cholesteatomic masses), X-ray, CT scanning of the temporal bones, testing of hearing function and the barofunction of the ear, and also frequent exacerbations (at least twice a year) requiring treatment.

All persons being examined with chronic diseases of the middle ear are offered treatment.

Subitem 1) of item 38 of the Requirements by columns includes:

bilateral or unilateral chronic suppurative otitis media with persistent obstruction of nasal breathing confirmed by rhinomanometry;

conditions after surgical treatment of chronic diseases of the middle ear with incomplete epidermization of the postoperative cavity in the presence of pus, granulations, cholesteatomic masses in it for 30 days or more after the operation.

Subitem 2) of item 38 of the Requirements by columns includes:

bilateral persistent dry perforations of the tympanic membrane, including post-traumatic conditions or conditions after radical surgery on both ears with complete epidermization of postoperative cavities.

A persistent dry perforation of the tympanic membrane shall be understood as the presence of perforation of the tympanic membrane in the absence of inflammation of the middle ear for twelve months or more.

The presence of chronic suppurative otitis media is confirmed by otoscopic data (perforation of the tympanic membrane, discharge from the tympanic cavity), culture of discharge from the tympanic cavity on the microflora, X-ray of the temporal bones, CT.

Subitem 3) of item 38 of the Requirements by columns includes unilateral persistent dry perforations of the tympanic membrane, including post-traumatic ones, adhesive otitis media, tympanosclerosis, a condition after a radical operation on one ear performed twelve or more months ago with complete epidermization of the postoperative cavity.

As to combat swimmers and diving personnel, their barofunction is examined in a pressure chamber (recompression chamber). Citizens (military personnel) selected for training and studying to be combat swimmers, as well as diving specialties, are recognized as fit if they have good patency of the Eustachian tube (barofunction of I and II degrees); and with persistent impairment of barofunction of III degree, they are recognized as unfit.

Persistent impairment of the barofunction of the ear is determined by repeated studies.

In case of persistent impairment of the barofunction of III degree, the fitness of military personnel serving as military divers and combat swimmers is determined individually, and in case of impairment of the barofunction of IV degree, they are recognized as unfit.

After radical or reconstructive surgery on the middle ear with good results, the servicemen are granted exemption, and citizens registering with recruiting stations, being conscripted for military service and joining military service under a contract according to item 41 of the Requirements by columns are recognized as temporarily unfit for military service for six months if less than three months have passed since their discharge from the hospital. With complete epidermization of the postoperative cavity, the examination is carried out under subitem 3) of this item.

Item 39 of the Requirements by columns. In case of vestibular disorders, examination data are assessed with the involvement of a neuropathologist.

Subitem 1) of item 39 of the Requirements by columns includes Meniere's disease, pronounced forms of vestibular disorders, the attacks of which were observed during inpatient examination and confirmed by medical documents.

Subitem 2) of item 39 of the Requirements by columns includes forms of vestibular disorders, the attacks of which are short-term with moderate vestibular-vegetative reactions.

Subitem 3) of item 39 of the Requirements by columns includes oversensitivity to motion sickness in the absence of symptoms of vestibular disorders and diseases of other organs.

When deciding on fitness for military service in the NAVY, it is necessary to take into account the habit of ship's motion.

In case of loss of the ability to perform military duties in accordance with the military specialty due to motion sickness and absence of positive results (from special training, participation in campaigns) for a period of at least one year, an opinion is made on the unfitness for military service in the NAVY.

MPB makes an opinion on the unfitness for military service in the NAVY based on the results of the study of vestibular-vegetative sensitivity by the otolith response test in three dimensions, by the method of summation (cumulation) of irritation on a swivel chair or on Khilov's swing, a test with the continuous cumulation of Coriolis accelerations.

The results of vestibulometry are assessed together with a neurologist. When indicating the temporary nature of vestibular disorders, comprehensive examination and treatment are carried out.

When selecting for the NAVY, the criterion of resistance to motion sickness is the results of a test of the otolith response or a sample of continuous cumulation of Coriolis accelerations. Citizens (military personnel) who during these tests give a vestibular reaction of III degree are not fit for military service in the NAVY.

Results of the study of the vestibular function are assessed with account of the protective movements of III degree. The absence of intense vegetative responses is not a basis for

making an opinion on unfitness for military service in the NAVY, since this response to irritation of the vestibular apparatus is not persistent and, as a rule, disappears in the course of due training.

During the medical examination of citizens (military personnel) involved in parachute training, a test is carried out with the influence of Coriolis accelerations for three minutes by the CCCA method or two minutes by the DCCA method. When weakly expressed vegetative reactions are obtained, it is advisable to repeat the test after one or two days. If the reduced resistance of the vestibular apparatus to cumulative effects is re-identified, they are recognized as unfit. The study of the vestibular apparatus for the cumulative effect of adequate stimuli shall be carried out in the first half of the day no earlier than two hours after a meal. The persons being examined who developed pronounced autonomic reactions during the test (spontaneous nystagmus, asymmetry of vestibulo-ocular and optokinetic reflexes and reactions of their suppression, severe pallor, nausea, vomiting) are considered unstable to vestibular stimuli and recognized as unfit.

Item 40 of the Requirements by columns. Deafness, deaf mutism, hearing loss.

The perception of whispered speech, which does not prevent from doing military service by persons examined under columns I, II, is determined at a distance of at least 2 meters for one ear and at a distance of at least 4 meters for the other ear or at a distance of at least 3 meters for both ears.

Deafness in both ears or deaf mutism is additionally confirmed by medical facilities, organizations or educational institutions for the deaf and dumb. Deafness shall be considered as the lack of perception of the cry at the auricle.

Citizens (military personnel) who had surgery to implant a cochlear implant in both ears are examined under subitem 1), and in one ear - under subitem 2) of this item.

When determining the degree of hearing loss, special research methods are used such as those of whispered and colloquial speech, tuning forks, objective audiometry (registration of auditory evoked potentials, otoacoustic emission) with the obligatory measuring of the barofunction of the ears.

With hearing loss, which changes the category of fitness for military service, these tests are performed repeatedly (at least three times during the examination period). In case of suspicion of deafness in one or both ears, methods of objective determination of deafness are additionally used: the use of a Barani noisemaker, the tests of Govseev, Popov, Stenger, Khilov. With a significant (more than three meters) inter-aural difference in hearing, an X-ray of the temporal bones according to Stenvers or a computed tomography of the temporal bones is performed.

An opinion on the category of fitness for military service under this item is made after examination by an audiologist.

In an individual assessment of the category of fitness for military service, the specific conditions of military service of military personnel, the characteristics of the command (

leadership) and the doctor of the military unit (institution), the data of a functional study of hearing by checking audibility through headphones when using electro-acoustic communications (telephone, radio) are taken into account.

With persistent hearing loss, if the perception of whispered speech is less than 6 meters in one ear, those entering MEI (schools), as well as their students, are recognized as unfit.

Item 41 of the Requirements by columns. After a radical operation on one middle ear with good results, those examined under columns I, II are recognized as temporarily unfit for military service for a period of twelve months after the operation. After this period, with complete epidermization of the postoperative cavity, an opinion is made according to subitem 3) of item 38 of the Requirements by columns.

## **Chapter 9. Diseases of the circulatory system**

In diseases of the circulatory system, chronic heart failure is assessed by functional classes in accordance with the classification of the New York Heart Association (NYHA), angina pectoris - in accordance with the classification of the Canadian Cardiovascular Society

Item 42 of the Requirements by columns. Medical examination of citizens with primary prolapse of the mitral and (or) other heart valves (as manifestations of connective tissue dysplasia) is carried out according to item 80 of the Requirements by columns, and in case of secondary prolapse of the mitral and (or) other heart valves - according to this item.

Subitem 1) of item 42 of the Requirements by columns includes:

diseases of the cardiovascular system with CHF III-IV FC;

combined (damage to several heart valves) or mixed (damage to one heart valve: stenosis and insufficiency) acquired heart defects in the presence or absence of CHF;

isolated aortic heart defects in the presence of CHF II-IV FC;

isolated stenosis of the left atrioventricular foramen;

tricuspid stenosis;

pulmonary artery stenosis;

dilated and restrictive cardiomyopathy, hypertrophic cardiomyopathy with obstruction of the outflow tract of the left ventricle;

sequelae of surgical interventions on the valve apparatus of the heart, implantation of an artificial pacemaker in the presence of CHF I-IV FC;

certain life-threatening forms of rhythm and conduction disturbances (ventricular fibrillation, asystole, paroxysmal ventricular tachycardia (of more than 30 seconds or requiring relief due to hemodynamic disturbances), complete AV block), regardless of the severity of the diseases that led to them;

persistent, difficult to treat forms of cardiac arrhythmias (permanent form of atrial fibrillation), repeated paroxysms of atrial fibrillation or flutter, electrical cardioversion is used to restore the heart rhythm;



persistent rhythm and conduction disturbances leading to the appearance of pauses of more than 3 seconds on the ECG or according to daily monitoring of the ECG, regardless of clinical manifestations if they are not medically induced;

Brugada syndrome;

noncompacted myocardium;

arrhythmogenic right ventricular dysplasia.

Subitem 2) of item 42 of the Requirements by columns, in addition to heart diseases accompanied by CHF II FC, includes:

prolapse of the mitral or other heart valves of the III degree (9 mm or more), II degree (6-8.9 mm) with impaired intracardiac hemodynamics;

isolated acquired heart defects (except for those specified in subitem 1) of item 42 of the Requirements by columns) in the presence of CHF I FC;

hypertrophic cardiomyopathy without obstruction of the outflow tract of the left ventricle in the presence of CHF I FC;

repeated attack (relapse) of acute rheumatic fever;

sick sinus syndrome;

Wolff-Parkinson-White syndrome (WPW syndrome) with paroxysmal arrhythmias;

congenital and acquired long Q-T syndrome of a persistent nature with paroxysmal rhythm disturbances. The ECG criterion for long Q-T syndrome is a corrected Q-T interval of more than 0.44 seconds on a resting ECG in patients not taking medications, the intake of which contributes to the lengthening of the Q-T interval;

some persistent, difficult to treat forms of rhythm disturbances (persistent form of atrial fibrillation, frequent paroxysms of atrial fibrillation or atrial flutter - three times a year or more often (paroxysmal form), frequent paroxysms of supraventricular tachycardia - three times a year or more, frequent polytopic ventricular premature beats, paired ventricular extrasystoles, including according to daily ECG monitoring data with unsuccessful repeated treatment in inpatient conditions);

individual persistent conduction disorders (AV block II degree if it is not medically induced, complete left bundle branch block);

persistent rhythm and conduction disturbances leading to the appearance of 2-3-second pauses on the ECG (including according to daily ECG monitoring) and accompanied by clinical symptoms (including dizziness, syncope) if they are not medically induced.

Subitem 3) of item 42 of the Requirements by columns, in addition to heart disease with CHF I FC, includes:

prolapse of the mitral or other heart valves of II degree (6 - 8.9 mm) without disturbance of intracardiac hemodynamics;

prolapse of the mitral or other heart valves of I degree (3-5.9 mm) with regurgitation of grade II or more;

Wolff-Parkinson-White syndrome without paroxysmal rhythm disturbances;

isolated acquired heart defects (except for those specified in subitem 1) of item 42 of the Requirements by columns) in the absence of CHF;

congenital and acquired long Q-T syndrome of a persistent nature without rhythm disturbances;

transient AV-block of II degree revealed according to the data of daily ECG monitoring;

sequelae of surgical interventions on the valve apparatus of the heart, implantation of an artificial pacemaker in the absence of signs of CHF;

individual rhythm and conduction disturbances: rare paroxysms of atrial fibrillation or atrial flutter - at least three times a year, frequent monotypic ventricular extrasystoles (30 or more ectopic complexes per hour, at least 12 hours during the day - according to daily ECG monitoring), frequent supraventricular extrasystoles (30 or more ectopic complexes per hour, at least 12 hours during the day - according to daily ECG monitoring), paired and (or) group supraventricular extrasystoles confirmed by repeated daily ECG monitoring for three months, III degree SA block with frequency of the replacement rhythm less than 40 per minute, persistent complete block of the right bundle branch, persistent complete block of the anterior branch of the left bundle branch, persistent AV block of I degree.

Senior and high-level non-commissioned officers and officers who have not reached the age limit for military service, after surgical treatment for congenital or acquired heart defects, are sent for examination to determine the category of fitness for military service at least three months after the operation.

CHF I, II FC is confirmed by cardiohemodynamic parameters identified by echocardiography (decreased ejection fraction and (or) impaired diastolic function of the left ventricle, increased systolic and diastolic dimensions of the left ventricle and atrium, the appearance of regurgitation flows over the mitral and aortic valves), reduced tolerance to physical load based on the results of bicycle ergometer or treadmill test, as well as a 6-minute walk test in combination with an analysis of the clinical manifestations of the disease.

Persistent cardiac arrhythmias include arrhythmias lasting more than 7 days, requiring antiarrhythmic therapy and renewing after stopping treatment or refractory to it.

As to those examined under column III with isolated aortic heart diseases (except for those specified in subitem 1) of item 42 of the Requirements by columns), an opinion is made under subitem 3) of this item.

Citizens (military personnel) who had acute rheumatic fever with persisting signs of heart damage are examined in accordance with subitems 1), 2) or 3) of this item, depending on the presence and severity of CHF, rhythm and (or) conduction disturbances.

Those examined under column II who had acute rheumatic fever under subitem 3) of this item shall be recognized as unfit for military service in peacetime, limitedly fit - in time of war.

Subitem 4) of item 42 of the Requirements by columns, in addition to persistently compensated outcomes of heart muscle diseases, includes:

prolapse of the mitral or other heart valves of I degree (3-5.9 mm) without disturbance of intracardiac hemodynamics;

prolapse of the mitral or other heart valves of I degree (3-5.9 mm) with regurgitation of grade I without familial cases of sudden death with mitral valve prolapse, previous cases of embolism, disturbances of the rhythm and conduction of the heart specified in subitems 1), 2), 3) of item 42 of the Requirements by columns;

rare ventricular extrasystoles;

II degree SA block (type II);

Under this subitem, servicemen are examined after successful ablation (including radiofrequency) for atrioventricular nodal reciprocal tachycardia, arrhythmogenic areas of the myocardium, and accessory conduction pathways.

The criterion for successful ablation is the absence of rhythm abnormality according to the data of daily ECG monitoring carried out at least twice with an interval of one month or more.

In case of prolapse of the mitral or other heart valves of I degree with regurgitation of grade I identified for the first time in citizens examined according to column I of the Requirements, a set of tests is performed (echocardiography, exercise test, daily ECG monitoring) and in the absence of heart rhythm and conduction disturbances specified in subitems 1), 2) and 3) of this items, they are recognized as fit for military service with minor restrictions.

Those examined under column I who had acute rheumatic fever are recognized as temporarily unfit for military service under item 48 of the Requirements by columns for twelve months after discharge from a medical facility. Subsequently, after the completion of the secondary prevention of acute rheumatic fever (bicillin prophylaxis) and in the absence of signs of damage to the heart and other organs, as well as the absence of relapses of the disease, they are examined according to subitem 4) of this item.

Requirements for the presentation of the results of echocardiography, their interpretation are reflected in the explanations to item 80 of the Requirements by columns.

Sinus arrhythmia, myocarditis in the absence of cardiac arrhythmias and conduction disturbances, II degree SA block (type I), functional (vagal) AV block I degree (normalization of AV conductivity occurs during exercise or after intravenous administration of 0.5-1 milligram of atropine sulfate), incomplete right bundle branch block, Clerk-Levy-Cristesco syndrome (CLC syndrome) not accompanied by paroxysmal rhythm disturbances according to ECG monitoring data, local disturbance of intraventricular conduction, migration of the pacemaker through the atria are not grounds for applying this item, do not prevent from doing military service, entering MEI.

Item 43 of the Requirements by columns. Arterial hypertension.

To conduct a military medical examination, a classification of arterial hypertension by the degree and stage of the general cardiovascular risk is used in accordance with the current

clinical protocol of the Ministry of Healthcare of the Republic of Kazakhstan on arterial hypertension.

The degree of arterial hypertension is determined on the basis of the average values of the numbers of systolic and diastolic blood pressure according to the results of ABPM performed at least twice.

Arterial hypertension, in which an increase in blood pressure is due to known or eliminable causes, is considered to be symptomatic (secondary) arterial hypertension.

Subitem 1) of item 43 of the Requirements by columns includes:

rapidly progressive (malignant) form of arterial hypertension;

Rapidly progressive (malignant) form of arterial hypertension means blood pressure not lower than 220/130 mm Hg with the development of IV degree retinopathy, edema of the optic discs in combination with ischemic or hemorrhagic foci in the retina.

grade 3 arterial hypertension with a predominance in the clinical picture of one of the severe vascular disorders closely and directly related to the hypertensive syndrome (chronic heart failure II-IV FC, myocardial infarction, dissecting aortic aneurysm, hemorrhagic stroke, generalized narrowing of the retinal arteries with eye hemorrhages or exudates on the fundus and edema of the optic nerve head, CKD stage 4 and above).

Subitem 2) of item 43 of the Requirements by columns includes arterial hypertension refractory to constant combined antihypertensive therapy:

arterial hypertension of stage 3, risk level 4 (very high);

arterial hypertension of stage 3, risk level 3 (high);

arterial hypertension of stage 2, risk level 4.

Subitem 3) of item 43 includes:

arterial hypertension of stage 2, risk level 3;

arterial hypertension of stage 2, risk level 2 (moderate);

arterial hypertension of stage 1, risk level 4;

arterial hypertension of stage 1, risk level 3 (in the presence of HTOD, moderate or severe CKD or diabetes without organ damage).

When identifying CVR “risk level 4” in those examined under column III with arterial hypertension of stage 1 only by the presence of hemodynamically insignificant atheromatous plaques (stenosis less than 50 percent), in the absence of HTOD, moderate or severe CKD or diabetes without organ damage, an opinion is made on the basis of subitem 4) of this item.

Subitem 4) of item 43 of the Requirements by columns includes arterial hypertension of stage 1, risk level 1 (low), 2, 3 (without HTOD, moderate or severe CKD or diabetes without organ damage).

The stage of arterial hypertension in citizens (military personnel) who had myocardial infarction or stroke is assessed with account of the data of previous observation.

The diagnosis of arterial hypertension is confirmed by an inpatient medical examination, and in those examined under columns I, II - by the results of a documented previous

dispensary observation for at least six months with the obligatory repeated performance of daily monitoring of blood pressure.

In the case of newly diagnosed arterial hypertension with an insufficient observation period, citizens registering with recruiting stations, being conscripted for military service are recognized as temporarily unfit for military service under item 48 of the Requirements by columns for six months.

In each case of arterial hypertension, differential diagnosis with symptomatic arterial hypertension is performed. When medical examination of citizens (military personnel) with symptomatic arterial hypertension, in addition to the item of the Requirements by columns corresponding to the disease that is the etiological cause of symptomatic arterial hypertension, it is necessary to apply also item 43 of the Requirements by columns: for symptomatic arterial hypertension corresponding to AH of stage 3 - subitem 1), AH 2 - subitem 2), AH 1 – subitem 3).

A transient increase in blood pressure in the first three months of military service in the absence of arterial hypertension in a medical history shall be considered as a manifestation of the adaptation syndrome. This category of servicemen is subject to dynamic dispensary observation by a doctor of a military unit (institution) with the prescription of an individual mode of physical activity, and, given medical indications, examination in inpatient conditions.

In case of a syndrome of high blood pressure closely associated with autonomic disorders (hyperhidrosis of the hands, persistent “red” dermographism, labile pulse and blood pressure due to postural change), the examination is carried out according to item 47 of the Requirements by columns.

Item 44 of the Requirements by columns. The presence of ischaemic heart disease is confirmed by instrumental research methods (mandatory ones are resting and stress ECG tests , EchoCG, 24-hour ECG monitoring, additional ones are stress echocardiography, coronary angiography, magnetic resonance imaging, positron emission tomography), computed ( multispiral) tomography of coronary arteries, single-photon emission computed tomography), myocardial perfusion scintigraphy).

Subitem 1) of item 44 of the Requirements by columns includes:

stable exertional angina FC 3 - FC 4;

stable exertional angina FC 2 in the presence of CHF III-IV FC;

stable exertional angina FC 2 with frequent (more than twice a year) episodes of destabilization of ischemic disease in the form of acute coronary syndrome;

stable exertional angina FC 2 with persistent dysfunction of the left (right) ventricle caused by areas of dyskinesia according to the results of echocardiography.

This subitem (regardless of the intensity of angina and circulatory failure) also includes:

cardiac aneurysm or large-focal atherosclerosis developed as a result of transmural, large-focal or repeated myocardial infarction;

extensive stenotic process (75 percent or more in two or more coronary arteries), stenosis (50 percent or more) of the left trunk of the coronary artery and (or) high isolated stenosis (50 percent or more) of the anterior interventricular branch of the left coronary artery, stenosis (75 percent and more) of the right coronary artery with the right type of myocardial blood supply.

Subitem 2) of item 44 of the Requirements by columns includes:

stable angina FC 2;

stable exertional angina FC 1 with persistent dysfunction of the left (right) ventricle caused by areas of dyskinesia according to the results of echocardiography;

variant angina;

past small-focal myocardial infarction;

occlusion or stenosis (75 percent or more) of one large coronary artery (other than those specified in item 1).

Under this item subject to examination are citizens (military personnel) who had coronary bypass surgery and (or) two or more vascular coronary angioplasty (stenting).

As to citizens (military personnel) who had single-vessel coronary angioplasty (stenting), depending on the FC of angina and CHF, as well as the ability to perform military duties, an opinion is made under subitems 2), 3) of this item no earlier than three months after the operation.

Subitem 3) of item 44 of the Requirements by columns includes:

stable angina FC 1;

transient dysfunction of the left (right) ventricle caused by areas of local (up to 1 segment) dyskinesia according to the results of stress echocardiography;

stenosis (50-74 percent) of one large coronary artery (other than those specified in subitem 1), stenosis of three coronary arteries by more than 30 percent.

In the presence of chronic heart failure, rhythm and (or) heart conduction disturbances, medical examination is also carried out in accordance with item 42 of the Requirements by columns.

In the presence of painless (mute) myocardial ischemia, cardiac syndrome X (microvascular angina), myocardial bridge (bridge syndrome), an opinion is made according to items 1, 2 or 3, depending on the intensity of atherosclerosis of the coronary arteries according to coronary angiography and (or) the results of electrocardiography (stress - Echo KG) with exercise.

Item 45 of the Requirements by columns. In the presence of the diseases included in this item, surgical treatment is offered to those examined according to the indications. In case of unsatisfactory results of treatment or its refusal, the category of fitness for military service is determined depending on the severity of the pathological process.

Subitem 1) of item 45 of the Requirements by columns includes:

arterial and arteriovenous aneurysms of the great vessels;

obliterating atherosclerosis, endarteritis, thromboangiitis, aortoarteritis with decompensated limb ischemia (gangrenous-necrotic stage);

atherosclerosis of the abdominal aorta with partial or complete obliteration of the lumen of its visceral branches, iliac arteries with a sharp dysfunction of organs and distal circulation; portal or vena cava thrombosis;

frequently recurrent thrombophlebitis, phlebothrombosis, chronic venous disease C5-C6 (CEAP classification: in the presence of a healed venous ulcer or open venous ulcer);

the presence of an implanted cava filter;

grade III lymphostasis;

stage III angiotrophoneurosis (gangrenous-necrotic);

sequelae of reconstructive operations on large trunk (aorta, iliac, femoral, brachiocephalic arteries, portal or vena cava) and peripheral vessels with persistent severe circulatory disorders and progressive course of the disease.

Subitem 2) of item 45 of the Requirements by columns includes:

obliterating endarteritis, thromboangiitis, aortoarteritis and atherosclerosis of the vessels of lower limbs, stage II;

varicose veins of the esophagus complicated by bleeding;

chronic venous disease C4 (CEAP classification: hyperpigmentation and/or venous eczema, lipodermatosclerosis and/or white skin atrophy);

grade II lymphostasis;

stage II angiotrophoneuroses with long pain syndrome, blue fingers, stiffness of movement in the cold with unsuccessful repeated inpatient treatment;

sequelae of reconstructive operations on the great and peripheral vessels with a minor impairment of blood circulation.

Subitem 3) of item 45 of the Requirements by columns includes:

obliterating endarteritis, thromboangiitis, atherosclerosis of the vessels of the lower limbs, stage I;

chronic venous disease C3 (CEAP classification: edema);

grade I lymphostasis;

stage 3 varicose veins of the spermatic cord (pronounced dilatation of the veins of the uviform plexus, a decrease in the testicle and a change in its consistency);

recurrent (after repeated surgical treatment) varicose veins of the spermatic cord in those examined according to columns I, II, and military personnel doing military service under a contract are examined according to subitems 3), 4) of this item, depending on the stage;

stage I agiotrophoneurosis;

reconstructive endovascular operations on the great and peripheral vessels without circulatory disorders.

Subitem 4) of item 45 of the Requirements by columns includes:

chronic venous disease C2 (CEAP classification: varicose saphenous veins with a diameter of more than 3 mm);

grade 0 lymphostasis;

stage 2 varicose veins of the spermatic cord (the dilated veins are visually determined, the size and consistency of the testicle are not changed).

Under this subitem, subject to examination are citizens (military personnel) who had vascular operations such as phlebectomy, resection or sclerosing of varicose saphenous veins of the limbs, thrombendarterectomy.

When diagnosing extravasal compression of the subclavian neurovascular bundle, “thoracic outlet” syndrome, examination is carried out according to the relevant subitems of this item, depending on the presence of secondary complications and dysfunctions.

After injuries (including wounds) of the large great arteries with full restoration of blood circulation and functions, subitem 3) of item 45 of the Requirements by columns applies during examination according to columns I, II, and subitem 4) of this item applies to columns III - IV.

The diagnosis of the disease and sequelae of vascular disruption reflects the stage of the process and the degree of functional disorders. An expert opinion is made after examination using methods that give objective indicators (angio-, phlebo-, lymphography, Doppler ultrasound and ultrasound angiography).

Chronic vein diseases C0-C1 (CEAP classification: without visible and palpable signs of CVD, but with specific complaints, telangiectasia or reticular varicose veins), stage I varicocele (varicose veins are identified only by palpation when the patient is straining in a vertical position of the body) are not grounds for the application of this subitem, do not prevent from doing military service, entering MEI.

Item 46 of the Requirements by columns. Somatoform autonomic dysfunction of the heart and cardiovascular system is characterized by a syndrome of vegetative-vascular disorders with an inadequate response of blood pressure and (or) heart rhythm disturbances to any stimuli.

SADHCVS of the hypotensive type shall be distinguished from the physiological hypotension of healthy people without any complaints, preserving their ability to work and perform military duties with blood pressure values of 90/50 - 100/60 mm Hg. Such persons are recognized as fit for military service. It is imperative to exclude symptomatic hypotension caused by diseases, including those of the endocrine system, gastrointestinal tract, and lungs.

Citizens with any form of SADHCVS registering with recruiting stations are recognized as temporarily unfit for military service according to item 47 of the Requirement by columns and sent for treatment.

Subitem 1) of item 46 of the Requirements by columns includes SADHCVS of:

hypertensive type with labile blood pressure, in the presence of constant complaints and persistent pronounced vegetative-vascular disorders that cannot be treated and significantly



reduce the ability to work and perform military duties (for citizens conscripted for military service - for at least six months and confirmed by medical documents);

hypotensive type with persistent fixation of blood pressure below 100/60 mm Hg in the presence of constant complaints, persistent pronounced vegetative-vascular disorders, which significantly reduce the ability to work and perform military duties;

cardiac type in the presence of persistent cardialgias with severe vegetative-vascular disorders, persistent heart rhythm disturbances and failed repeated inpatient treatment (the characteristics of persistent heart rhythm disturbances are given in the explanations to item 42 of the Requirements by columns).

Subitem 2) of item 46 of the Requirements by columns includes SADHCVS of any type with moderate manifestations, including transient heart rhythm disturbances that do not reduce the ability to work and perform military duties.

When transient cardiac arrhythmias are identified, fitness for military service is determined according to the results of daily ECG monitoring.

Rare single supraventricular extrasystoles of rest (1-5 per hour and/or less than 100 per 24 hours according to daily ECG monitoring), sinus arrhythmia of a functional nature, SADHCVS with mild manifestations are not grounds for applying this item, do not prevent from doing military service, entering MEI.

The characteristic of rhythm and (or) conduction disturbances is given in item 42 of the Requirements by columns.

If the rhythm and (or) conduction is disturbed due to organic changes in the myocardium (according to electrocardiography, echocardiography, methods of radiation diagnostics), medical examination is carried out in accordance with item 42 of the Requirements by columns.

Item 47 of the Requirements by columns. Military conscripts are recognized as temporarily unfit for military service in cases when, upon completion of inpatient treatment for non-rheumatic myocarditis, no persistent signs of heart damage (circulatory failure, various forms of heart rhythm and conduction disturbances) have been identified.

Those examined according to columns I, II after past non-rheumatic myocarditis are recognized as temporarily unfit for military service for six months after discharge from a medical facility.

With regard to those examined under column III after active rheumatism, non-rheumatic myocarditis, myocardial infarction, as well as after surgery on the heart, coronary vessels, large great and peripheral vessels with temporary dysfunction, when at least a month is required to complete rehabilitation treatment and fully restore the ability to perform military duties, an opinion is made to grant a sick leave.

With regard to those examined in column III after an exacerbation of chronic ischemic disease (prolonged anginal attacks, transient disturbances of the heart rhythm and conduction, transient forms of chronic heart failure), arterial hypertension (condition after hypertensive

crises), electro-pulse therapy for arresting cardiac arrhythmias, an opinion is made on the need for release from official duties.

## **Chapter 10. Diseases of the respiratory system**

Item 48 of the Requirements by columns. Diseases of the nasal cavity, paranasal sinuses, pharynx.

Subitem 1) of item 48 of the Requirements by columns includes fetid rhinitis (ozena), scleroma.

Ozena is diagnosed on the basis of complaints of difficulty in nasal breathing, fetid crusts in the nasal cavity and nasal discharge, degenerative changes in the mucous membranes and underlying bone tissues of the nasal cavity, excretion of the ozena pathogen during bacteriological examination. At the initial stages of the disease, these clinical manifestations are practically absent. In such cases, the diagnosis is confirmed only by the reaction of complement binding with the ozenous antigen and the release of the ozena pathogen during bacteriological examination.

In the clinical course of scleroma, the following forms of the disease are distinguished: latent, infiltrative, cicatricial, mixed. The diagnosis is established on the basis of the patient's complaints, according to endoscopic signs according to the form of the disease, the data of serological testing (the reaction of complement binding with the scleroma antigen) and as a result of the isolation of *Klebsiella scleromae* during bacteriological examination. The infiltrative form is also confirmed by histological examination.

Subitem 2) of item 48 of the Requirements by columns includes:

- purulent and (or) polyposis sinusitis with atrophic or hypertrophic processes of the mucous membrane of the upper respiratory tract with impaired nasal breathing;

- chronic purulent and (or) polyposis sinusitis without complications, occurring with frequent exacerbations;

- hay fever with clinical manifestations of rhinitis with persistent, pronounced disturbance of nasal breathing during the entire warm season (spring-autumn) with ineffective repeated treatment in inpatient conditions in a specialized department of healthcare facilities;

- allergic rhinitis with sensitization to household allergens and frequent exacerbations (three or more times a year) with severe clinical manifestations and disability, and ineffective repeated inpatient treatment in a specialized department of healthcare facilities;

- unsatisfactory results of surgical treatment.

The diagnosis of chronic suppurative disease of the paranasal sinuses is confirmed by rhinoscopic data (purulent discharge), X-ray tomography and (or) X-ray of the paranasal sinuses with contrast in two projections, and in case of maxillary sinusitis - by therapeutic and diagnostic puncture. If medically indicated, CT or MRI or videoscopic examination is performed. Frequent exacerbations of the disease shall be understood as exacerbations three times a year or more.

Chronic decompensated tonsillitis shall be understood as a form of chronic tonsillitis characterized by frequent (at least twice a year) exacerbations, the presence of tonsillogenic intoxication (subfebrile condition, rapid fatigue, atony, malaise), involvement in the inflammatory process of peritonsillar tissue, regional lymph nodes (paratonsillar abscess, regional lymphadenitis) and metatonsillar complications. Objective signs include pyorrhea from the lacunae when pressed with a spatula or probing them, rough scars on the tonsils, hyperemia and swelling of the palatine arches, and their fusion with the tonsils, the presence of suppurating follicles in the subepithelial layer, an increase in the lymph nodes of the neck. Only this form of chronic tonsillitis is a contraindication for entering MEI.

Subitem 3) of item 48 of the Requirements by columns includes chronic non-suppurative diseases of the paranasal sinuses (including catarrhal, serous, vasomotor) without signs of dystrophy of the tissues of the upper respiratory tract, without frequent exacerbations, as well as hyperplastic sinusitis and cysts of the maxillary sinuses occupying more than 1/3 the volume of the maxillary sinuses.

When registering with recruiting stations, citizens with chronic non-purulent diseases of the paranasal sinuses, indicated in this subitem, are sent for treatment.

Chronic sinusitis is subject to surgical treatment (radical or endoscopic sinusotomy).

With successful surgical treatment, those examined according to columns I-II are recognized as fit for military service.

The impairment of the barofunction of the paranasal sinuses is identified on the basis of complaints of the examined person, the state of the nasal cavity, the tympanic membrane, tests in a pressure chamber for the tolerance of pressure drops, with an X-ray examination of the paranasal sinuses before and after the test, information about the service activity and the state of health of the serviceman.

Conscripts with pollinosis and allergic rhinitis shall be examined with the obligatory involvement of an allergist.

Deflection of the nasal septum, unstable subatrophic phenomena of the mucous membrane of the upper respiratory tract with free nasal breathing, parietal thickening of the mucous membrane of the maxillary sinuses, if no pus or transudate is obtained during diagnostic puncture and the patency of the mouth of the maxillary sinus is preserved, as well as residual effects after the operation (after two or more months) on the maxillary sinuses (linear scar of the muco-gingival fold, anastomosis of the operated sinus with the nasal cavity or veil on the radiograph), as well as the presence of cysts of the maxillary sinuses occupying less than 1/3 of the volume of the maxillary sinuses, without disturbing their barofunctions are not grounds to apply this item, do not prevent from doing military service, entering MEI.

Item 49 of the Requirements by columns. The item includes congenital and acquired diseases, the sequelae of damage to the larynx or cervical trachea in case of unsatisfactory results of treatment or refusal of it.

Subitem 1) of item 49 of the Requirements by columns includes a persistent absence of voice formation, breathing through the natural respiratory passages, dividing function of the laryngopharynx, median laryngeal stenosis.

Subitem 2) of item 49 of the Requirements by columns includes persistent difficulty in breathing with degree II respiratory failure of obstructive type and (or) persistent difficulty in voice formation (functional aphonia, hoarseness, decreased sonority) confirmed by multiple (at least three times during the examination period) sonority checks, which persist for three or more months after the treatment.

Subitem 3) of item 49 of the Requirements by columns includes persistent breathing trouble with degree I respiratory failure of obstructive type.

Item 50 of the Requirements by columns. Unspecified chronic diseases of the lungs and pleura, disseminated lung diseases of non-tuberculous etiology.

Subitem 1) of item 50 of the Requirements by columns includes:

chronic diseases of the bronchopulmonary apparatus and pleura, suppurative lung diseases, including chronic bronchitis, chronic obstructive pulmonary disease, panacinar (bullous) pulmonary emphysema, bronchiectasis with degree III respiratory (pulmonary) failure;

sarcoidosis with pronounced fibrotic changes in the lungs, as well as a generalized form of sarcoidosis;

alveolar proteinosis, pulmonary alveolar microlithiasis, idiopathic pulmonary fibrosis, regardless of the degree of respiratory failure, confirmed by the results of histological examination.

Subitem 2) of item 50 of the Requirements by columns includes:

chronic diseases of the bronchopulmonary apparatus and pleura, suppurative lung diseases with degree II respiratory (pulmonary) failure;

bronchiectasis and lung diseases complicated by secondary bronchiectasis (regardless of the degree of respiratory failure), sarcoidosis with isolated lesions of the intrathoracic lymph nodes and (or) lungs, disseminated lung diseases confirmed by the results of histological examination in citizens examined under columns I and II.

The category of fitness for military service among citizens examined under column III is determined depending on the degree of respiratory (pulmonary) failure.

Subitem 3) of item 50 of the Requirements by columns includes chronic diseases of the bronchopulmonary apparatus and pleura, suppurative lung diseases with degree I respiratory (pulmonary) failure.

Citizens (military personnel) with sequelae of past spontaneous pneumothorax in the form of limited pneumofibrosis, pleural adhesions are examined depending on the degree of RF (PF).

In case of refusal of the examined person from morphological verification, the diagnosis is established on the basis of a set of clinical, instrumental and laboratory data.

Indicators of the degrees of RF (PF) are described in Appendix 4 to the Requirement.

Item 51 of the Requirements by columns. Examination for newly diagnosed signs of bronchial asthma is carried out only after inpatient examination.

In the presence of bronchial asthma confirmed by medical documents on inpatient treatment and requests for medical care, an opinion on the category of fitness for military service of citizens examined under columns I and II (except for conscripts) is made without inpatient examination.

In the absence of documentary confirmation of the anamnesis of the disease, pharmacological and (or) physical bronchoprovocation tests are verifying tests for the diagnosis of bronchial asthma in stable remission. An additional criterion is the testing of total and (or) specific immunoglobulin E in the blood.

In the case when bronchospastic syndromes (including obstructive, endocrine-humoral, neurogenic, toxic) are manifestations or complications of other diseases, the category of fitness for military service is determined depending on the course of the underlying disease according to the relevant items of the Requirements by columns.

When determining the severity of bronchial asthma in citizens (military personnel) receiving basic treatment with anti-inflammatory drugs, the volume of therapy and response to treatment must be taken into account.

Subitem 1) of item 51 of the Requirements by columns includes severe uncontrolled bronchial asthma, despite the large volume of therapy, with frequent exacerbations or asthmatic conditions during the previous year, and severe persistent bronchial asthma: persistent symptoms, limited physical activity, frequent nighttime symptoms,  $FEV_1$  or  $PEF < 60$  percent of the norm, daily variability of  $PEF > 30$  percent in an attack-free period.

Subitem 2) of item 51 of the Requirements by columns includes persistent bronchial asthma of moderate severity: symptoms are daily, exacerbations disrupt activity and sleep, nighttime symptoms are more than once a week, daily intake of inhaled short-acting  $\beta_2$ -agonists,  $FEV_1$  or  $PEF$  60-80 percent of the due values, variability of  $PEF$  or  $FEV_1 > 30$  percent in an attack-free period.

Subitem 3) of item 51 of the Requirements by columns includes mild persistent bronchial asthma: symptoms are more than once a week, but less than once a day, exacerbations interfere with activity and sleep, nighttime symptoms are more often than twice a month,  $FEV_1$  or  $PEF \geq 80$  percent of due values, the daily variability of  $PEF$  or  $FEV_1$  is 20-30 percent in an attack-free period.

Subitem 4) of item 51 of the Requirements by columns includes intermittent bronchial asthma: symptoms are less than once a week, exacerbations of short-term, nocturnal symptoms are no more than twice a month,  $FEV_1$  or  $PEF \geq 80$  percent of due values, daily variability of  $PEF$  or  $FEV_1 < 20$  percent.

This subitem also includes bronchial asthma in a medical history, in the absence of symptoms for 5 years or more, with persisting altered bronchial reactivity confirmed by provocative inhalation tests.

Item 52 of the Requirements by columns. In the case of a complicated course of acute pneumonia, after operations on the bronchopulmonary apparatus, an opinion is made on the need for a sick leave in relation to military personnel, and in relation to citizens registering with recruiting stations, being conscripted for military service – an opinion on temporary unfitness for military service in case of less than six months after the end of treatment.

In case of residual effects after acute illnesses, exacerbation of chronic lung diseases, as well as after surgical interventions in the upper respiratory tract, an opinion on granting exemption is made for military personnel.

## **Chapter 11. Diseases of the digestive system**

Item 53 of the Requirements by columns. Diseases of tooth development and eruption, dental caries.

Subitem 3) of item 53 of the Requirements by columns applies when the total number of carious, filled and extracted teeth is more than nine, with at least four teeth having clinical or radiographic signs of chronic inflammation with damage to the pulp and periodontium, including teeth with filled root canals.

When calculating the total number of teeth, wisdom teeth are not counted. If it is impossible to use roots of teeth for prosthetics, they are considered as missing teeth. Teeth replaced with fixed dentures are not considered missing.

Item 54 of the Requirements by columns. The item is applied if the examined person has generalized periodontitis or periodontal disease with frequent (3 or more times a year) exacerbations and (or) abscess formation.

The diagnosis of periodontitis, periodontal disease is established after examining the entire dentoalveolar system with radiography and identification of concomitant diseases. Citizens with periodontal disease and periodontitis are sent for treatment when they register with recruiting stations.

Subitem 1) of item 54 of the Requirements by columns includes periodontitis with a depth of the periodontal pocket of more than 5 mm, at the same time a mixed uneven type of destruction of the bone tissue of the alveolar process is identified, which reaches more than 1/2 of the root length in the area of individual teeth, tooth mobility of II-III degrees.

Subitem 2) of item 54 of the Requirements by columns includes:

periodontitis with the depth of the periodontal pocket from 3.5 to 5 mm, in which a mixed uneven type of destruction of the bone tissue of the alveolar process is identified, reaching in the area of individual teeth up to 1/2 of the root length, tooth mobility of II degree;

diseases of the oral mucosa that do not respond to treatment.

In the presence of stomatitis, cheilitis, gingivitis, leukoplakia, citizens are sent for treatment when registering with recruiting stations.

Subitem 3) of item 54 of the Requirements by columns includes mild periodontitis with a depth of the gingival pocket up to 3.5 mm mainly in the interdental space, the expansion of

the periodontal gap in the cervical region of the teeth is determined by the destruction of the compact plate of the tops of the interdental septa, osteoporosis of the apices of the interalveolar septa within 1/3 of the root length, in the absence of tooth mobility.

Item 55 of the Requirements by columns. Dentofacial anomalies (except for congenital malformations), other changes in the teeth and their supporting structure, diseases of the jaws, salivary glands, tongue.

Subitem 1) of item 55 of the Requirements by columns includes:

defects of the upper and (or) lower jaws not replaced by grafts after surgical treatment;  
ankylosis of the temporomandibular joints, contractures and false joints of the lower jaw in the absence of the effect of treatment (including surgery) or refusal of it.

Depending on the actual ability to perform military duties, the opinions of the command (leadership) and the doctor of the military unit (institution), servicemen examined under column III with acquired maxillofacial defects and deformities after orthopedic treatment methods with satisfactory results are examined according to subitems 2 ) and 3) of this item.

Subitem 2) of item 55 of the Requirements by columns includes:

class II malocclusions with bite separation of more than 10 mm with no account of the chewing efficiency;

class II malocclusions with bite separation from 5 to 10 mm with less than 60 percent of chewing efficiency;

chronic diseases of the jaws, salivary glands, tongue, temporomandibular joints with frequent (three or more times a year) exacerbations;

chronic osteomyelitis of the jaws with the presence of sequestral cavities and sequestrars;

defects of the lower jaw replaced by grafts after surgical treatment in those examined under columns I, II.

Citizens with these diseases, when registering with recruiting stations, are sent for treatment. After treatment, servicemen are examined according to item 61 of the Requirements by columns. In case of refusal of surgical treatment or an unsatisfactory result of the operation, the examination is carried out according to subitems 1) or 2) of this item.

Subitem 3) of item 55 of the Requirements by columns includes chronic diseases of the jaws, salivary glands, tongue, temporomandibular joints with rare (less than three times a year ) exacerbations.

Subitem 4) of item 55 of the Requirements by columns includes class II malocclusions with bite separation from 5 to 10 mm with 60 or more percent of chewing efficiency.

Citizens registering with recruiting stations, being conscripted for military service, or joining military service under a contract are recognized as temporarily unfit for military service if less than six months have passed after surgical treatment of malocclusions.

The presence of class I malocclusion (malalignment of the dentition up to 5 mm inclusive) , the wearing of orthodontic appliances (plates, braces) to correct the occlusion, anomalies in

the position of individual teeth are not a ground for applying this item, do not prevent from doing military service, entering MEI.

Conscripts wearing orthodontic appliances are assigned to military commands with account of the possibility of visiting an orthodontist during their military service.

Item 56 of the Requirements by columns. Diseases of the oesophagus, intestines (except for the duodenum) and peritoneum.

Subitem 1) of item 56 of the Requirements by columns includes:

acquired esophageal-tracheal or esophageal-bronchial fistulas;

cicatricial narrowing or neuromuscular diseases of the oesophagus with significant clinical manifestations, including complications of GERD, requiring systematic bougienage, balloon dilation, or surgical treatment;

severe forms of chronic nonspecific ulcerative colitis and enteritis with a sharp dysfunction of digestion;

absence after resection of the small (at least 1.5 m) or large (at least 30 cm) intestine accompanied by indigestion and malnutrition (BMI is less than 18.5);

grade 3 rectal prolapse;

artificial anus, as the final stage of surgical treatment, intestinal fistula;

degree III anal sphincter deficiency.

Subitem 2) of item 56 of the Requirements by columns includes:

grade IV GERD (Savary-Miller classification);

grade III GERD with frequent relapses (2 or more times a year) of esophageal ulcers or complicated by bleeding with the development of post-hemorrhagic anemia or perforation of the oesophagus, as well as with prolonged (more than two months) non-cicatrizing esophageal ulcer;

relapse of grade II-III GERD after surgical treatment;

cicatricial narrowing, strictures and neuromuscular diseases of the oesophagus with satisfactory results of conservative treatment;

enteritis with impaired secretory, acid-forming functions, frequent exacerbations and malnutrition (BMI is less than 18.5), requiring repeated and prolonged (more than two months) hospitalization in case of unsuccessful inpatient treatment;

chronic recurrent nonspecific ulcerative colitis Crohn's disease of moderate and mild severity;

absence after resection of the small intestine (at least 1 m) or large intestine (at least 20 cm), the imposition of the gastrointestinal fistula with rare manifestations of dumping syndrome;

adhesion process in the abdominal cavity with impaired evacuation function requiring repeated inpatient treatment (adhesion process is confirmed by the data of X-ray or endoscopic examination or by laparotomy, laparoscopy);

grade 2 rectal prolapse;



degree I-II anal sphincter deficiency;

chronic paraproctitis with persistent or frequently (at least 2 times a year) recrudescing fistulas.

Subitem 3) of item 56 of the Requirements by columns includes:

grade III GERD with rare exacerbations and without complications;

grade I-II GERD;

grade 3 rectal prolapse;

chronic paraproctitis with rare exacerbations.

When diagnosing diseases of the oesophagus, intestines, and peritoneum (except for those specified in subitems 1), 2), 3) of this item), the examination is carried out according to the relevant subitems of this item depending on the dysfunction.

In case of rectal prolapse, intestinal or fecal fistulas, narrowing of the anus or sphincter deficiency, surgical treatment is offered to persons examined. After being operated on under item 61 of the Requirements by columns, military personnel are granted a sick leave, and citizens registering with recruiting stations and being conscripted for military service are recognized as temporarily unfit for military service for six months if less than six months have passed since the operation. The category of fitness for military service is determined depending on the results of treatment. In the event of a relapse of the disease or refusal of treatment, an opinion shall be made according to subitems 1), 2) or 3) of this item.

Subitem 4) of item 56 of the Requirements by columns includes options for the shape, size, position of the oesophagus, slight deformity of organs identified during instrumental testing, without clinical manifestations, as well as diseases of the oesophagus, intestines and peritoneal lesions without dysfunction, including functional intestinal disorders.

Item 57 of the Requirements by columns. Gastric ulcer, duodenal ulcer.

The diagnosis of gastric or duodenal ulcers is confirmed by endoscopic examination (with the provision of photo or video materials) and (or) X-ray examination under artificial hypotension.

If citizens examined under column I of the requirements have stomach or duodenal ulcers in their medical histories, the diagnosis is confirmed by extracts from the medical record of an outpatient, inpatient patient with a detailed description of the endoscopic and (or) X-ray examination, which are signed by the relevant specialist doctors and the head (manager) of a structural unit of a medical (military-medical) healthcare facility, and it is certified by the seal of the healthcare facility. In the absence of documents to confirm the diagnosis, the examined person undergoes an endoscopic (X-ray) examination.

A reliable sign of a previous gastric or duodenal ulcer is the presence of post-ulcer cicatricial deformity of the stomach or duodenum identified by endoscopic examination and (or) X-ray examination under conditions of artificial hypotension.

Recurrence (exacerbation) of a gastric or duodenal ulcer is a condition when a patient with a previously established diagnosis of a gastric or duodenal ulcer with or without clinical manifestations is diagnosed with an ulcer defect (erosion) of the same or other localization.

In case of uncomplicated symptomatic gastric or duodenal ulcers, the category of fitness for military service is determined depending on the severity and course of the underlying disease according to the relevant items of the Requirements by columns.

In case of complicated symptomatic ulcers in relation to those examined under columns I, II, III, an opinion on the category of fitness for military service is made according to subitems 1), 2) or 3) of item 58 of the Requirements by columns depending on the dysfunction of the digestive system.

The degrees of severity of cicatricial-ulcerative deformity of the duodenum are determined as:

- minor - the bulb is of normal size, one wall is flattened or deformed;

- moderate - deformity of two walls;

- significant – the bulb is significantly reduced in size, irregular in shape.

The delay of 1/3 of the barium suspension in the stomach for more than two hours, determined with a fully performed duodenography under conditions of artificial hypotension, is regarded as a moderate impairment of the evacuation function of the duodenum.

With stenosis of the pylorobulbar zone, the barium suspension in the stomach is retained for more than six hours: the compensated form is from 6 to 12 hours, the subcompensated form is 12 to 24 hours, and the decompensated form is more than 24 hours.

Subitem 1) of item 57 of the Requirements by columns includes:

- gastric or duodenal ulcer complicated by penetration or stenosis of the pylorobulbar zone, accompanied by malnutrition (BMI is less than 18.5) in the presence of contraindications to surgical treatment or refusal of it;

- gastric ulcer complicated by massive repeated gastroduodenal bleeding with a blood loss of more than two liters (decrease in circulating blood volume to 30 percent or more) during the first year after this complication;

- extirpation of the stomach or its subtotal resection;

- sequelae of gastric resection, stem or selective vagotomy with the imposition of a gastrointestinal anastomosis with significant dysfunction of digestion (including incurable dumping syndrome, persistent diarrhea, malnutrition (BMI is less than 18.5), persistent anastomoses, anastomotic ulcers).

Subitem 2) of item 57 of the Requirements by columns includes:

- gastric or duodenal ulcer with frequent (two or more times a year) recurrence of the ulcer over the past two years;

- peptic ulcer with giant (3 cm or more in the stomach or 2 cm or more in the duodenum) ulcers;

- callous stomach ulcer;

peptic ulcer with extra-bulbous ulcer;

peptic ulcer with multiple (three or more) ulcers of the duodenum;

peptic ulcer with long-term non-cicatrizing ulcers (with localization in the stomach - three months or more, with localization in the duodenum - two months or more);

peptic ulcer complicated by perforation or bleeding, with the development of post-hemorrhagic anemia (within 5 years after these complications) or compensated stenosis or cicatricial deformity of the duodenal bulb with moderate impairment of evacuation function;

continuously recurrent duodenal ulcer (recurrent ulcers within two months after its healing );

sequelae of stem or selective vagotomy, gastric resection, imposition of gastrointestinal fistula in the presence of symptoms of moderate digestive dysfunction, except for those specified in subitem 1 of this item.

Subitem 3) of item 57 of the Requirements by columns includes:

gastric or duodenal ulcer in the presence of a minor deformation of the duodenal bulb with rare (once a year or less) exacerbations, without impairment of the digestive function in those examined under column III;

gastric or duodenal ulcer, regardless of the duration (resistance) of remission in those examined according to columns I, II of the Requirements.

Item 58 of the Requirements by columns. Diseases of the stomach and duodenum (except for peptic ulcer), liver, gallbladder, biliary tract and pancreas, other diseases of the digestive system.

Subitem 1) of item 58 of the Requirements by columns includes:

cirrhosis of the liver;

chronic hepatitis with a high degree of activity (according to biopsy and (or) a 10-fold or more persistent increase in transaminase activity) and (or) F3 - F4 stages of fibrosis according to the METAVIR scale (according to the results of indirect elastography);

chronic pancreatitis with severe morphological changes (atrophy, calcifications, deformities of the ducts, cysts) and (or) impaired exocrine pancreatic function accompanied by impaired nutritional status (BMI is less than 18.5) and (or) impaired glucose tolerance;

complications after operations on the biliary tract;

complications after operations on the pancreas.

Subitem 2) of item 58 of the Requirements by columns includes:

chronic hepatitis with a moderate degree of activity (according to biopsy data and (or) 5-10-fold persistent increase in transaminase activity) and (or) F2 fibrosis stage according to the METAVIR scale;

gastritis, gastroduodenitis with impaired secretory, acid-forming functions, frequent exacerbations and malnutrition (BMI is less than 18.5) requiring repeated and long-term hospitalization (more than two months) with unsuccessful inpatient treatment;

chronic cholecystitis with frequent (three or more times a year) exacerbations requiring inpatient treatment;

chronic pancreatitis with frequent (three or more times a year) exacerbations and (or) with pronounced morphological changes (atrophy, calcifications, deformities of the ducts, cysts) with impaired secretory or endocrine function of the pancreas without disturbing nutritional status;

sequelae of surgical treatment of pancreatitis with an outcome in a pseudocyst;

sequelae of reconstructive surgery for diseases of the pancreas and biliary tract.

After resection of the lobe of the liver or part of the pancreas, examination is carried out under subitems 2 or 3 of this item, depending on the dysfunction.

Subitem 3) of item 58 of the Requirements by columns includes:

chronic hepatitis with a mild degree of activity (according to biopsy data and (or) up to 5-fold persistent increase in transaminase activity) and (or) stage F1 fibrosis according to the METAVIR scale;

chronic gastritis, gastroduodenitis with a minor impairment of the secretory function and frequent (three or more times a year) exacerbations;

chronic cholecystitis with minor dysfunction and (or) frequent (three or more times a year) exacerbations that do not require hospital treatment;

chronic pancreatitis without disturbance of the exocrine function of the pancreas with good treatment results.

After resection of the gallbladder or surgical treatment of diseases of the bile ducts with a good outcome, examination under columns I, II, IV is carried out according to subitem 3), and under column III – according to subitem 4) of this item.

In case of steatosis (fatty liver disease), examination is carried out according to the relevant subitems of this item, depending on the impairment of liver functions.

Subitem 4) of item 58 of the Requirements by columns includes:

chronic gastritis, gastroduodenitis without impaired digestion and with rare (no more than twice a year) exacerbations;

chronic cholecystitis without dysfunction;

dyskinesia of the biliary tract without dysfunction;

fermentopathic (benign) hyperbilirubinemia.

In chronic hepatitis without liver dysfunction and (or) with its minimal activity, the examination is carried out according to subitem 3) of this item.

The diagnosis of chronic hepatitis is confirmed by an examination in a specialized department and by the results of a puncture biopsy, and in case of impossibility to conduct a biopsy or refusal of it – by clinical, laboratory, instrumental data indicating the stability of liver damage, and the results of dispensary observation for at least 1 year.

Variants of the shape, size, position of the gallbladder, biliary tract and pancreas, as well as signs of chronic diseases identified only during instrumental testing, without clinical manifestations and functional disorders, are not grounds for applying this item.

Item 59 of the Requirements by columns. In the presence of a hernia, surgical treatment is offered to those examined under all columns of the Requirements. After successful treatment, they are fit for military service.

The basis for the application of this item is unsatisfactory results of treatment (relapse of the disease) or refusal to treat, as well as contraindications for its implementation.

Subitem 1) of item 59 of the Requirements by columns includes:

recurrent external hernias requiring manual assistance or horizontal position of the body for reduction, or impairing the function of internal organs;

diaphragmatic hernias, acquired relaxation of the diaphragm impairing the function of the chest organs, hernias of the abdominal cavity with frequent (two or more times a year) strangulations;

multiple hernias with significant dysfunction;

irreducible ventral hernia.

Subitem 2) of item 59 of the Requirements by columns includes:

diaphragmatic hernias (including the esophageal opening), hernias of the abdominal cavity without impairments specified in subitem 1) of this item, with satisfactory results of treatment;

recurrent external hernias that appear in an upright position of the body, with physical exertion, coughing;

ventral hernias requiring a bandage;

a single recurrence of a hernia in case of refusal of surgical treatment.

Subitem 3) of item 59 of the Requirements by columns includes hernias, easily reversible, disappearing on their own when the body is in a horizontal position.

An umbilical hernia within the physiological ring, a preperitoneal wen of the white line of the abdomen, as well as the expansion of the inguinal rings without hernial protrusion during exercise, straining are not grounds for applying this item, do not prevent from military service, entering MEI.

Item 60 of the Requirements by columns. Haemorrhoids.

The stages of chronic haemorrhoids are determined according to the Goligher's classification.

Subitem 1) of item 60 of the Requirements by columns includes stage IV, which is characterized by constant prolapse of hemorrhoids together with the rectal mucosa and the impossibility of reposition into the anal canal with or without bleeding.

Subitem 2) of item 60 of the Requirements by columns is applied in stage III, stage II with frequent complications.

Stage III is characterized by periodic prolapse of nodes with the need for manual reduction with or without bleeding.

Stage II is characterized by the prolapse of nodes with spontaneous reduction into the anal canal with or without bleeding.

Frequent complications of haemorrhoids include bleeding, thrombosis or prolapse of haemorrhoidal tumors, for which the examined person was treated in a hospital three or more times a year.

At stage I, the discharge of blood from the anus is characteristic without pain and prolapse of haemorrhoidal tumors.

Surgical or conservative treatment according to indications is offered to those examined. In case of unsatisfactory results of treatment or refusal of it, a medical examination is carried out in accordance with the relevant subitems of item 60 of the Requirements by columns.

The presence of slightly enlarged single hemorrhoids without signs of inflammation in the absence of complaints, and the absence of data on exacerbation of the disease over the past 3 years in the medical history are not grounds for applying this item, do not prevent from military service and entering MEI.

Item 61 of the Requirements by columns. Temporary functional disorders of the digestive system after an acute illness, exacerbation of a chronic illness, or surgical treatment.

After endoscopic surgery on the abdominal organs (including appendectomy, cholecystectomy, hernia plastic surgery) without complications, servicemen are fully exempted from official duties for 15 days.

After surgical treatment of diseases of the digestive system (appendicitis, hernia) without complications, citizens being conscripted for compulsory military service, joining military service under a contract and entering MEI are examined no earlier than three months after surgery.

## **Chapter 12. Diseases of the skin and subcutaneous tissue**

Item 62 of the Requirements by columns includes diseases of the skin and subcutaneous tissue, including congenital ones.

The common form of alopecia areata (alopecia) means the presence of multiple (3 or more) foci of alopecia with a diameter of at least 10 cm each, and when bald patches merge, there is no hair growth on an area of over 50 percent of the scalp.

The common form of vitiligo is understood as the presence of multiple (three or more), as well as single, but large (the size of the patient's palm or more) depigmented spots on the skin of various anatomical areas. This also includes foci of vitiligo on the face, representing a cosmetic defect.

The common form of psoriasis or lichen planus is understood as the presence of multiple (three or more) plaques on the skin of various anatomical areas.

Widespread lichenification in atopic dermatitis means the presence of an enhanced pattern in the areas of thickened dry skin of the face, neck, elbow, popliteal fossae, as well as total lesion.

Subitem 1) of item 62 of the Requirements by columns includes refractory and (or) recalcitrant forms of common chronic eczema, severe and complicated forms of psoriasis, atopic dermatitis with widespread lichenification of the skin, bullous disorders (pemphigus, pemphigoid).

Subitem 2) of item 62 of the Requirements by columns includes ichthyosis, generalized psoriasis, atopic dermatitis with focal lichenification of the skin, cutaneous forms of lupus erythematosus, polymorphic photodermatosis, frequently recurring lichen planus, chronic vasculitis limited to the skin, widespread abscessing and chronic ulcerative pyoderma, pyoderma gangrenosum, abscessing and disrupting folliculitis and perifolliculitis of the head, multiple conglobate acne;

keratoderma (including congenital) of the palms impairing the function of the hands, as well as soles, making it difficult to walk and wear standard shoes;

frequently recurring (two or more times a year) limited forms of eczema, psoriasis;

single, but large (the size of the patient's palm or more) psoriatic plaques;

frequently recurring urticaria and (or) erythema in cases of unsuccessful inpatient treatment and continuous recurrence of blisters (urticaria) for at least two months.

Urticaria caused by exposure to low or high temperatures is confirmed by testing in inpatient conditions.

Frequently recurring forms of skin diseases are those forms in which exacerbations occur two or more times a year over the past 3 years.

Subitem 3) of item 62 of the Requirements by columns includes rarely recurrent forms of limited eczema or psoriasis, widespread and total forms of alopecia areata and vitiligo, as well as the plaque form of limited scleroderma, regardless of the location, number and size of lesions.

This subitem also includes limited and (or) rarely recurrent lichen planus.

Limited forms of psoriasis are understood as single (up to three) lesions of various localization, including in various anatomical areas, with an area up to the patient's palm. With eczema, damage to one of the anatomical areas (foot, lower leg, hand, head) is regarded as limited.

Rarely recurrent forms of skin diseases include cases of exacerbation of skin diseases no more than once a year over the past three years.

Subitem 4) of item 62 of the Requirements by columns includes limited forms of circular alopecia, xeroderma, vitiligo, follicular keratosis, as well as a limited form of eczema in the absence of relapse over the past three years, except for eczema of the external ear canal and auricle, which are examined under item 37 of the Requirements by columns.

Mild forms of ichthyosis and isolated foci of psoriasis in the area of the elbow and knee joints are not a contraindication to military service for persons examined under column III.

The isolated small plaques of psoriasis that appear during the period of compulsory military service are not a contraindication to military service, except for military service in chemical military units and work in conditions of occupational hazard.

If chronic skin diseases (including eczema, lichen scaly) of any disease area are identified, candidates are deemed unfit for entering MEI.

The presence of atopic dermatitis (exudative diathesis, childhood eczema, neurodermatitis) in the medical history in the absence of relapse over the past three years, as well as a type of limited scleroderma – “white spot disease” are not grounds for applying this item, do not prevent from military service, entering MEI.

Seborrhea does not prevent from conscription and entering MEI.

Item 63 of the Requirements by columns. Temporary functional disorders after an acute illness, exacerbation of a chronic disease of the skin and subcutaneous tissue.

### **Chapter 13. Diseases of the musculoskeletal system and connective tissue**

Item 64 of the Requirements by columns. The item includes infectious arthropathies (including arthritis associated with infection, reactive arthropathies), inflammatory polyarthropathies (including rheumatoid arthritis, psoriatic and enteropathic arthropathies, gout), systemic lesions of connective tissue (including polyarteritis nodosa, necrotizing vasculopathies, systemic lupus, dermatopolymyositis, systemic sclerosis), spondylopathy (including ankylosing spondylitis).

Subitem 1) of item 64 of the Requirements by columns includes:

systemic lesions of the connective tissue, regardless of the severity of changes in organs and systems, the frequency of exacerbations and the degree of functional disorders;

inflammatory polyarthropathies and ankylosing spondylitis (Bekhterev's disease) with significant dysfunctions or their systemic forms with a persistent loss of the ability to perform military duties or with persisting signs of disease activity against the background of basic antirheumatic therapy.

Subitem 2) of item 64 of the Requirements by columns includes:

slowly progressive forms of infectious arthropathies, inflammatory polyarthropathies and inflammatory spondylopathies with moderate exudative-proliferative changes and functional joint insufficiency in the absence of systemic manifestations with frequent (twice a year or more) exacerbations requiring hospital treatment;

initial forms of rheumatoid arthritis and ankylosing spondylitis in the absence of systemic manifestations and signs of disease activity against the background of basic antirheumatic therapy.



Subitem 3) of item 64 of the Requirements by columns includes infectious arthropathies, inflammatory polyarthropathies and inflammatory spondylopathies with rare (no more than once a year) exacerbations.

Under this subitem, subject to examination are military conscripts with protracted (three months or more) course of acute arthritis (arthropathies) with persisting exudative-proliferative changes in the joints, laboratory signs of the activity of the process and unsuccessful treatment.

In infectious arthropathies, inflammatory polyarthropathies and inflammatory spondylopathies, the category of fitness for military service is determined according to subitems 1), 2) or 3) of this item, depending on the damage to organs and systems, state of joint function, frequency of exacerbations.

The table for measuring the range of motion in the joints (in degrees) is set out in accordance with Appendix 5 to the Requirements.

Infectious arthropathies in the absence of an exacerbation of the disease for more than 5 years and without dysfunction of the joints are not the basis for applying this item, preventing from with military service, entering MEI.

After acute inflammatory diseases of the joints, a medical examination is carried out in accordance with item 86 of the Requirements.

Item 65 of the Requirements by columns. The item includes arthrosis (including polyarthrosis, coxarthrosis, gonarthrosis) and other joint lesions (including lesions of the patella, intra-articular lesions of the knee, specific lesions of the joints), diseases and lesions of muscles, synovial membranes and tendons, abnormalities in the density and structure of bones (osteoparosis, osteomalacia), osteopathy (osteomyelitis, osteonecrosis), chondropathy.

An opinion on the category of fitness for military service for the indicated diseases is made after inpatient examination and treatment. It is necessary to take into account the tendency of the disease to relapse or progression, features of military service.

In case of unsatisfactory results of treatment or refusal of it, an opinion is made depending on the function of the limb or joint.

Subitem 1) of item 65 of the Requirements by columns includes:

ankylosis of a large joint, fibrous ankylosis;

total instability, persistent contracture of a large joint with significant limitation of movement;

pronounced changes (the joint space is almost not traced, gross osteophytes are identified) of large joints characteristic of stage IV radiological according to Kellegren J.H. and Lawrence J.S. and (or) deviation of the axis of the limbs by more than 5 degrees;

artificial joint;

aseptic necrosis of the articular ends of the bones of the lower limbs (femoral head, condyles of the femur or tibia, talus, scaphoid bones);

osteomyelitis with the presence of sequestral cavities, sequesters, long-term non-cicatrizing or frequently (two or more times a year) opening fistulas.

With ankylosis of large joints in a functionally advantageous position, with good functional compensation of the artificial joint and the preserved ability to perform military duties, the category of fitness for military service for officers who have not reached the age limit for military service is determined individually according to subitem 2), 3) of this item depending on the dysfunction.

Subitem 2) of item 65 of the Requirements by columns includes:

- frequent (three or more times a year) dislocations of large joints resulting from minor physical exertion;

- moderate manifestations of arthrosis in one of the large joints (moderate narrowing of the joint space, multiple osteophytes characteristic of III radiological stage);

- post-traumatic deformity of large joints with moderate limitation of range of motion;

- osteomyelitis (including primary chronic) with annual exacerbations;

- persistent contractures of one of the large joints with moderate limitation of range of motion;

- hyperostoses that impede the movement of the limb or the wearing of military uniforms, shoes, or equipment.

Under this subitem, citizens (military personnel) are examined, with unsatisfactory results of surgical intervention on large joints, no earlier than six months after the operation.

Subitem 3) of item 65 of the Requirements by columns includes:

- rare (less than three times a year) dislocations of large joints, instability and synovitis of the joints due to moderate physical exertion or repeated trauma;

- arthrosis with minimal changes (minor narrowing of the joint space, single osteophytes) in one of the large joints (characteristic of II radiological stage);

- osteomyelitis with rare (every 2-3 years) exacerbations in the absence of sequestral cavities and sequesters;

- persistent contractures of one of the large joints with a minor limitation of the range of motion;

- loading periostitis, osteodystrophy of the tubular bones of the lower limbs in cases of prolonged and (or) repeated treatment (at least three months).

Subitem 4) of item 65 of the Requirements by columns includes initial manifestations of diseases and lesions of muscles, synovial membranes and tendons, abnormalities in the density and structure of bones, chondropathy (including Osgood-Schlatter disease), arthrosis (characteristic of 0-I radiological stages) without dysfunction of the joints.

In case of chondropathies with an unfinished process, citizens are recognized as temporarily unfit for military service when registering with recruiting stations, being conscripted for urgent military service, joining military service under a contract under paragraph 86 of the Requirements by columns, and subsequently an opinion on the category

of fitness for military service is made depending on the results of treatment under subitems 3) or 4) of this item.

The osteomyelitis process is considered complete in the absence of exacerbation, sequestral cavities and sequestrars for three or more years.

Repetition of dislocation of a large joint is confirmed by medical documents and radiographs of the joint before and after repositioning of the dislocation. Instability due to damage to the ligaments and joint capsule is confirmed clinically and radiographically.

Examined persons are offered surgical treatment of joint instability. After successful treatment, citizens being conscripted for military service and joining military service under a contract under item 86 of the Requirements by columns are recognized as temporarily unfit for military service for six months.

After successful surgical treatment, an opinion is made on the need to grant a sick leave with subsequent exemption from drill, physical training and driving all types of vehicles for six months, and after treatment of knee instability - for twelve months.

Citizens (military personnel) with cystic degeneration of bones, ablating osteochondrosis of a large joint, aseptic necrosis of the tibial tuberosity (Osgood-Schlatter disease) in the fragmentation stage are offered surgical treatment, after which, in the absence of dysfunction of the limb and joints, examination is carried out according to subitem 4) of this item.

In case of refusal of surgical treatment or its unsatisfactory results, an opinion on the category of fitness for military service is made depending on the degree of dysfunction of the limb or joint.

When measuring the range of motion in the joints, it is necessary to follow Appendix 5 to the Requirements.

Item 66 of the Requirements by columns. The item includes deforming dorsopathies (including kyphosis, lordosis, scoliosis, osteochondrosis of the spine), spondylopathies (including spondylosis), other dorsopathies (including lesions of the intervertebral discs of the cervical spine, lesions of intervertebral discs of other regions, dorsalgia).

Subitem 1) of item 66 of the Requirements by columns includes:

infectious spondylitis with frequent (3 or more times a year) exacerbations;

grade IV, V spondylolisthesis;

acquired fixed curvatures of the spine confirmed radiographically by wedge-shaped deformities of the vertebral bodies, their rotation in the places of the greatest curvature of the spine (kyphosis, grade IV scoliosis);

acquired critical stenosis of the spinal canal (cervical spine - less than 13 mm, thoracic spine - less than 13 mm, lumbar spine - less than 16 mm), accompanied by gross conduction or radicular disorders;

fixing ligamentosis (Forestier disease);

traumatic spondylopathy (Kummell's disease);

osteocondrosis of the cervical spine in the presence of instability, osteochondrosis of the thoracic and lumbar spine, deforming spondylosis accompanied by deep para- and tetraparesis with impaired sphincter function, with amyotrophic lateral sclerosis syndrome, as well as poliomyelitic, caudal, vascular, compression and statodynamic disorders after prolonged (at least three months per year) treatment without a persistent clinical effect.

A significant degree of static and (or) motor dysfunctions of the spine is characterized by:  
inability to maintain an upright position of the trunk for a short time, severe tension and soreness of the long muscles of the back throughout the entire spine, sharp straightening of the cervical and lumbar lordosis, the presence of degenerative scoliosis of grade II or more, segmental instability of the spine;

limiting the range of motion over 50 percent in the cervical and (or) thoracic and lumbar spine.

Subitem 2) of item 66 of the Requirements by columns includes:

infectious spondylitis with rare (less than three times a year) exacerbations;

acquired fixed curvatures of the spine (kyphosis, grade III scoliosis);

acquired stenosis of the spinal canal with clinical manifestations (pain, neurological disorders);

grade III spondylolisthesis;

widespread deforming spondylosis and intervertebral osteochondrosis with multiple massive coracoid growths in the area of the intervertebral joints with persistent pain syndrome;

unremoved metal structures after operations for diseases of the spine if it is impossible to remove them;

sequelae of discectomy at one or more levels with the progression of neurological deficit and (or) the development of spinal stenosis.

The same subitem is applied to carry out examination in case of cicatricial adhesive epiduritis.

Moderate dysfunctions are characterized by:

inability to maintain an upright position of the trunk for more than 1 - 2 hours, moderate local tension and soreness of the long muscles of the back, smoothness of the cervical and lumbar lordosis, the presence of grade I-II degenerative scoliosis, segmental hypermobility of the spine;

limiting the range of motion from 20 to 50 percent in the cervical and (or) thoracic and lumbar spine;

weakness of the muscles of the limbs, their rapid fatigue, paresis of certain muscle groups without compensation of their functions.

Subitem 3) of item 66 of the Requirements by columns includes:

degree II kyphosis;

fixed grade II scoliosis;

limited deforming spondylosis (lesions of bodies up to three vertebrae) and intervertebral osteochondrosis (lesions of up to three intervertebral discs) with pain syndrome in case of significant physical exertion and clear anatomical signs of deformities;

multiple Schmorl's nodes with light dysfunction;

unremoved metal structures after operations for diseases of the spine in case of refusal to remove them;

sequelae of discectomy without progression of neurological deficit.

In case of discectomy at two or more levels, those examined under columns I, II are recognized as unfit for military service, regardless of the results of treatment under subitem 2) of this item.

A minor degree of dysfunction of the spine is characterized by:

appearance of clinical manifestations of static disorders after 5 - 6 hours of vertical position;

limiting the range of motion in the spine in the cervical and (or) thoracic and lumbar spine up to 20 percent;

motor and sensory disorders manifested by incomplete loss of sensitivity in the area of one neuromer, loss or decrease in the tendon reflex, a decrease in the muscle strength of individual muscles of the limb with a general compensation of their functions.

Subitem 4) of item 66 of the Requirements by columns includes:

acquired fixed curvatures of the spine (grade I kyphosis, grade I scoliosis);

grade I spondylolisthesis;

long-term effects of discectomy at the same level without neurological deficit and dysfunction;

isolated phenomena of deforming spondylosis and intervertebral osteochondrosis without dysfunction.

The category of fitness for military service of those examined with reconstructive surgery (transpedicular fixation, fixation with back plates, braces, etc.), as well as surgery on the spine with the use of spondylo- and corporodesis for diseases, is determined according to subitems 1), 2), 3) of this item, depending on the results of the operation and the function of the spine, not earlier than three months after the operation.

The asymptomatic course of intervertebral osteochondrosis (Schmorl's nodes), as well as non-fixed grade I scoliosis without impaired respiratory function is not a basis for applying this item of the Requirements by columns, does not prevent from military service, entering MEI.

Spondylosis is anatomically manifested by coracoid growths that cover the entire circumference of the endplates and deformation of the vertebral bodies.

Determination of the degree of deforming spondylosis by radiographs:

I degree - deforming changes along the edges of the vertebral bodies (near the limbus);

II degree - marginal growths growing in the direction from the vertebra to the vertebra and not reaching the degree of fusion;

III degree - fusion of osteophytes of two adjacent vertebrae in the form of a bracket.

Osteochondrosis is characterized by primary non-inflammatory degenerative lesion of the cartilage up to its necrosis, followed by the involvement of the endplates of the adjacent vertebrae (sclerosis) and the formation of marginal osteophytes.

Signs of the clinical manifestation of chondrosis is the impairment of the static function of the affected region of spine - straightening of the cervical (lumbar) lordosis or the formation of kyphosis, a combination of local lordosis and kyphosis instead of uniform lordosis.

X-ray symptoms of intervertebral chondrosis are as follows:

deformity of the spine (impairment of static function), decrease in the height of the intervertebral disc;

accumulation of lime salts in the anterior portion of the annulus fibrosus or in the nucleus pulposus;

displacements of the vertebral bodies (spondylolisthesis) anterior, posterior, lateral, determined by standard radiography;

pathology of mobility in the segment (impaired dynamic function);

preservation of clear contours of all surfaces of the vertebral bodies, the absence of destructive changes in them.

In case of intervertebral osteochondrosis, marginal bone growths that form in the plane of the disc and continue the platforms of the vertebral bodies, as well as subchondral osteosclerosis, which is identified on radiographs with a clear image of the structure, are added to the listed signs.

Pain syndrome during exercise must be confirmed by repeated requests for medical help, which are reflected in the medical documents of the examined person.

Only the combination of the listed clinical and radiological signs of limited deforming spondylosis and intervertebral osteochondrosis gives grounds for applying subitem 3 of item 66.

Various forms of spinal instability are identified during functional radiography (forward and backward bending). On functional radiographs, a sign of hypermobility is a significant increase (with extension) or decrease (with flexion) of the angle between adjacent endplates in the segment under study. In total, the difference in the angles during flexion and extension compared to the neutral position with hypermobility exceeds 10 degrees.

Instability in the investigated vertebral segment is ascertained when the bodies of adjacent vertebrae are displaced relative to each other by 3 mm or more in one direction from the neutral position.

The movements of the spine in the sagittal plane are very variable:

Normally, the distance between the spinous process of the VII cervical vertebra and the tubercle of the occipital bone increases by 3-4 cm when the head is tilted, and when the head is thrown back (extension) decreases by 8-10 cm.

The distance between the spinous process of the VII cervical and I sacral vertebrae increases by 5-7 cm when bending over in comparison with the usual posture and decreases by 5-6 cm when bending back. Lateral movements (tilting) in the lumbar and thoracic regions are allowed within 25-30 degrees.

Osteochondrosis and spondylosis can be:

isolated - when one intervertebral disc or two adjacent vertebrae are affected;

limited - when two discs or three vertebrae are affected;

common - when more than two discs or more than three vertebrae are affected.

Spondylolysis is a defect in the inter-articular part of the vertebral arch. Spondylolysis is more often the result of a vicious development - dysplasia or fatigue fracture due to mechanical overload. Spondylolysis occurs without spondylolisthesis and is accompanied by severe instability of the affected segment and, accordingly, pain.

Spondylolisthesis - displacement of the body of the overlying vertebra relative to the underlying in the horizontal plane. Normally, due to the elasticity of the disc and the ligamentous apparatus, the displacement of the vertebrae in the horizontal plane with maximum flexion or extension, the deviation is within 3 mm.

The degree of displacement is determined by the lateral X-ray image: the cranial endplate of the underlying vertebra is conventionally divided into four parts, and a perpendicular descends from the posteroinferior edge of the upper vertebra to the endplate of the lower vertebra.

The degree of spondylolisthesis is determined by the area onto which the perpendicular is projected:

I degree - displacement over 3 mm up to 1/4 of the vertebral body;

II degree - displacement from 1/4 to 1/2 of the vertebral body;

III degree - displacement from 1/2 to 3/4 of the vertebral body;

IV degree - displacement over 3/4 to the width of the vertebral body;

V degree (spondyloptosis) - displacement of the upper vertebra anteriorly by the full anteroposterior body size in combination with additional caudal displacement.

Spinal deformity in scoliosis is assessed by the anteroposterior radiograph of the spine in a standing position with the capture of the iliac wings (level I of the sacral vertebra).

To determine the angular value of scoliotic arches, the Cobb technique is used:

the cranial and caudal vertebral segments of the deformity arch are determined;

straight lines are drawn in the image parallel to the endplates of the bodies of the cranial and caudal vertebrae, the angle of intersection of which is the size of the deformity arch. When determining the deformation of the vertebral bodies, the endplate with the greatest slope is taken for ruling. Taking into account the severity of deformation, the angle of

intersection of the selected lines is calculated using a geometric technique by drawing opposite perpendiculars.

If the angle of scoliosis in the supine and standing position does not change, the scoliosis is considered fixed or stable. If, when unloading the spine, i.e. in the supine position, it decreases - the scoliosis is not fixed (unstable).

Severity of scoliosis of the spine:

I grade - an arc of deformation from 5 to 10 degrees;

II grade - arc of deformation from 11 to 25 degrees;

III grade - arc of deformation from 26 to 40 degrees;

IV grade - arc of deformation from 41 degrees or more.

Spinal deformity in pathological thoracic kyphosis (juvenile osteochondrosis, Scheuermann's disease) is measured by the lateral radiograph of the spine in a standing position with the capture of the iliac wings (level I of the sacral vertebra).

To determine the angular value of the kyphosis arc, the Cobb method is used:

the cranial and caudal vertebral segments of the thoracic kyphosis (III and XII thoracic vertebrae) are determined;

straight lines are drawn in the image parallel to the endplates of the bodies of the cranial and caudal vertebrae, the angle of intersection of which is the size of the deformity arch. Taking into account the severity of deformation, the angle of intersection of the selected lines is calculated using a geometric method by drawing opposite perpendiculars.

The severity of the kyphotic deformity of the spine:

I type - angle of kyphosis from 31 to 40 degrees;

II type - angle of kyphosis from 41 to 50 degrees;

III type - angle of kyphosis from 51 to 70 degrees;

IV type - angle of kyphosis over 70 degrees.

Item 67 of the Requirements by columns. Absence, deformities, malformations of the hand and fingers.

Subitem 1) of item 67 of the Requirements by columns includes the absence of:

two hands at the level of the wrist joints (the wrist joint is a complex of joints connecting the hand to the forearm and including the wrist, carpal, intercarpal, carpometacarpal and intercarpal joints, as well as the distal radioulnar joint);

three fingers at the level of the metacarpophalangeal joints on each hand;

four fingers at the level of the distal ends of the main phalanges on each hand;

the first and second fingers at the level of the metacarpophalangeal joints on both hands.

Subitem 2) of item 67 of the Requirements by columns includes:

the absence of one hand at the level of the wrist joint or metacarpal bones;

absence on one hand of:

three fingers at the level of the metacarpophalangeal joints;

four fingers at the level of the distal ends of the main phalanges;



the first and second fingers at the level of the metacarpophalangeal joints;

the first finger at the level of the interphalangeal joint and the second - fifth fingers at the level of the distal ends of the middle phalanges;

the absence of the first fingers at the level of the metacarpophalangeal joints on both hands;

contracture of small muscles of the hand due to damage to the ulnar and radial arteries, or each of them separately with a sharp disturbance of the blood circulation in the hand and fingers;

chronic dislocations or defects of three or more metacarpal bones;

destruction, defects and condition after arthroplasty of three or more metacarpophalangeal joints;

old lesions or defects of the flexor tendons of three or more fingers proximal to the level of the metacarpal bones;

a set of chronic injuries of three or more fingers leading to persistent contracture or significant trophic disorders (including anesthesia, hypesthesia).

Subitem 3) of item 67 of the Requirements by columns includes:

the absence of:

the first toe at the level of the interphalangeal joint and the second finger at the level of the main phalanx or the third - fifth fingers at the level of the distal ends of the middle phalanges on one hand;

the second - fourth fingers at the level of the distal ends of the middle phalanges on one hand;

three fingers at the level of the proximal ends of the middle phalanges on each hand;

the first or second finger at the level of the metacarpophalangeal joint on one hand;

two fingers at the level of the proximal end of the main phalanx on one hand;

the first finger at the level of the interphalangeal joint on the right (for left-handers - on the left) hand or on both hands;

distal phalanges of the second - fourth fingers on both hands;

chronic dislocations, osteochondropathies and osteomyelitis of the bones of the wrist joint in case of refusal of surgical treatment or its unsatisfactory results;

defects, dislocations of two metacarpal bones;

pseudarthrosis of the scaphoid in case of refusal of surgical treatment or its unsatisfactory results;

destruction, defects and condition after arthroplasty of two metacarpophalangeal joints;

chronic damage to the flexor tendons of two fingers at the level of the metacarpal bones and the long flexor of the first finger;

a set of damage to the structures of the hand, wrist joint and fingers accompanied by moderate dysfunction of the hand and trophic disorders (including anesthesia, hypoesthesia) of at least two fingers.

Subitem 4) of item 67 of the Requirements by columns includes damage to the structures of the hand and fingers that are not specified in the previous subitems.

Injuries or diseases of the bones, tendons, blood vessels or nerves of the fingers leading to the development of persistent contractures in a vicious position, are considered the absence of a finger.

The absence of a finger on the hand shall be considered: for the first finger - the absence of a nail phalanx, for the other fingers - the absence of two phalanges. The absence of a phalanx at the level of its proximal head is considered the absence of a phalanx.

Item 68 of the Requirements by columns. The item includes fixed foot deformities, including congenital ones. A foot with elevated longitudinal arches, when properly positioned on a surface under a supporting load, is often a normal option. Pathologically hollow is a foot that has a deformation in the form of supination of the posterior and pronation of the anterior section in the presence of high inner and outer arches (the so-called sharply twisted foot), the forefoot section is spread out, wide and somewhat adducted, there are corns under the heads of the middle metatarsal bones and clawed or hammer-like deformity of the fingers. The greatest functional impairments occur with accompanying eversion-inversion components of the deformity in the form of external or internal rotation of the entire foot or its elements.

Subitem 1) of item 68 of the Requirements by columns includes pathological equine, calcaneal, varus, hollow, flat-valgus, equino-varus feet and others acquired as a result of injuries or diseases, irreversible pronounced curvatures of the feet, in which it is impossible to use shoes of the approved military standard.

Subitem 2) of item 68 of the Requirements by columns includes:

longitudinal of III degree or transverse of III-IV degree flat feet with severe pain syndrome, exostosis, contracture of the fingers and the presence of arthrosis in the joints of the midfoot;

absence of all toes or part of the foot at any level;

persistent combined contracture of all fingers on both feet with their claw or hammer-like deformity;

post-traumatic deformity of the calcaneus with a decrease in the Bohler angle over minus 10 degrees, pain syndrome and arthrosis of the subtalar joint of stage II.

The absence of a toe is considered its absence at the level of the metatarsophalangeal joint, as well as complete reduction or immobility of the toe.

Subitem 3) of item 68 of the Requirements by columns includes:

moderate deformities of the foot with a minor pain syndrome and impairment of statics, in which the shoes of the established military model are adapted for wearing;

longitudinal flat feet of III degree without valgus installation of the calcaneus and the phenomena of arthrosis in the talo-scaphoid joint of the midfoot joints;

longitudinal or transverse flat feet of II degree with stage II arthrosis in the talo-scaphoid joint and joints of the midfoot;

arthrosis of the first metatarsal joint of stage III with limited movement within plantar flexion less than 10 degrees and dorsiflexion less than 20 degrees;

absence of the first toe or two toes on one foot, the second-fifth toes at the level of the middle phalanges on both feet;

post-traumatic deformity of the calcaneus with a decrease in the Bohler angle from 0 to minus 10 degrees and the presence of arthrosis of the subtalar joint.

Subitem 4) of item 68 of the Requirements by columns includes longitudinal or transverse flat feet of I or II degree with stage I arthrosis in the talo-scaphoid joint and joints of the midfoot in the absence of contracture of its toes and exostoses, without pain.

Longitudinal flat feet and hammer-shaped deformity of the calcaneus are measured by profile radiographs in the standing position under load. On radiographs, by constructing a triangle, the angle of the longitudinal arch and the height of the arch are determined. Normally, the angle of the arch is 125-130 degrees, the height of the arch is over 35 mm.

Degrees of longitudinal flat feet:

I degree: the angle of the longitudinal inner plantar arch is 131-140 degrees, the arch height is 35-25 mm;

II degree: the angle of the longitudinal inner arch is 141-155 degrees, the arch height is 24-17 mm;

III degree: the angle of the longitudinal inner arch is more than 155 degrees, the arch height is less than 17 mm.

When assessing the degree of flat feet, the height of the arch is of prime importance.

To determine the degree of post-traumatic deformity of the calcaneus, it is necessary to calculate the Bohler angle (the angle of the articular part of the calcaneus tubercle) formed by the intersection of two lines, one of which connects the highest point of the anterior angle of the subtalar joint and the apex of the posterior articular facet, and the other runs along the upper surface of the calcaneus tuber. Normally, this angle is 20-40 degrees, its decrease indicates post-traumatic flat feet. Most informative for assessing the condition of the subtalar joint is its computed tomography performed in the coronary plane perpendicular to the posterior articular facet of the calcaneus.

Transverse flatfoot is assessed from frontal and midfoot radiographs taken under load.

On radiographs, three straight lines are drawn, which correspond to the longitudinal axes of the I-II metatarsal bones and the main phalanx of the first toe.

Normally, the angle of deflection of the I metatarsal bone formed by the axial lines of the diaphysis of the I and II metatarsal bones does not exceed 9 degrees, and the angle of deflection of the I toe, formed by the axial lines of the diaphysis of the I metatarsal bone and the main phalanx of the I toe, does not exceed 14 degrees.

The degrees of transverse flat feet:

I degree - the angle of deflection of the I metatarsal bone is 10-12 degrees, and the angle of deflection of the first toe is 15-20 degrees;

II degree - the angle of deflection of the first metatarsal bone is 13-15 degrees, and the angle of deflection of the first toe is 21-30 degrees;

III degree - the angle of deflection of the first metatarsal bone is 16-20 degrees, and the angle of deflection of the first toe is 31-40 degrees;

IV degree - the angle of deflection of the first metatarsal bone is more than 20 degrees, and the angle of deflection of the first toe is more than 40 degrees.

Stage I arthrosis of the joints of the foot is radiologically characterized by a narrowing of the joint space by less than 50 percent and marginal bone growths not exceeding 1 mm from the edge of the joint space. Stage II arthrosis is characterized by a narrowing of the joint space by more than 50 percent, marginal bone growths exceeding 1 mm from the edge of the joint space, deformity and subchondral osteosclerosis of the articular ends of the articulating bones. In stage III arthrosis, the joint space is not radiologically determined, there are pronounced marginal bone growths, gross deformity and subchondral osteosclerosis of the articular ends of the articulating bones.

Longitudinal flatfoot of I or II degree, as well as transverse flatfoot of I degree without arthrosis in the talo-scaphoid joint and the joints of the midfoot, contractures of the fingers and exostoses are not grounds for applying this item, for preventing from military service, entering MEI.

If the examined person has II degree flatfoot on one leg and I degree flatfoot on the other leg, an opinion is made on II degree flatfoot.

Item 69 of the Requirements by columns. The item includes acquired shortening and deformity of the limbs, also due to angular deformity of bones after fractures.

Subitem 1) of item 69 of the Requirements by columns includes:

shortening of an arm or leg by more than 8 cm;

rotational deformity of an arm or leg by more than 30 degrees.

Subitem 2) of item 69 of the Requirements by columns includes:

shortening of an arm or leg by 5-8 cm inclusive;

rotational deformity of an arm or leg by 15-30 degrees.

Subitem 3) of item 69 of the Requirements by columns includes:

shortening of a leg by 2-5 cm inclusive;

rotational deformity of the peripheral segment of a leg (lower leg, foot) by 5-15 degrees.

Subitem 4) of item 69 of the Requirements by columns includes:

shortening of an arm by up to 5 cm or a leg by up to 2 cm;

rotational deformity of the peripheral segment of a leg (lower leg, foot) by less than 5 degrees.

In case of shortening and deformity of the limbs, persons examined are offered treatment using osteosynthesis. In case of refusal of treatment or its unsatisfactory results, a opinion on fitness for military service is made according to the subitems of this item.

Item 70 of the Requirements by columns. The absence of a limb.

In the presence of amputation stumps of the limbs at any level due to malignant neoplasms or vascular diseases (endarteritis, atherosclerosis), an opinion is made according to the items of the Requirements by columns including the underlying disease.

In case of unsatisfactory results of treatment with a vicious stump that interferes with prosthetics, the examination is carried out according to subitem 1) of this item.

#### **Chapter 14. Diseases of the genitourinary system**

Item 71 of the Requirements by columns. The item includes glomerular renal diseases (including rapidly progressive glomerulonephritis, chronic nephritic syndrome, nephrotic syndrome, hereditary nephropathy), renal tubule-interstitial disease, contracted kidney, as well as unspecified chronic renal failure.

Citizens registering with recruiting stations and being conscripted for urgent military service, joining military service under a contract, military personnel are examined for renal diseases after inpatient examination and treatment. The state of renal function is determined based on two indicators - the glomerular filtration rate and signs of renal injury. Renal injury is understood as structural and functional changes in the kidneys detected by blood tests, urine tests (albuminuria, proteinuria, or hematuria), or by visual examinations.

The GFR in those examined with stages 1 - 5 CKD is calculated by the computational method using the CKD-EPI formula or by the daily clearance of endogenous creatinine (Rehberg-Tareev test).

The diagnosis of chronic pyelonephritis is established in the presence of leukocyturia and bacteriuria identified by quantitative methods, provided that inflammatory diseases of the urinary tract and genital organs are excluded after examination with the participation of a dermatovenerologist, urologist (for women, in addition, a gynecologist) and mandatory X-ray examination.

Subitem 1) of item 71 of the Requirements by columns includes chronic kidney disease complicated by chronic renal failure (CKD of stages 4 - 5).

Subitem 2) of item 71 of the Requirements by columns includes chronic kidney disease with stage 3 CKD or a continuously recurrent course, regardless of the presence of renal dysfunction, or moderate renal dysfunction (persistent urinary syndrome persisting for more than twelve months, or a persistent decrease in amplitude fluctuations in the relative density of urine, or a moderate violation of the secretory-excretory function according to radioisotope renography, or frequent (more than twice a year) relapses of the disease over the past two years).

In the presence of pathological changes in urine (protein, blood corpuscles) identified within at least four months after an acute inflammatory kidney disease, military conscripts are examined under subitem 3) of this item.

If citizens registering with recruiting stations and being conscripted for compulsory military service, joining military service under a contract have persistent pathological urinary

syndrome within twelve months after an acute inflammatory kidney disease, they are examined under subitem 2) of this item.

Subitem 3) of item 71 of the Requirements by columns includes chronic kidney diseases with minor dysfunction (isolated urinary syndrome in the form of microhematuria, daily proteinuria is up to one gram, which changes (disappears) after etiopathogenetic therapy, the kidneys' ability to dilute and concentrate urine is slightly impaired, a minor secretory-excretory dysfunction identified by radioisotope renography).

After inpatient treatment for acute glomerulonephritis, military conscripts are examined under subitem 3) of this item.

Subitem 4) of item 71 of the Requirements by columns includes chronic kidney disease without impaired renal function and pathological changes in the urine.

In the presence of symptomatic arterial hypertension due to kidney disease specified in this item, an opinion on the category of fitness for military service is made according to subitems 1), 2) or 3) of this item, depending on the degree of renal dysfunction and subitems 1), 2) or 3) of item 43 of the Requirements by columns, depending on the level of blood pressure.

An opinion on the need to grant a sick leave or release after acute inflammatory kidney disease to military personnel is made under item 78 of the Requirements by columns.

Item 72 of the Requirements by columns. The item includes obstructive uropathy and reflux uropathy (hydronephrosis, pyonephrosis), pyelonephritis (secondary), urolithiasis (kidney and ureteral stones, stones of the lower urinary tract), other diseases of the kidney and ureter (unspecified small kidney, kidney hypertrophy, nephroptosis) and other diseases of the urinary system (cystitis, other lesions of the bladder, non-venereal urethritis, urethral stricture, other diseases of the urethra).

Subitem 1) of item 72 of the Requirements by columns includes:

diseases accompanied by significant impairment of renal excretory function or chronic kidney disease (CKD of stage 4 - 5);

urolithiasis with damage to both kidneys with unsatisfactory results of treatment (stones, hydronephrosis, pyonephrosis and intractable calculous pyelonephritis);

grade 3 hydronephrosis;

degree III bilateral nephroptosis;

urinary fistulas in the abdominal and (or) vaginal organs;

functioning nephrostomy, epicystostomy, ureterostomy;

non-functioning kidney or the absence of one kidney resected due to a disease, in the presence of any degree of dysfunction of the remaining kidney;

conditions after resection or plastic surgery of the bladder;

sclerosis of the bladder neck with vesicoureteral reflux and secondary bilateral chronic pyelonephritis, hydronephrosis, microcyst.

Subitem 2) of item 72 of the Requirements by columns includes:

diseases accompanied by moderate impairment of renal excretory function or manifestations of stage 3 CKD;

urolithiasis with frequent (three or more times a year) attacks of renal colic, discharge of stones, moderate impairment of renal excretory function;

non-functioning kidney or the absence of one kidney resected due to a disease, without impairing the function of the other kidney;

grade 2 hydronephrosis;

degree II bilateral nephroptosis with constant pain syndrome, secondary pyelonephritis or symptomatic hypertension;

degree III unilateral nephroptosis;

sclerosis of the bladder neck with secondary unilateral changes in the urinary system (unilateral hydroureter, hydronephrosis, secondary pyelonephritis);

urethral stricture requiring systematic bougienage.

Subitem 3) of item 72 of the Requirements by columns includes:

diseases accompanied by minor impairments of renal excretory function or manifestations of stage 2 CKD;

single (up to 0.5 cm) stones of the kidneys, ureters with rare (less than three times a year) attacks of renal colic confirmed by radiation research, in the presence of pathological changes in the urine;

single (0.5 cm or more) stones of the kidneys, ureters without impairment of renal excretory function;

degree II bilateral nephroptosis with minor clinical manifestations and minor impairment of renal function;

degree II unilateral nephroptosis with secondary pyelonephritis;

chronic diseases of the urinary system (cystitis, urethritis) with frequent (three or more times a year) exacerbations requiring hospital treatment;

urethral stricture requiring bougienage no more than twice a year with satisfactory treatment results.

Subitem 4) of item 72 of the Requirements by columns includes:

conditions after instrumental resection or independent discharge of a single stone from the urinary tract (pelvis, ureter, bladder) without recurrent stone formation;

conditions after crushing stones of the urinary system (for those examined under columns III-IV);

small (up to 0.5 cm) single calculi of the kidneys, ureters confirmed only by ultrasound, without pathological changes in the urine;

degree I unilateral or bilateral nephroptosis.

Renal excretory dysfunction is confirmed by the data of excretory urography or radioisotope tests. Moderate impairment of renal excretory function is the release of indigo carmine by a diseased kidney during chromocystoscopy four to five minutes later than by the

healthy one, the release and accumulation of contrast medium on excretory urograms is slowed down.

The degree of nephroptosis is determined by the radiologist according to the radiographs performed with a person examined in the vertical position:

I degree - the lower pole of the kidney is lowered by 2 vertebrae;

II degree – by 3 vertebrae;

III degree – by more than 3 vertebrae.

Normal physiological mobility of the kidneys is the downward displacement of the kidney contour by no more than the height of the body of 1 vertebra.

In the presence of symptomatic arterial hypertension due to the kidney disease specified in this item, an opinion on the category of fitness for military service is made under subitems 1), 2) or 3) of this item depending on the degree of renal dysfunction; and under subitems 1), 2) or 3) of item 43 of the Requirements by columns - depending on the level of blood pressure.

Item 73 of the Requirements by columns. The item includes hyperplasia, inflammatory and other diseases of the prostate gland, dropsy of the testicle, orchitis and epididymitis, excess foreskin, phimosis and paraphimosis, and other diseases of the male genital organs.

Given indications, those examined for diseases of the male genital organs are offered surgical treatment. In case of unsatisfactory results of treatment or refusal of it, a medical examination is carried out depending on the degree of functional disorders.

Subitem 1) of item 73 of the Requirements by columns includes:

stage III benign prostatic hyperplasia with significant impairment of urination in case of unsatisfactory results of treatment or refusal of it;

absence of the penis proximal to the level of the coronary sulcus.

Subitem 2) of item 73 of the Requirements by columns includes:

stage II benign prostatic hyperplasia with moderate impairment of urinary excretion, residual urine volume of more than 50 mm;

chronic prostatitis (including calculous one) requiring inpatient treatment of the patient three or more times a year;

absence of both testicles after resection due to diseases (of unspecified and benign nature), injury or other damage;

atrophy of both testicles;

recurrent (after repeated surgical treatment) dropsy of the membranes of the testicle or spermatic cord with a fluid volume of more than 50 mm;

absence of the penis to the level of the coronary sulcus.

Subitem 3) of item 73 of the Requirements by columns includes:

stage I benign prostatic hyperplasia;

chronic prostatitis with prostate stones with asymptomatic course;



a single recurrence of dropsy of the membranes of the testicle or spermatic cord with a volume of fluid of more than 50 mm if surgical treatment is refused.

Subitem 4) of item 73 of the Requirements by columns includes dropsy of the membranes of the testicle or spermatic cord with a volume of fluid less than 50 mm, phimosis, other diseases of the male genital organs with minor clinical manifestations.

The absence of one testicle after its resection due to diseases (of unspecified and benign nature), injury or other damage with its endocrine function preserved is not a basis for applying this item, does not prevent from military service.

In the absence of testicles after resection due to diseases (of unspecified and benign nature), injury or other damage in the presence of endocrine disorders, item 13 of the Requirements by columns additionally applies.

If gynecomastia is identified, persons examined are subject to in-depth examination by an endocrinologist. In the absence of pathology on the part of the endocrine system, they are examined under subitem 4) of this item.

## **Chapter 15. Diseases of the female reproductive system**

Item 74 of the Requirements by columns. The item includes inflammatory diseases of the female pelvic organs (chronic inflammatory diseases of the ovaries, fallopian tubes, cervix, pelvic tissue, peritoneum, vagina, vulva).

Subitem 1) of item 74 of the Requirements by columns includes inflammatory diseases of the female genital organs with pronounced clinical manifestations, frequent (three or more times a year) exacerbations requiring inpatient treatment, with a disease lasting for at least five years.

Subitem 2) of item 74 of the Requirements by columns includes inflammatory diseases of the female genital organs with moderate clinical manifestations, frequent exacerbations (three or more times a year) requiring inpatient treatment, with a disease lasting for at least three years.

Subitem 3) of item 74 of the Requirements by columns includes inflammatory diseases of the female genital organs with minor clinical manifestations and rare exacerbations that do not require treatment in a hospital.

Item 75 of the Requirements by columns. Endometriosis

Subitem 1) of item 75 of the Requirements by columns includes endometriosis with pronounced clinical manifestations (stage four) requiring surgical treatment, with unsatisfactory results of radical treatment or refusal of it.

If the results of the surgical treatment are satisfactory, the examination is carried out in accordance with subitem 2) of this item.

Subitem 2) of item 75 of the Requirements by columns includes endometriosis with moderate clinical manifestations (stage three) with satisfactory results of conservative treatment.

Subitem 3) of item 75 of the Requirements by columns includes endometriosis with minor clinical manifestations (stage one, two) and rare exacerbations.

Clinical manifestations of endometriosis are assessed by the degree of extension of the process, multifocal nature, duration of manifestation of disorders: menstrual function (hyperpolymenorrhea, metrorrhagia, spotting in the pre- and postmenstrual period, development of anemia, infertility in combination with pain syndrome, pain syndrome), dysuric (urinary incontinence), gastrointestinal (constipation, bloating) disorders, as well as the effectiveness of the treatment.

In determining the stage of external endometriosis, the 1996 American Fertility Society (R-AFS) classification is used.

Item 76 of the Requirements by columns. The item includes breast diseases, non-inflammatory diseases of the female genital organs (prolapse, fistulas, cysts, polyps of female genital organs, erosion, dysplasia, leukoplakia of the cervix, other non-inflammatory diseases of the uterus, ovary, fallopian tube, broad ligament of the uterus, cervix, vagina, vulva and perineum), cicatricial and adhesion processes in the pelvic area.

Subitem 1) of item 76 of the Requirements by columns includes complete prolapse of the uterus or vagina, complete rupture of the perineum, fistulas involving the genital organs (genitourinary, intestinal) with unsatisfactory results of treatment or refusal of it.

Uterine prolapse is considered to be a condition when, in a standing position (or lying down - when straining), the entire uterus extends beyond the genital slit outward, twisting the walls of the vagina behind it.

A complete rupture of the perineum is considered to be such a rupture, in which the integrity of the muscles of the perineum is completely broken, and they are replaced by scar tissue passing to the wall of the rectum, the anus is gaping and has no correct shape.

Subitem 2) of item 76 of the Requirements by columns includes:

prolapse of the female genital organs;

breast diseases (benign dysplasia, mastopathy, fibroadenosis, cysts) requiring surgical treatment if it is refused;

cicatricial and adhesion processes in the pelvic area with pain and dysfunction of adjacent organs.

The prolapse of the uterus and vagina is considered to be such a condition when, when straining, the genital gap is open, and the cervix or the anterior or posterior walls of the vagina is seen from it, but they do not go beyond it.

In case of prolapse of the genitals complicated by urinary incontinence, a medical examination is carried out according to subitems 1) or 2) of this item, depending on the results of treatment.

Subitem 3) of item 76 of the Requirements by columns includes:

minor prolapse of the walls of the vagina;

cicatricial and adhesion processes in the pelvic area without pain and without dysfunction of adjacent organs;

breast diseases that do not require surgical treatment;

incorrect position of the uterus accompanied by menorrhagias, constipation, pain in the sacrum and lower abdomen.

Incorrect position of the uterus without dysfunction is not a basis for the application of this item, does not prevent from military service, entering MEI.

Item 77 of the Requirements by columns. The item includes disorders of the ovarian-menstrual function (amenorrhea, menorrhagia, metrorrhagia, hypomenorrhea, algodismenorrhea).

Subitem 1) of item 77 of the Requirements by columns includes:

persistent bleeding not caused organically, leading to anemia;

severe climacteric syndrome accompanied by severe vasomotor, emotional-vegetative disorders, urogenital disorders, lesions of the skin and its appendages.

Subitem 2) of item 77 of the Requirements by columns includes:

ovarian-menstrual dysfunction manifested by oligomenorrhea, amenorrhea (not postoperative), also in case of Stein-Leventhal syndrome;

absence of the uterus and ovaries in the presence of clinical manifestations of climacteric syndrome;

climacteric syndrome of moderate severity, which significantly reduces performance.

Subitem 3) of item 77 of the Requirements by columns includes sexual infantilism with satisfactory general development, infertility.

Mild forms of climacteric syndrome, which do not aggravate the course of existing diseases and do not reduce performance, are not grounds for applying this item.

Item 78 of the Requirements by columns. Temporary functional disorders of the genitourinary system after an acute illness, exacerbation of a chronic illness or surgical treatment.

Citizens registering with recruiting stations, being conscripted for military service, or joining military service under a contract, entering MEI are recognized as temporarily unfit for military service for twelve months if pathological changes in the urine persist after past acute inflammatory kidney disease.

Military conscripts who had acute diffuse glomerulonephritis are examined in accordance with item 71 of the Requirements by columns.

An opinion on granting a sick leave to servicemen doing military service under a contract is made only after acute diffuse glomerulonephritis, with a prolonged complicated course of acute pyelonephritis, as well as after acute (with a treatment period of no more than two months) inflammatory diseases of female genital organs (bartholinitis, vulvitis, colpitis, endometritis, adnexitis), after surgical treatment.

In the absence of data on impaired renal function and pathological changes in the urine after acute inflammatory kidney disease, those being examined are recognized as fit for military service. The final expert opinion on the presence or absence of chronic nephritis (pyelonephritis) is made after repeated examination in inpatient conditions.

## **Chapter 16. Pregnancy, childbirth and the puerperium**

Item 79 of the Requirements by columns. Pregnancy, childbirth and the puerperium.

In case of mild and moderate toxicosis of pregnant women, an opinion is made on the need to grant exemption from military duties and a sick leave in case of heavy severity.

If there is a threat of termination of pregnancy, an opinion on the need to grant a sick leave is made after hospital treatment. Servicewomen, when they are found to be pregnant, are recognized as temporarily unfit for military service with RS, IRS, MCT, sources of EMF, laser radiation.

As soon as a doctor (obstetrician-gynecologist) diagnoses pregnancy, an exemption is granted from drill and physical training, daily orders and field training till the time of the prenatal maternity leave (30 weeks of pregnancy).

Servicewomen with a gestational age of more than 12 (twelve) weeks are allowed to wear loose-fitting clothing and non-tightening low-heeled shoes.

## **Chapter 17. Congenital anomalies (malformations), deformities and chromosomal abnormalities**

Item 80 of the Requirements by columns. The item includes congenital anomalies (malformations), deformities and chromosomal abnormalities of organs and systems, except for mental disorders, diseases of the nervous system, eyes, larynx, trachea, skin and subcutaneous tissue, when the examination is carried out according to the relevant items of the Requirements by columns.

The item is used in cases of impossibility of treating congenital malformations and developmental anomalies, refusal of treatment or its unsatisfactory results.

Subitem 1) of item 80 of the Requirements by columns includes:

- congenital anomalies (malformations) of the ear, face, neck (including the absence of auricles, Eustachian tube), with severe clinical manifestations and severe dysfunction;

- combined or mixed congenital heart defects (including heart chambers and joints, cardiac septum, valves) and large vessels (including stenosis, aplasia, aortic aneurysm, pulmonary artery, vena cava) in the presence of CHF I-IV FC;

- isolated congenital heart defects (including stenosis of the aorta, stenosis of the pulmonary artery, stenosis of the left atrioventricular foramen, insufficiency of the aortic (mitral) valve, prolapse of the aortic valve cusps, bicuspid aortic valve, myxomatosis,

aneurysm of the atrial septum, interventricular or sinus septum, ventricular septum valves with blood regurgitation, open arterial (Botallov) duct, interventricular or interatrial septal defect) or large vessels in the presence of CHF II-IV FC;

congenital anomalies (malformations) of the respiratory system with degree III respiratory failure;

cleft lip and palate, other congenital anomalies (malformations) of the digestive system with severe clinical manifestations and severe dysfunction;

congenital anomalies (malformations) of the genitals (absence of the penis, vaginal atresia), gender uncertainty and pseudohermaphroditism;

agenesis of one kidney in case of dysfunction of the remaining kidney, regardless of its severity;

cystic kidney disease (including polycystic disease, unilateral multicystosis) with manifestations of stages 4-5 CKD;

pelvic, iliac dystopia of both kidneys; renal dysplasia with impaired function of the remaining kidney, regardless of its severity;

grade III congenital hydronephrosis;

stage III horseshoe kidney;

anomalies of the kidneys and (or) renal vessels (confirmed by angiography data) and (or) ureters with symptomatic arterial hypertension corresponding to the level of degree III arterial hypertension and (or) with significant impairment of excretory function;

anomalies of the bladder and (or) the urethra with significant impairment of urinary function;

congenital deformities (anomalies) of the skull, face and jaw (including a compressed face, dolichocephaly, craniosynostosis) with pronounced changes, with significant dysfunction;

congenital deformities (anomalies) of the spine, chest (including funnel or keel chest, kyphosis, scoliosis) with degree III respiratory failure of the restrictive type;

congenital deformities of the hip and pelvis accompanied by significant limitation of movement in the hip joints;

deformity of bones with shortening of the limb more than 8 cm;

absence of a limb segment;

congenital osteochondrodysplasia (osteopetrosis);

syndromes of congenital anomalies (malformations) affecting several systems (Ehlers-Danlos syndrome, Marfan syndrome) with impaired organ anatomy and (or) its function.

Subitem 2) of item 80 of the Requirements by columns includes:

the absence of an auricle on one side or a disfiguring deformity of the auricles on one or both sides;

combined or mixed congenital defects of the heart and large vessels (aorta, pulmonary artery) in the absence of CHF;

isolated congenital heart defects in the presence of CHF I FC;

prolapse of the mitral or other heart valves of III degree (9 mm or more) or II degree (6-8.9 mm) with impaired intracardiac hemodynamics, as well as prolapse of the valves complicated by myxomatous degeneration of the leaflets;

small cardiac anomalies (including excessive trabecularity of the ventricles, abnormal attachment of the leaf chords, abnormal position of the chords, abnormalities of the papillary muscles) or their combination, altering the geometry of the cavity of the left (right) ventricle accompanied by impaired diastolic function of the ventricle (based on echocardiography) and (or ) disturbances in the rhythm and conductivity of the heart specified in subitems 1), 2), 3) of item 42 of the Requirements by columns;

congenital anomalies (malformations) of the respiratory system with degree II respiratory failure;

congenital anomalies (malformations) of the digestive system with moderate dysfunction;

scrotal or perineal hypospadias, complete (total) epispadias;

agenesis of one kidney with normal function of the remaining kidney;

cystic kidney disease with manifestations of stage 3 CKD;

grade I-II congenital hydronephrosis;

stage I-II horseshoe kidney;

anomalies of the kidneys and (or) renal vessels or ureters with symptomatic arterial hypertension corresponding to degree II arterial hypertension and (or) with moderate impairment of excretory function;

anomalies of the bladder and (or) the urethra with moderate impairment of urinary function;

unilateral pelvic, iliac renal dystopia;

malformations and abnormalities of the skull (including craniostenosis, platibasia, basilar impressions, macro- or microcephaly) with persistent or slowly progressive changes with moderate dysfunction;

congenital deformities (anomalies) of the spine, chest with degree II respiratory failure of the restrictive type;

congenital deformities of the hip and pelvis with moderate limitation of movement in the hip joints;

deformity of bones with shortening of the limb by 5-8 cm;

O-shaped curvature of the legs with a distance between the protrusions of the inner condyles of the femurs of more than 20 cm or an X-shaped curvature when the distance between the inner ankles of the legs is more than 15 cm.

Subitem 3) of item 80 of the Requirements by columns includes:

grade I, II bilateral microtia;

atresia of the ear canal when whispered speech is perceived by the other ear at a distance of more than 3 m;

isolated congenital heart defects in the absence of CHF;  
prolapse of the mitral or other heart valves of II degree (6-8.9 mm) without disturbance of intracardiac hemodynamics;  
prolapse of the mitral or other heart valves of I degree (3-5.9 mm) with regurgitation of grade II or more;  
minor cardiac anomalies or their combination, which change the geometry of the left (right) ventricular cavity and are accompanied by a decrease in the power of the performed load according to VEM results;  
congenital anomalies of the respiratory system with degree I respiratory failure;  
congenital anomalies (malformations) of the digestive system with a minor dysfunction;  
epispadias of the penis;  
retention of the testicles in the abdominal cavity, inguinal canals or at their external openings;  
retention of one testicle in the abdominal cavity;  
congenital absence of testicles or absence of one testicle or hypoplasia of the testicle (s) in the presence of endocrine disorders;  
abnormalities of the kidneys and (or) renal vessels and (or) ureters in the presence of stage II CKD with symptomatic arterial hypertension corresponding to degree I of arterial hypertension and (or) with a minor impairment of excretory function;  
single solitary renal cysts with minor renal impairment;  
lumbar renal dystopia with minor renal dysfunction;  
anomalies of the bladder and (or) urethra with minor renal impairment;  
defects and anomalies of the development of the skull with persistent changes with minor dysfunction;  
deformities of the chest with impaired function of external respiration of I degree;  
osteochondrodysplasia with a complete process and minor clinical manifestations (with normal physical exertion, the impairment of the function is minor);  
deformity of bones with a shortening of the leg by 2-5 cm;  
O-shaped curvature of the legs with a distance between the protuberances of the inner condyles of the femurs of 10-20 cm or an X-shaped curvature with a distance between the inner ankles of the legs of 10-15 cm;  
recurrent dermoid cysts of the coccyx after repeated (three or more times) radical surgical treatment.

Subitem 4) of item 80 of the Requirements by columns includes:

grade I, II unilateral microtia;

prolapse of the mitral or other heart valves of I degree (3-5.9 mm) with grade I regurgitation without familial cases of sudden death with mitral valve prolapse, previous cases of embolism, disturbances in the rhythm and conduction of the heart specified in subitems 1), 2), 3) of item 42 of the Requirements by columns;

prolapse of the mitral or other heart valves of I degree (3-5.9 mm) without disturbance of intracardiac hemodynamics;

small heart anomalies or their combination, which do not change the geometry of the left (right) ventricular cavity, but are accompanied by a decrease in the power of the performed load according to VEM results;

delay of one testicle in the inguinal canal or at its external opening in the absence of endocrine disorders;

congenital absence of one testicle with preserved function of a single testicle;

abnormalities of the kidneys and (or) ureters and (or) the bladder and (or) the urethra in the presence of stage 1 CKD without dysfunction;

solitary single small (up to 20 mm in diameter) cysts without renal dysfunction;

defects and anomalies of the skull without dysfunction;

deformity of bones with the shortening of the arm up to 5 cm and the leg up to 2 cm.

In case of identification of mitral or other heart valve prolapse with regurgitation or without regurgitation as a manifestation of classified hereditary disorders of connective tissue (Marfan syndrome, Ehlers-Danlos syndrome, osteogenesis imperfecta), examination is carried out according to the underlying disease.

The grade of mitral and tricuspid regurgitation is determined by the depth of penetration of the regurgitation flow into the atrial cavity, conventionally dividing the atrial cavity into 4 parts, and, in accordance with the division, 4 grades of regurgitation are determined (grade I - regurgitation by 1/4 of the depth of the atrial cavity, grade II - regurgitation to 1/2 of the depth of the atrial cavity, grade III - regurgitation to 3/4 of the depth of the atrial cavity, grade IV - regurgitation to the entire depth of the atrial cavity).

The EchoCG examination protocol must be accompanied by a graphic image confirming the identified degree of prolapse and (or) regurgitation. The EchoCG examination protocol is confirmed by the signature of the ultrasound (functional) diagnostics doctor.

Intracardiac hemodynamics disorder shall be understood to mean permanent regurgitation of grade I or more. Valve (minimal) regurgitation refers to grade I regurgitation.

Grade I regurgitation on the pulmonary artery valve in the absence of pulmonary hypertension, on the tricuspid, mitral valves in the absence of organic changes in the valve cusps, without prolapse of the cusps of these valves, without defects of these valves, without disturbing the size and geometry of the heart cavities, without disturbing the rhythm and conduction, not accompanied by a decrease in the power of the performed load according to VEM results, is considered functional and is not a basis for applying this item.

If a grade I regurgitation is identified on the aortic valve, it must be considered aortic valve insufficiency, regardless of other indicators.

Minor cardiac anomalies or their combination not changing the geometry of the left (right) ventricle cavity and not accompanied by a decrease in the power of the performed load based on the VEM results are not grounds for applying this item.



When diagnosing minor anomalies of the heart or their combinations accompanied by disturbances of the rhythm and (or) cardiac conduction according to resting ECG data, stress tests, or according to daily ECG monitoring and (or) transesophageal pacing of the left atrium, a medical examination is also carried out according to item 42 of the Requirements by columns.

Defects of the bones of the skull due to late fontanel closure are examined under item 81 of the Requirements by columns.

Sacralization of the V lumbar vertebra or lumbarization of the I sacral vertebra, non-closure of the arches of these vertebrae, hypospadias at the coronary sulcus are not grounds for applying this item, preventing from military service, entering MEI.

## **Chapter 18. Consequences of injuries, poisoning and other external causes**

Item 81 of the Requirements by columns. The item includes post-traumatic and postoperative injuries (defects) of the bones of the skull, without signs of organic damage to the central nervous system.

Subitem 1) of item 81 of the Requirements by columns includes:

defects with the presence of a foreign body in the cranial cavity;

defects of the bones of the cranial vault more than 40 sq. cm replaced by plastic material;

defects of the bones of the cranial vault more than 10 sq. cm not replaced by plastic material;

defects and deformities of the dentofacial area after wounds and trauma, not replaced by grafts;

ankylosis of the temporomandibular joints;

false joints of the lower jaw, contractures of the dentofacial area in the absence of the effect of treatment, including surgery, or refusal of it.

Subitem 2) of item 81 of the Requirements by columns includes:

defects of the bones of the cranial vault less than 40 sq. cm replaced by plastic material;

defects of the bones of the cranial vault less than 10 sq. cm not replaced by plastic material.

Subitem 3) of item 81 of the Requirements by columns includes old depressed fractures, linear fractures of the bones of the vault and (or) the base of the skull without impairing the functions of the central nervous system.

This subitem also includes defects in the bones of the cranial vault up to 6 sq. cm replaced by a dense connective tissue scar.

A defect in the bones of the skull after osteoplastic trepanation is defined as a defect replaced by plastic material (autologous bone, titanium mesh, bone cement).

Burr holes created for diagnostic or therapeutic purposes are summed up in a defect in the bones of the skull not replaced by plastic material and are defined as that replaced by a connective tissue scar.

The area of the skull defect is measured by computed tomography (including 3D reconstructions) or craniography.

Citizens (military personnel) with the consequences of damage to the dentofacial area, bone walls of the orbit, not specified in this item, are examined according to the relevant items of the Requirements by columns.

Citizens (military personnel) entering MEI with defects in skull bones of any size and location are not fit for entering MEI.

In case of damage to the external cortical plate of the cranial vault of a depressed nature without signs of organic lesion of the central nervous system with a favorable outcome, the category of fitness for military service of those examined under columns III after a sick leave is determined according to subitem 3); and if the vitreous plate is damaged with or without surgical treatment, an opinion is made according to subitem 2) of this item.

In case of a linear skull fracture without signs of organic lesion of the central nervous system with a favorable outcome, the category of fitness for military service of those examined according to column III after a sick leave is determined under subitem 3) of this item.

Item 82 of the Requirements by columns. The item includes fractures of the spine, trunk bones, upper and lower limbs (fractures of the pelvis, scapula, clavicle, sternum, ribs, humerus, radius and ulna bones, femoral neck and femur, tibia and fibula, other tubular bones ) and their consequences.

In the presence of false joints, persons examined are offered surgical treatment. An opinion on the category of fitness for military service is made after the end of treatment, depending on its results. If the operation is canceled, a medical examination is carried out in accordance with subitem 1) of this item.

Subitem 1) of item 82 of the Requirements by columns includes:

- penetrating unstable fractures of the bodies of two or more vertebrae of II-III degree of compression, regardless of the results of treatment;

- comminuted (explosive) fractures or the consequences of comminuted (explosive) fractures of the bodies of two or more vertebrae with pronounced deformity;

- condition after (consequences of) resection of the arches of two or more vertebrae with clinical syndrome of instability in this segment;

- late consequences of multiple fractures of the vertebral bodies with severe deformity of the spine;

- incorrectly fused multiple vertical fractures of the pelvic bones with a violation of the integrity of the pelvic ring;

- consequences of central dislocation of the femoral head (ankylosis or arthrosis of the hip joint of IV radiological stage according to Kellegren J.H. and Lawrence J.S.);

- complicated fractures of long tubular bones with significant dysfunction of the limb;

- false joints of long tubular bones.

Subitem 2) of item 82 of the Requirements by columns includes:

comminuted (explosive) fracture or consequences of comminuted (explosive) fracture of the body of one vertebra;

compression fractures of the bodies of one and (or) more vertebrae of II-III degree and (or) fractures of the arches of two or more vertebrae;

consequences of compression fractures of one or more vertebrae of II-III degree with severe deformity;

dislocation fractures of the vertebrae;

fractures of the I and (or) II cervical vertebrae;

fracture of the tooth of the II cervical vertebra;

consequences of resection of the arches of two or more vertebrae without a clinical syndrome of instability in this segment;

consequences of fractures, dislocations and dislocation fractures of the vertebral bodies with the use of reconstructive surgery (transpedicular fixation, fixation with posterior plates, braces, etc.), spondylodesis and corporodesis (the category of fitness for military service examined under columns III of the Requirements is determined after the union of the fracture or the formation of a frontal bone block according to subitems 1), 2) or 3) of this item, depending on the function of the spine);

consequences of unilateral fractures of the pelvic bones with a violation of the integrity of the pelvic ring in case of unsatisfactory results of treatment;

consequences of central dislocation of the femoral head with moderate dysfunction of the limb;

hip fractures with unsatisfactory treatment results;

complicated fractures of long tubular bones with moderate limb dysfunction.

Subitem 3) of item 82 of the Requirements by columns includes:

compression fracture of the body of vertebrae of I degree and their consequences with minor pain syndrome and kyphotic deformity of the vertebrae of II degree;

fractures of the upper and (or) lower “X-ray corners” of the vertebral bodies;

uni- and (or) bilateral fractures of the articular processes of one or more lumbar or cervical or three or more thoracic vertebrae;

fracture of the arch of one vertebra, regardless of the dysfunction;

consequences of a compression fracture of the body of one or more vertebrae of I degree;

tailbone fractures with pain and deformity;

unremoved metal structures (except for single screws, wires, knitting needles, microscrews and microplates) after fractures or corrective osteotomies of long tubular bones in case of refusal to remove them;

consequences of a fracture of the arches, processes of the vertebrae in the presence of a minor dysfunction of the spine and pain syndrome after treatment;

uncomplicated dislocations of the cervical vertebrae;

fractures of the femoral neck using osteosynthesis with a minor dysfunction of the hip joint;

complicated fractures of long bones with a minor dysfunction of the limb.

Subitem 4) of item 82 of the Requirements by columns includes:

consequences of fractures of the spinous and (or) 1-2 transverse processes of the vertebrae

;

consequences of compression fractures of the vertebral bodies (no more than two) without deformity and dysfunction of the spine;

Unremoved single screws, wires, knitting needles, microscrews and microplates.

After fractures of the vertebral bodies, arches, articular processes, removal of hernias of intervertebral discs with a favorable outcome for those examined under column III, item 86 of the Requirements by columns applies.

United isolated fractures of individual pelvic bones without deformity of the pelvic ring are not grounds for applying this item, preventing from military service, entering MEI.

Item 83 of the Requirements by columns. Injuries to the internal organs of the chest, abdominal cavity and pelvis, and their sequelae.

Subitem 1) of item 83 of the Requirements by columns includes the following conditions and sequelae of wounds and injuries:

of bronchopulmonary apparatus with degree III respiratory failure, extensive obliteration of the pericardium;

aneurysm of the heart or aorta;

acquired esophageal-tracheal or esophageal-bronchial fistulas, regardless of dysfunction;

sequelae of polytrauma of organs (two or more) with moderate dysfunctions;

resection of the esophagus, stomach or the imposition of a gastrointestinal fistula, resection of the small (at least 1.5 m) or large (at least 30 cm) intestine with significant dysfunction of the digestive system (refractory dumping syndrome, persistent diarrhea.) or severe decline nutrition (BMI is less than 18.5);

imposition of biliodigestive anastomoses;

biliary or pancreatic fistulas with unsatisfactory results of treatment;

absence of a kidney in case of dysfunction of the remaining kidney, regardless of the degree of its severity;

complete rupture of the perineum (a rupture in which the integrity of the muscles of the perineum is completely violated, and they are replaced by scar tissue passing to the wall of the rectum, the anus is gaping and has no correct shape)

lack of a penis.

In case of degree II, III respiratory failure, after resection of a lung, the presence of a foreign body located at the root of the lung, in the heart or near large vessels, regardless of the presence of complications or functional disorders, citizens registering with recruiting stations, being conscripted for urgent military service and military conscripts are examined under

subitem 1). The category of fitness for military service of military personnel examined under column III is determined according to subitem 2) of this item.

With the sequelae of injuries to the heart, pericardium, prompt removal of foreign bodies from the mediastinum in the area of large vessels, an opinion on the category of fitness for military service of the examined persons is determined in accordance with item 42 of the Requirements by columns, depending on the severity of CHF, the presence and severity of disturbances in intracardiac hemodynamics, rhythm and conduction; in the presence of respiratory failure – in accordance with subitems 1), 2) or 3) of item 51 of the Requirements by columns. In this case, this item applies simultaneously.

Subitem 2) of item 83 of the Requirements by columns includes the following conditions and sequelae of wounds and injuries:

- of bronchopulmonary apparatus with degree II respiratory failure;

- absence of a lung, regardless of the degree of respiratory failure;

- resection of the stomach, small (at least 1 m) or large (at least 20 cm) intestine, the imposition of a gastrointestinal fistula with rare manifestations of dumping syndrome (unstable stool, malnutrition);

- absence of a kidney with normal function of the remaining kidney.

Subitem 3) of item 83 of the Requirements by columns includes conditions after surgical diseases, the sequelae of surgical interventions, injuries and trauma to the organs of the chest and abdominal cavity with minor dysfunction.

This subitem also includes the absence of the spleen after its resection due to injury, trauma.

After resection of a liver lobe or part of the pancreas due to injury, trauma, or for the purpose of donation, examination is carried out under subitems 1), 2), 3) of this item, depending on the dysfunction.

Subitem 4) of item 83 of the Requirements by columns includes conditions (for those examined under column I - those conditions that occurred no earlier than six months from the moment of wound or injury) after past atypical lung resections without respiratory failure, thoracotomy or laparotomy in order to stop bleeding, eliminate pneumo- or hemothorax, suturing of wounds of the intestines, stomach, liver with the outcome of recovery.

With regard to military personnel after atypical lung resection without respiratory failure, upon completion of inpatient treatment, an opinion is made on the need to grant a sick leave, the latter is granted according to item 52 of the Requirements by columns.

Citizens (military personnel) with the sequelae of surgical treatment of inflammatory diseases and anomalies are also examined according to item 83 of the Requirements by columns.

Item 84 of the Requirements by columns. Consequences of injuries to the skin and subcutaneous tissue.

Subitem 1) of item 84 of the Requirements by columns includes:

massive keloid, hypertrophic scars in the neck, trunk and limbs, which are adhered to the underlying tissues, ulcerated or easily injured and often ulcerated with unsatisfactory results of treatment or refusal of it, significantly limiting motion of joints or preventing the wearing of standard military uniforms, shoes or equipment;

conditions after deep burns with an area of 20 percent or more of the skin surface or complicated by kidney amyloidosis.

Subitem 2) of item 84 of the Requirements by columns includes:

moderately restricting motion of joints or significantly complicating the wearing of standard military uniforms, shoes or equipment; non-ulcerative keloid, hypertrophic and atrophic scars, as well as scars that disfigure the face, with unsatisfactory results of treatment or refusal of it;

consequences of deep burns of 50 and more percent of the skin surface of the lower limb.

Subitem 3) of item 84 of the Requirements by columns includes:

slightly restricting motion of joints or slightly hampering the wearing of standard military uniforms, shoes or equipment elastic scars that do not ulcerate during physical exertion (including long walking);

consequences of deep burns with plastics of more than 70 percent of the skin surface of the upper limb.

When measuring the range of motion of joints, it is necessary to follow Appendix 5 to the Requirements.

In the presence of scars with symptoms of causalgia after unsuccessful surgical treatment, an opinion on the category of suitability is made in accordance with item 26 of the Requirements by columns.

Citizens (military personnel) with the consequences of burns and frostbite with damage to the eyes, hands or feet are examined according to the relevant items of the Requirements by columns.

The presence of elastic scars, including postoperative scars, which do not impede the wearing of standard military uniforms, shoes or equipment, do not restrict joint motion and do not disrupt the functions of nearby organs and systems, is not a basis for applying the items of the Requirements by columns.

Item 85 of the Requirements by columns. The item includes the consequences of poisoning by drugs, RFC, toxic substances, acute or chronic exposure to EMF, laser radiation, ionizing radiation, allergic reactions. A medical examination is carried out after the end of treatment in inpatient conditions.

In case of insignificant residual effects after degree I radiation sickness suffered by military conscripts and degree II radiation sickness by military personnel doing military service under a contract, medical examination is carried out according to subitem 2) of this item.

Citizens (military personnel) who had acute radiation sickness without any consequences are examined according to subitem 3) of this item and are also recognized as unfit for military service (work) with RS, IRS.

Servicemen working with RS, IRS and who were exposed to radiation exceeding the annual maximum permissible dose by five times are sent for inpatient examination.

In case of recurrence of the syndrome of chronic exposure to EMF of II-III degree, even with a favorable outcome of the disease, military personnel are recognized as unfit to work with sources of EMF.

Citizens (military personnel) having food allergies with clinical manifestations (confirmed by the results of a medical examination in inpatient conditions) to basic food products according to the norms of the allowance of military personnel are examined according to subitem 2) of this item. In case of allergic diseases (urticaria, hay fever, allergic rhinitis, dermatitis), a medical examination is carried out according to the relevant items of the Requirements by columns, depending on the state of the functions of the affected organ or system.

After acute poisoning, toxic-allergic effects, acute allergic diseases (anaphylactic shock, serum sickness, Lyell's syndrome, Stevens-Johnson syndrome, Quincke's edema), the category of fitness for military service is determined depending on the outcome of diseases and the functions of the affected organs or systems according to the relevant items of the Requirements by columns.

Item 86 of the Requirements by columns; citizens examined under column I being conscripted for military service and entering MEI, joining military service under a contract, who had acute inflammatory diseases of the joints are recognized as temporarily unfit for military service for six months after the end of treatment. In the absence of signs of inflammation within six months, after s acute forms of inflammatory diseases of the joints, they are recognized as fit for military service.

An opinion on granting a sick leave to servicemen is made in cases where, after completion of inpatient treatment, moderate, transient pain in the joints remains after physical exertion in the absence of clinical and laboratory signs of inflammation, and it takes one month or more to restore the ability to perform military duties.

An opinion on granting a sick leave to servicemen in case of temporary movement restrictions after operations on bones and joints, plastics or tendolysis of tendons (except for fingers and toes), in case of fragile calluses after bone fractures is made in cases where one month or more is required to restore the ability to perform military duties.

In case of persistent unsatisfactory results of treatment of the consequences of fractures of tubular bones, an opinion on granting a sick leave is not made, but the category of fitness for military service is determined according to subitems 1), 2) or 3) of item 82 of the Requirements by columns.

In case of fractures of small bones of the hand, foot, and also ankles, in relation to those examined under column II, an opinion on granting a sick leave to military personnel is not made. In these cases, after the end of treatment, an opinion is made on granting exemption, indicating the treatment measures.

With respect to those examined under column I for the operation to remove metal structures (except for single screws, wire, knitting needles, microscrews and microplates) after fusion of fractures of long tubular bones, pelvic bones, tarsus bones, metatarsal bones, calcaneus, talus, clavicle, scapula, metacarpal bones and wrist bones, an opinion is made on temporary unfitness for military service for six months. If the operation is canceled, the examination is carried out according to item 82 of the Requirements by columns.

After fractures of the spinous and (or) one or two transverse processes of the vertebrae, bruises of the spine, removal of metal structures (including a pin, a plate) in relation to military personnel doing military service under a contract, an opinion is made on the need to grant exemption from official duties.

In case of uncomplicated closed fractures of small bones that do not require inpatient treatment, military personnel doing military service under a contract are allowed to be examined on an outpatient basis, with an opinion that they need to be granted a sick leave or exemption.

In case of uncomplicated closed bone fractures requiring only immobilization with a plaster cast, after the appearance of signs of callus, those examined under column III are discharged from a medical facility for outpatient treatment until the plaster cast is removed, with an opinion on granting a sick leave or exemption to servicemen. To continue treatment, MEI cadets and students shall be placed in MEI infirmaries, and military conscripts - in medical centers of military units if there are conditions for the stay of these patients with a mandatory examination by a surgeon (traumatologist) of the hospital at least once a month. After completing the treatment, a serviceman is sent for medical examination to get a sick leave (exemption).

The basis for an opinion on granting a sick leave to servicemen in the event of the consequences of injuries of the jaws and soft tissues of the face is the delayed consolidation of fractures, the presence of dense scars or fractures that required complex methods of surgical or orthopedic treatment, as well as fractures accompanied by traumatic osteomyelitis.

When measuring the range of motion of joints, it is necessary to follow Appendix 5 to the Requirements.

In case of residual effects after acute exogenous effects and intoxications, those examined under column I are recognized as temporarily unfit for military service for six months. In the future, the category of their fitness for military service is determined according to item 85 of the Requirements by columns depending on the degree of restoration of the functions of organs and systems.



## **Chapter 19. Other diseases**

Item 87 of the Requirements by columns. Insufficient physical development.

Those examined under columns I, II with good physical development and nutrition, body balance, weighing at least 45 kilograms and with a height of at least 155 centimeters are recognized as fit for military service.

Those examined under column I with a body weight of less than 45 kilograms and a height of less than 155 centimeters are subject to examination by an endocrinologist. These persons, on the basis of subitem 2) of this item, are recognized as temporarily unfit for military service for twelve months. With continued insufficient physical development, medical examination is carried out according to subitem 1) of this item.

Those joining military service under a contract who are examined under column II, III with a height of less than 160 centimeters, and those with less than 165 centimeters under column IV are recognized as unfit for joining military service under a contract according to subitem 2) of this item.

Item 88 of the Requirements by columns. Examination and treatment of citizens registering with recruiting stations and being conscripted for compulsory military service, as well as military personnel with enuresis, are carried out in a stationary environment with the participation of a therapist to exclude somatic diseases, a neuropathologist to exclude current neurological disorders, a gynecologist (for women) to exclude gynecological disorders.

The examination is carried out in cases when the observation and the results of the examination, as well as the data obtained from the agency (department) for defense affairs, the military unit (institution), confirm the presence of bedwetting (enuresis) and there is no effect of treatment, those examined under columns I - II are recognized as unfit for military service.

If bedwetting (enuresis) is a symptom of the disease, an opinion is made according to the item of the Requirements by columns, which includes the underlying disease.

Item 89 of the Requirements by columns. Speech disorders.

Subitem 1) of item 89 of the Requirements by columns includes a high degree of stuttering (stammering) involving the entire vocal apparatus, with impaired breathing and neurotic manifestations, as well as disorders of speech that make it hard to understand.

Subitem 2) of item 89 of the Requirements by columns also includes persistent, non-treatable aphonia of functional origin in those examined under columns I, II of the Requirements.

In the presence of speech disorders, the examined person is subjected to in-depth examination by a neuropathologist, psychiatrist, otorhinolaryngologist and speech therapist. An opinion on the category of fitness for military service is made on the basis of examination

data and a thorough study of documents received from a military unit (institution), agency (department) for defense affairs, from the place of study or work before joining military service and describing his/her health status.

The severity of speech disorders is determined by dynamic observation of the state of speech function in various conditions and is assessed by its state at the moments of the most pronounced manifestation of the disease. An opinion on the category of fitness is made with account of the ability of the examined person to perform military duties. The evaluation of the command (leadership) and an indication of the extent to which stuttering (stammering) affects the performance of military duties by the examined person is essential in the expert assessment.

A slight stuttering (stammering) that does not interfere with military service is considered only a delay in pronunciation, “stumbling” at the beginning of a phrase, the rest of the words of a small phrase are pronounced (in one breath) freely or slightly slowly, but without repeating words.

In cases where a disease of an organ or system of organs leads to a disruption of the function of another organ or system of organs, an expert opinion on the category of fitness for military service is made according to the relevant items of the Requirements by columns.

When examining citizens, in addition to diagnostic techniques given in the explanations to the Requirements by columns and the corresponding clinical protocols for diagnosis and treatment (hereinafter referred to as clinical protocols), it is allowed to use more informative methods.

In case of diseases, developmental anomalies, the consequences of injuries, poisoning and other influences of external causes, including surgical interventions not described in these Requirements, the category of fitness of citizens (military personnel) is determined according to the relevant subitems of items of the Requirements by columns according to the International Classification of Diseases, 10th Revision depending on the dysfunction of an organ or organ system.

Appendix 3 to the Requirements  
for the health status of  
persons for their service in  
the Armed Forces, other  
troops and military formations of  
the Republic of Kazakhstan

**Abbreviations used in the Requirements for the health status of citizens (military personnel) for their military service by columns and in the Explanations thereto**

1. HIV - human immunodeficiency virus;
2. CNS - central nervous system;
3. CHF - chronic heart failure;
4. FC - functional class;

5. U/S - ultrasound examination;
6. EIA - enzyme immunoassay;
7. PCR - polymerase chain reaction;
8. MCB – medical consultative board;
9. MPB – military physician board;
10. WHO - World Health Organization;
11. MRI - magnetic resonance imaging;
12. mm WG – millimeters of Water Gauge;
13. CT - computed tomography;
14. AH - arterial hypertension;
15. GERD - gastroesophageal reflux disease;
16. SPECT - single-photon emission computed tomography;
17. CKD - chronic kidney disease;
18. VEM - veloergometry;
19. BMI - body mass index;
20. D – diopter;
21. CCCI - closed craniocerebral injury;
22. AIDS - acquired immunodeficiency syndrome;
23. SVDSSS - somatoform autonomic dysfunction of the heart and cardiovascular system;
24. RFC - rocket fuel components;
25. IRS - sources of ionizing radiation;
26. kg - kilogram;
27. kg/m<sup>2</sup> - kilogram per square meter;
28. kgm/min - kilogram/minute;
29. CCCA - continuous cumulation of Coriolis accelerations;
30. DCCA - discontinuous cumulation of Coriolis accelerations;
31. kPa - kiloPascal;
32. CVD - chronic venous diseases;
33. m - meter;
34. mg - milligram;
35. MET - metabolic equivalent;
36. mmol/l - micromole per liter;
37. ml - milliliter;
38. HTOD - hypertension-mediated target organ damage;
39. CVR – cardiovascular risk;
40. DM - diabetes mellitus;
41. FVCL - forced vital capacity of the lungs;;
42. PET - positron emission tomography;
43. RS - radioactive substances;

44. RI - rheovasographic index;
45. SA-block - sinoatrial block;
46. mmHg - millimeter of mercury;
47. cm - centimeter;
48. WS - whispered speech;
49. PEF - peak expiratory flow rate;
50. RF - respiratory failure;
51. GFR - glomerular filtration rate;
52. sq.cm - square centimeter;
53. ECG - electrocardiography;
54. EMF - electromagnetic field;
55. EchoCG - echocardiography.
56. FEV1 - forced expiratory volume in 1 second;
57. AV block - atrioventricular block;
58. CKD-EPI - Chronic Kidney Disease Epidemiology Collaboration;
59. CEAP – Clinical, Etiology, Anatomy and Pathophysiology;
60. PaCO<sub>2</sub> - partial pressure of carbon dioxide;
61. PaO<sub>2</sub> - partial pressure of oxygen in arterial blood.

Appendix 4 to the Requirements  
for the health status of  
persons for their service in  
the Armed Forces, other  
troops and military formations of  
the Republic of Kazakhstan

### Indicators of degree of respiratory (pulmonary) \* failure

Indicators	Normal value	Degrees of RF (PF)		
		I degree (minor)	II degree (moderate)	III degree (significant )
1. Clinical:				
1) Shortness of breath	no	with previously available efforts	under normal loads	constant at rest
2) Cyanosis	no	no or insignificant, increasing after exercise	distinct, sometimes significant	pronounced diffuse
3) Resting heart rate ( per minute)	till 80	not fast	tendency to increase	increases significantly
2. Instrumental:				
1. Partial pressure of oxygen PaO2 (mm Hg)	over 80	80	79-65	less than 65

2. FVCL as a percentage of the required values*	over 80	80-70	69-50	less than 50
3. FEV1 - as a percentage of the required values*	over 80	80-70	69-50	less than 50
4. Genslar index (ratio of FEV1/VC in percentage)	over 70	less than 70	less than 70	less than 70

\* - the indicator is assessed according to the results of the bronchodilation test.

Appendix 5 to the Requirements  
for the health status of  
persons for their service in  
the Armed Forces, other  
troops and military formations of  
the Republic of Kazakhstan

### The table for measuring the range of joint motion

Joint	Motion	Normal value	Motion restriction		
			minor	moderate	significant
Shoulder (with shoulder girdle)	Flexion	180	115	100	80
	Extension	40	30	20	15
	Abduction	180	115	100	80
Elbow	Flexion	40	80	90	100
	Extension	180	150	140	120
	Pronation	180	135	90	60
	Supination	180	135	90	60
Carpal	Flexion	75	35	20-25	15
	Extension	65	30	20-25	15
	Abduction:				
	Radial	20	10	5	2-3
	Ulnar	40	25	15	10
Hip	Flexion	75	100	110	120
	Extension	180	170	160	150
	Abduction	50	25	20	15
Knee	Flexion	40	60	90	110
	Extension	180	175	170	160
Ankle	Plantar flexion	130	120	110	100
	Dorsiflexion (extension)	70	75	80	85

Appendix 6  
to the Requirements for the state  
of health of persons for service in

**Categories of citizens' fitness for military service by kinds and types of troops of the Armed Forces, as well as other troops and military formations of the Republic of Kazakhstan when attached to conscription sites, conscription for military service**

**Footnote. Appendix 6 - as amended by the order of the Minister of Defense of the Republic of Kazakhstan dated 06.09.2021 № 602 (shall be enforced ten calendar days after the date of its first official publication).**

Purpose indicator*			A-1	A-2	A-3	A-4	B-1	B-2	B-3	B-4
Indicators of physical development, a list of diseases, items and sub-items of requirements by the columns			Special forces of the State Security Service of the Republic of Kazakhstan	Air assault, reconnaissance, mining and jaeger units, marines, special purpose units of the Armed Forces of the Republic of Kazakhstan	Special and operational units of the National Guard of the Republic of Kazakhstan (hereinafter – RK NG)	Parts of the Border Service of the National Security Committee of the Republic of Kazakhstan, Naval Forces	Military police, chemical, engineering, combined arms, artillery units of the Armed Forces of the Republic of Kazakhstan	Units of the Ministry of Emergency Situations of the Republic of Kazakhstan, drivers, crew members of infantry fighting vehicles, tanks and tractors	Units of the Air Defense Forces, communications, escort units of the RK NG	Other parts of the Armed Forces, other troops and military formations of the Republic of Kazakhstan
Height (cm)	Not higher		195	-	-	Naval Forces – 186	-	175**	-	-
	Not lower		180	170	165***	160	165	160	160	155
BMI	not less than		18,5	18,5	18,5	18,5	-	-	-	-
Visual acuity for distance is not lower	Without correction		0,6/0,6	0,5/0,4	0,5/0,4	0,5/0,4	0,5/0,2	0,5/0,2 drivers - 0,8/0,4	0,5/0,1	-
	With correction		-	-	-	-	-	-	-	0,5/0,2 or 0,4/0,4
	dichromasia		NG	NG	NG	NG	Drivers - NG			
		III degree (	NG		Drivers - NG					

Color perception	Color weakness	A) or II degree (B)		NG					
		I cr. (C)	-	-	-	-	chem-NG	-	-
Hearing: whispered speech (m) at least			6/6	6/6	6/6	6/6	5/5	6/6	5/5
Infectious and parasitic diseases									
The condition after viral hepatitis, typhoparathyphoid diseases with an outcome of complete recovery and persistence of remission for twelve months			NG	NG	NG	NG	-	NG	-
item 6, sub-item 3) in the anamnesis			NG	-	-	-	-	-	-
Diseases of the endocrine system, eating disorders and metabolic disorders									
item 12, sub-item 3)			NG	NG	NG	NG	-	-	-
Underweight			NG	NG	NG	NG	BMI not less than 18.0 kg/m2		
obesity of the first degree			NG	NG	NG	NG	-	-	-
Mental disorders									
item 14, sub-item 4)									
item 16, sub-item 4)			NG	NG	NG	NG	NG	NG	-
item 17, sub-item 4)									
Diseases of the nervous system									
item 21, sub-item 3)									
item 22, sub-item 4)									
item 23, sub-item 4)			NG	NG	NG	NG	-	-	-
item 24, sub-item 4)									
item 25, sub-item 4)									
item 26, sub-item 4)			NG	NG	NG	NG	-	NG	-
item 27, sub-item 4)									
Diseases of the eye and appendage									
item 29, sub-item 3)			NG	NG	NG	NG	chem-NG	NG	-
item 30, sub-item 3)									
item 33, sub-item 2)			NG	NG	NG	NG	-	NG	-
Diseases of the ear and mastoid process									
item 37			NG	NG	NG	NG	chem-NG	-	-
item 38, sub-item 3)			NG	NG	NG	NG	-	NG	-
item 39, sub-item 3)			NG	NG	NG	NG	-	NG	-
Diseases of the circulatory system									
item 42, sub-item 4)			NG	NG	NG	NG	-	-	-
item 45, sub-item 4)			NG	NG	NG	NG	-	-	-
item 46, sub-item 2)			NG	NG	NG	NG	-	-	-

Respiratory diseases								
item 48, sub-item 3), 4), 5)	NG	NG	NG	NG	chem-NG	-	-	-
item 50, sub-item 3)	NG	NG	NG	NG	chem-NG	NG	-	-
Diseases of the digestive system								
item 53, sub-item 2), 3)	NG	NG	NG	NG	-	-	-	-
item 54, sub-item 3)	NG	NG	NG	NG	-	-	-	-
item 55, sub-item 3)	NG	NG	NG	NG	-	-	-	-
item 55, sub-item 4)	NG	NG	-	-	-	-	-	-
item 58, sub-item 4)	NG	NG	NG	NG	chem-NG			
item 59, sub-item 3)	NG	NG	NG	NG		-	-	-
item 60, sub-item 4)	NG	NG	NG	NG	-	NG	-	-
Diseases of the skin and subcutaneous tissue								
item 62, sub-item 4)	NG	NG	NG	NG	chem-NG	-	-	-
Diseases of the musculoskeletal system and connective tissue								
item 65, sub-item 4)	NG	NG	NG	NG	-	-	-	-
item 66, sub-item 4)								
item 67, sub-item 4)								
Osgood-Schlatter disease (completed stage) without impaired joint function	NG	NG	NG	NG	-	-	-	-
item 68, sub-item 4)	NG	NG	NG	NG	-	-	-	-
item 69, sub-item 4)	NG	NG	NG	NG	-	NG	-	-
Diseases of the genitourinary system								
item 71, sub-item 4)	NG	NG	NG	NG	NG	NG	-	-
item 72, sub-item 4)	NG	NG	NG	NG	NG	NG	-	-
item 73, sub-item 4)	NG	NG	NG	NG	-	-	-	-
Congenital anomalies, deformities and chromosomal disorders								
item 80, sub-item 4)	NG	NG	NG	NG	-	-	-	-
Consequences of injuries, poisoning and other effects of external factors								
item 82, sub-item 4)	NG	NG	NG	NG	NG	NG	-	-
item 83, sub-item 4)	NG	NG	NG	NG	NG	NG	-	-

#### Notes:

1) \* - the indicator of the purpose for military service in training units is set according to the kind and type of troops of the Armed Forces, other troops and military formations;

2) \*\* - the height indicator of 175 cm for the units of the Ministry of Emergency Situations of the Republic of Kazakhstan does not apply;

3) \*\*\* - for citizens selected for military service in military units 5573 and 5571 of the National Guard of the Republic of Kazakhstan, height is not less than 170 cm.



to the requirements, to the state  
of health of individuals  
for service in Armed Forces  
others troops, military  
formations of the Republic of Kazakhstan

## Categories of suitability of citizens (military personnel) for admission to universities implementing educational programs of the appropriate level

Footnote. Annex 7 – in the wording of the order of the Minister of Defense of the Republic of Kazakhstan dated 29.11.2022 № 1144 (shall enter into force upon expiry of ten calendar days after the day of its first official publication).

Indicators of physical development, list of diseases, paragraphs and sub- paragraphs of requirements by columns		Universiti e s implemen ting education a l programs of general secondary education	Universiti e s implemen ting education a l programs o f technical a n d vocational education	Universities implementing educational programs of higher education for the training of officers:				Military departme nts of higher education a l institution s for the training of reserve officers ( reserve sergeants)	Universiti e s implemen ting education a l programs o f postgradu a t e education
				Airborne assault troops, naval forces and military intelligen ce	Border, motorized weapon, t a n k troops and artillery	National guard, engineeri ng and aviation service, anti-aircra ft missile, radio engineeri n g , special ( engineeri n g , chemical, communi cations and others ) troops	Logistics (logistics, transport, weapons, medicine, etc.), informati o n security		
1		2	3	4	5	6	7	8	9
Height ( cm)	not higher than	-	-	Naval forces - 185	-	-			-
	not lower than	-	160	165	160	160	160	155	-
Body mass index	not less	-	18,5	18,5	18,5	18,5	18,5	18,0	-
Visual acuity for given not lower	Without correction	0,8/0,8	0,6/0,6	0,6/0,6	0,5/0,4	0,5/0,4	0,5/0,4	-	-
	with correction	-	-	-	-	0,8/0,5	0,8/0,5	0,8/0,5	0,4/0,4
1		2	3	4	5	6	7	8	9
	short-sigh tedness	1,0/1,0	2,0/2,0	2,0/2,0	2,0/2,0	3,0/3,0	3,0/3,0	4,0/4,0	4,0/4,0

Refraction (in diopter) not more than	far-sightedness	2,0/2,0	2,0/2,0	3,0/3,0	3,0/3,0	3,0/3,0	3,0/3,0	6,0/6,0	6,0/6,0
	astigmatism with refractive difference in the two principal meridians	1,0/1,0	1,0/1,0	1,0/1,0	2,0/2,0	2,0/2,0	2,0/2,0	2,0/2,0	2,0/2,0
color sensation	dichromasia	HГ	HГ	HГ	HГ	HГ	HГ	HГ	HГ
	abnormal trichromasia "A" and "B"	HГ	HГ	HГ	HГ	HГ	HГ	HГ	HГ
	abnormal trichromasia "C"	-	-	-	-	chemical troops - HГ	-	-	-
Hearing: whisper speech (meters) at least		6/6	6/6	6/6	6/6	6/6	6/6	6/6	5/5
Diseases of the endocrine system, eating disorders and metabolic disorders									
paragraph 12, subparagraph 3)		HГ	HГ	HГ	HГ	HГ	HГ	HГ	-
grade I obesity		HГ	HГ	HГ	HГ	HГ	HГ	-	-
Mental disorders									
paragraph 14, subparagraph 4), paragraph 16, subparagraph 4)		HГ	HГ	HГ	HГ	HГ	HГ	HГ	HГ
paragraph 17, subparagraph 4)		HГ	HГ	HГ	HГ	HГ	HГ	HГ	-
Diseases of the nervous system									
paragraph 21 subparagraph 3), paragraph 22 subparagraph 4), paragraph 23 subparagraph 4), paragraph 24 subparagraph 4), item 25 subparagraph 4), paragraph 26 subparagraph 4), paragraph 27 subparagraph 4)		HГ	HГ	HГ	HГ	HГ	HГ	-	-
Diseases of the eye and accessory apparatus									

paragraph 29 paragraph 3), paragraph 30 paragraph 3), paragraph 33 paragraph 2)	НГ	НГ	НГ	НГ	НГ	НГ	-	-
Diseases of the ear and mastoid process								
paragraph 37	НГ	НГ	НГ	НГ	НГ	-	-	-
paragraph 38 subparagraph 3)	НГ	НГ	НГ	НГ	НГ	НГ	-	-
paragraph 39 subparagraph 3)	НГ	НГ	НГ	НГ	НГ	НГ	-	-
Circulatory system diseases								
paragraph 42 subparagraph 4)	НГ	НГ	НГ	НГ	НГ	-	-	-
paragraph 45 subparagraph 4)	НГ	НГ	НГ	НГ	НГ	-	-	-
paragraph 46 subparagraph 2)	НГ	НГ	НГ	НГ	НГ	-	-	-
Respiratory diseases								
paragraph 48 subparagraphs 3), 4), 5)	НГ	НГ	НГ	НГ	НГ	НГ	-	-
paragraph 50 subparagraph 3)	НГ	НГ	НГ	НГ	НГ	НГ	НГ	НГ
Digestive diseases								
paragraph 53 subparagraphs 1) и 2)	НГ	НГ	НГ	НГ	НГ	НГ	НГ	НГ
paragraph 53 subparagraph 3)	НГ		НГ	НГ	-	-	-	-
paragraph 54 subparagraph 2)	-	-	-	-	-	-	-	НГ
paragraph 54 subparagraph 3)	НГ	НГ	НГ	НГ	НГ	НГ	-	-
paragraph 55 subparagraph 3)	НГ	НГ	НГ	НГ	НГ	НГ	-	-
paragraph 55 subparagraph 4)	-	НГ	НГ	НГ	-	-	-	-
1	2	3	4	5	6	7	8	9
paragraph 58 subparagraph 3)	-	-	-	-	-	-	-	НГ
paragraph 58 subparagraph 4)	НГ	НГ	НГ	НГ	НГ	-	-	-
paragraph 59 subparagraph 3)	НГ	НГ	НГ	НГ	НГ	НГ	НГ	-
paragraph 60 subparagraph 4)	НГ	НГ	НГ	НГ	НГ	НГ	-	-

Diseases of the skin and subcutaneous tissue								
paragraph 62 subparagraph 3)	-	-	-	-	-	-	-	НГ
paragraph 62 subparagraph 4)	НГ	НГ	НГ	НГ	НГ	НГ	-	-
Musculoskeletal and connective tissue diseases								
paragraph 64 subparagraph 3), paragraph 65 subparagraph 3), paragraph 66 subparagraph 3)	-	-	-	-	-	-	-	НГ
paragraph 65 subparagraph 4), paragraph 66 subparagraph 4)	НГ	НГ	НГ	НГ	НГ	НГ	-	-
paragraph 67 subparagraph 4)	-	-	НГ	НГ	-	-	-	-
paragraph 68 subparagraph 4), paragraph 69 subparagraph 4)	НГ	НГ	НГ	НГ	НГ	НГ	-	-
Diseases of the genitourinary system								
paragraph 71 subparagraph 3), paragraph 72 subparagraph 3), paragraph 73 subparagraph 3)	-	-	-	-	-	-	-	НГ
paragraph 71 subparagraph 4), paragraph 72 subparagraph 4), paragraph 73 subparagraph 4)	НГ	НГ	НГ	НГ	НГ	НГ	-	-
Congenital anomalies, deformities and chromosomal abnormalities								
paragraph 80 subparagraph 4)	НГ	НГ	НГ	НГ	НГ	НГ	НГ	-
Consequences of injuries, poisoning and other impacts of external factors								
paragraph 81 subparagraph 3), paragraph 82 subparagraph 3), paragraph 84 subparagraph 3)	-	-	-	-	-	-	-	НГ
paragraph 82 subparagraph 4)	НГ	НГ	НГ	НГ	НГ	НГ	-	-
paragraph 83 subparagraph 4)	НГ	НГ	НГ	НГ	НГ	НГ	-	-

Note: Navy – Naval forces; chem - chemical troops.

Appendix 8 to the Requirements  
for the health status of  
persons for their service in  
the Armed Forces, other  
troops and military formations of  
the Republic of Kazakhstan

## Categories of fitness of military personnel for training (doing military service) in certain military specialties

Indicators of physical development, a list of diseases, items and subitems of the Requirements by columns			Name of a military specialty							
			Deep diver, aquanaut, diving specialist	Helmsman, signalman, range finder, sight finder, ship (boat) drivers, central control station operator	Torpedo electrician, torpedo operator, anti-submarine defense weapon operator, hydroacoustist, radio operator	Anti-tank guided missile operator	Radar station operator, as well as persons working with displays and other information display units	Crane operator of tower, gantry, bridge, crawler, truck cranes, firefighter	Radiotelegraph operator, specialist of communications and anti-aircraft missile systems	Aviation mechanic, aerodrome engineering service specialists
1			2	3	4	5	6	7	8	9
Height (cm)	not higher than		180	185	185	-	-	-	-	-
	not lower than		165	165	160	160	160	160	160	160
Visual acuity for distance not lower than	uncorrected		0.6/0.6	0.8/0.8	0.5/0.4	0.5/0.4	0.5/0.4	0.8/0.4	0.5/0.2	0.5/0.2
	corrected		-	-	-	-	-	-	0.8/0.6	0.8/0.4
1			2	3	4	5	6	7	8	9
Refraction (in diopters) no more than	myopia		2.0/2.0	1.0/1.0	2.0/2.0	2.0/2.0	2.0/2.0	1.0/2.0	4.0/4.0	4.0/4.0
	hyperopia		2.0/2.0	1.0/1.0	1.0/1.0	3.0/3.0	3.0/3.0	2.0/2.0	3.0/3.0	3.0/3.0
	astigmatism with a difference in the refractive power in the two main meridians		1.0/1.0	1.0/1.0	1.0/1.0	2.0/2.0	2.0/2.0	1.0/1.0	2.0/2.0	2.0/2.0
Color perception	dichromasy		NF	NF	NF	NF	NF	NF	NF	NF
	Color weakness	III degrees (A) or II degree (B)	NF	NF	NF	NF	NF	NF	-	-

		I degree (C)	-	NF	-	-	-	-	-	-
Disturbance of accommodation and dark adaptation			NF	NF	NF	NF	-	NF	-	-
Infectious and parasitic diseases										
item 6, subitem 3) in the medical history			NF	-	-	-	-	-	-	-
Endocrine disorders, eating disorders and metabolic disorders										
item 12, subitem 3)			NF	NF	NF	-	-	-	-	-
insufficient body weight			NF	NF	NF	NF	BMI at least 18.0 kg/m2			
class I obesity			NF	-	-	-	-	-	-	-
Mental disorders										
item 14, subitem 4) item 16, subitem 4) item 17, subitem 4)			NF	NF	NF	NF	NF	NF	-	-
Diseases of the nervous system										
item 21, subitem 3)			NF	NF	NF	-	-	NF	-	-
item 22, subitem 4)			NF	IND	IND	-	-	-	-	-
item 23, subitem 4)			NF	IND	IND	-	-	-	-	-
item 24, subitem 4)			NF	NF	NF	-	-	-	-	-
1			2	3	4	5	6	7	8	9
item 25, subitem 4)			NF	IND	IND	-	-	-	-	-
item 26, subitem 4)			NF	IND	IND	-	-	NF	-	-
item 27, subitem 4)			NF	IND	IND	-	-	NF	-	-
Diseases of the eye and adnexa										
item 29, subitem 3) item 30, subitem 3) item 33, subitem 2)			NF	IND	IND	-	-	-	-	-
Diseases of the ear and mastoid										
item 37			NF	IND	IND	-	-	-	NF	-
item 38, subitem 3)			NF	NF	NF	NF	-	-	NF	-
item 39, subitem 3)			NF	NF	NF	-	-	-	NF	-
Diseases of the circulatory system										
item 42, subitem 4)			NF	IND	IND	-	-	-	-	-
item 43, subitem 4)			NF	IND	IND	-	-	-	-	-
item 45, subitem 4)			NF	IND	IND	-	-	-	-	-
item 46, subitem 2)			NF	IND	IND	-	-	-	-	-
Diseases of the respiratory system										
item 48, subitems 3), 4), 5)			NF	IND	IND	-	-	-	-	-
item 50, subitem 3)			NF	IND	IND	-	-	IND	-	-
Diseases of the digestive system										
item 53, subitem 2)			NF	IND	IND	-	-	-	-	-

item 54, subitem 3) item 55, subitems 3), 4)	NF	IND	IND	-	-	-	-	-
item 58, subitem 4)	NF	IND	IND	-	-	-	-	-
item 59, subitem 3)	NF	IND	IND	-	-	-	-	-
item 60, subitem 4)	NF	IND	IND	-	-	-	-	-
Diseases of the skin and subcutaneous tissue								
item 62, subitem 4)	NF	IND	IND	-	-	-	-	-
1	2	3	4	5	6	7	8	9
Diseases of the musculoskeletal system and connective tissue								
item 65, subitem 4) item 66, subitem 4) item 67, subitem 4)	NF	IND	IND	-	-	-	-	-
Osgood-Schlatter disease (completed stage) without joint dysfunction	NF	IND	IND	-	-	-	-	-
item 68, subitem 4)	NF	IND	IND	-	-	-	-	-
item 69, subitem 4)	NF	IND	IND	-	-	-	-	-
Diseases of the genitourinary system								
item 71, subitem 4)	NF	IND	IND	-	-	-	-	-
item 72, subitem 4)	NF	IND	IND	-	-	-	-	-
item 73, subitem 4)	NF	IND	IND	-	-	-	-	-
Congenital anomalies (malformations), deformities and chromosomal abnormalities								
item 80, subitem 4)	NF	IND	IND	-	-	-	-	-
Consequences of injuries, poisoning and other external causes								
item 82, subitem 4)	NF	IND	IND	-	-	-	-	-
item 83, subitem 4)	NF	IND	IND	-	-	-	-	-
item 84, subitem 3)	NF	IND	IND	-	-	-	-	-
item 85, subitem 3)	NF	IND	IND	-	-	-	-	-
item 89, subitem 2)	NF	IND	IND	-	-	-	-	-

Appendix 9 to the Requirements  
for the health status of  
persons for their service in  
the Armed Forces, other  
troops and military formations of  
the Republic of Kazakhstan

### Category of fitness of military personnel for military service with radioactive substances, ionizing radiation sources, rocket fuel components, sources of electromagnetic fields and laser radiation

Indicators of physical development, a list of diseases, items and subitems of the Requirements by columns		RS, IRS	RFC	EMF sources	Sources of laser radiation
1		2	3	4	5
	Corrected visual acuity for distance not lower than	0.5/0.2	0.5/0.2	0.5/0.2	0.6/0.5

Visual organ	Refraction (in diopters) no more than	myopia	3.0/3.0	3.0/3.0	3.0/3.0	3.0/3.0
		hyperopia	5.0/5.0	5.0/5.0	5.0/5.0	5.0/5.0
		astigmatism	2.0/2.0	2.0/2.0	2.0/2.0	2.0/2.0
	Color perception:	dichromasy,	NF	NF	NF	NF
		color weakness of any degree		NF		
Hearing: whispered speech (m) not less than			5/5	5/5	5/5	5/5
Condition after viral hepatitis, typhoid paratyphoid diseases with full recovery and persistent remission within twelve months			NF	NF	IND	IND
Pre-neoplastic diseases prone to degeneration and recurrence, as well as diseases, consequences of injuries that prevent the use of personal protective equipment and the cleaning of the skin			NF	NF	NF	NF
item 2, subitem 4) item 3, subitem 4)			NF	NF	NF	NF
item 10, subitem 3)			NF	NF	NF	NF
item 11, subitem 3) item 12, subitems 2), 3)			NF	NF	NF	NF
item 13, subitem 3)			IND	IND	IND	IND
item 14, subitem 4) item 16, subitems 3), 4) item 17, subitem 3) item 18, subitem 3) item 19, subitem 3)			NF	NF	NF	NF
1			2	3	4	5
item 21, subitem 2) item 22, subitem 3) item 23, subitem 3) item 24, subitem 3) item 25, subitem 3) item 26, subitem 2)			NF	NF	NF	NF
item 22, subitem 4) item 23, subitem 4) item 24, subitem 4) item 25, subitem 4) item 26, subitems 3), 4) item 27, subitem 3)			IND	IND	IND	IND
item 29, subitem 2) item 30, subitem 2) cataract item 31, subitems 2), 3) item 32, subitems 2), 3) item 33, subitem 1)			NF	NF	NF	NF
item 29, subitem 3) item 30, subitem 3) item 33, subitem 2)			IND	IND	IND	IND
Eczema of the external ear canal, auricle, parotid region			NF	NF	IND	IND
item 38, subitems 1), 2) item 39, subitem 2) item 40, subitems 2), 3)			NF	NF	NF	NF
item 38, subitem 3) item 39, subitem 3)			IND	IND	IND	IND
item 42, subitem 3) item 43, subitem 3) item 44, subitem 3) item 45, subitem 3)			NF	NF	NF	NF
item 42, subitem 4) item 43, subitem 4) item 45, subitem 4) item 46, subitem 2)			IND	IND	IND	IND
Extensive subatrophic changes in all parts of the upper respiratory tract, hyperplastic laryngitis			NF	NF	IND	IND
item 48, subitems 2),3),4)			IND	IND	IND	IND



Leukoplakia and obligate precarcinosis (Manganati abrasive cheilitis, Brown's disease)	NF	NF	NF	NF
item 51, subitem 3)	NF	NF	NF	NF
item 50, subitem 3) item 51, subitem 4)	IND	IND	IND	IND
item 54, subitem 1)	NF	NF	NF	NF
1	2	3	4	5
item 56, subitem 2) item 57, subitem 2) item 58, subitem 2) item 60, subitem 2)	NF	NF	NF	NF
item 56, subitem 3) item 57, subitem 3) item 58, subitems 3), 4)	IND	IND	IND	IND
item 62, subitem 2)	NF	NF	NF	NF
item 62, subitems 3), 4)	IND	IND	IND	IND
item 64, subitem 3)	NF	NF	NF	NF
item 65, subitems 3), 4)	IND	IND	IND	IND
item 66, subitems 3), 4)	IND	IND	IND	IND
item 67, subitem 3)	NF	NF	NF	NF
item 67, subitem 4)	IND	IND	IND	IND
item 71, subitem 2) item 72, subitem 3) item 73, subitem 2)	NF	NF	NF	NF
item 71, subitem 3) item 73, subitem 3)	NF	IND	IND	IND
item 74, subitem 3) item 75, subitem 3) item 77, subitem 3)	NF	IND	IND	IND
item 76, subitem 3)	NF	NF	NF	NF
Pregnancy, the puerperium, recurrent miscarriage and fetal abnormalities	NF	NF	NF	NF
item 80, subitem 4)	IND	IND	IND	IND
item 85, subitem 3)	NF	NF	NF	NF
Condition after acute radiation sickness	NF	IND	NF	NF
Persistent changes in the composition of peripheral blood (hemoglobin content is less than 130 gr/l in men and less than 120 gr/l in women, leukocyte count is less than $4.5 \times 10^9/L$ , platelet count is less than $18 \times 10^9/L$ ).	NF	NF	NF	NF

Appendix 2  
to Order № 722 of  
the Minister of Defense of  
the Republic of Kazakhstan  
as of December 22, 2020

### **List of some invalidated orders of the Minister of Defense of the Republic of Kazakhstan**

1. Order № 37 of the Minister of Defense of the Republic of Kazakhstan “On approval of the requirements for the fitness of the health status of persons for their service in the Armed Forces, other troops and military formations of the Republic of Kazakhstan” as of January 29, 2013 (registered in the State Registration Register of Regulatory Legal Acts under № 8336,

published on March 6, 2013 in the “Kazakhstanskaya Pravda” newspaper, issue № 83-84 (27357-27358)).

2. Order № 85 of the Minister of Defense of the Republic of Kazakhstan “On amendments to Order № 37 of the Minister of Defense of the Republic of Kazakhstan as of January 29, 2013” as of February 24, 2016 (registered in the State Registration Register of Regulatory Legal Acts under №13560, published on April 7, 2016 in the “Adilet” Legal Information System).

3. Order № 52 of the Minister of Defense of the Republic of Kazakhstan “On amendments to Order № 37 of the Minister of Defense of the Republic of Kazakhstan “On approval of the requirements for the fitness of the health status of persons for their service in the Armed Forces, other troops and military formations of the Republic of Kazakhstan” as of January 29, 2013” as of February 2, 2018 (registered in the State Registration Register of Regulatory Legal Acts under № 16442, published in the Reference Control Bank of Regulatory Legal Acts of the Republic of Kazakhstan on March 12, 2018).