Review
Derleme

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Turkish Armed Forces health competence regulation interpretation recommendations

Türk Silahlı Kuvvetleri sağlık yeteneği yönetmeliği yorumlama tavsiyeleri

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Abstract

After the transfer of military hospitals to the Ministry of Health, examinations of candidates for military personnel and those who are currently military personnel have started to be carried out by civilian doctors whether they are suitable for military service. Civilian doctors are unfamiliar with this practice and therefore hesitate to decide on some issues. The aim of this review is to interpret the skin and venereal diseases section of the Turkish Armed Forces (TAF) health competence regulation (HCR) and to assist to civilian physicians about regulation that they are foreigners.

Keywords: Dermatology, military medicine, military personnel

Öz

Asker hastanelerinin Sağlık Bakanlığı'na devredildiği 2016 yılından beri daha önce bu hastanelerce yapılan askeri öğrenci adayları, personel adayları ve halihazırda askeri personel olan kişilerin Türk Silahlı Kuvvetleri (TSK) Sağlık Yeteneği Yönetmeliği (SYY) hükümlerince değerlendirmelerine yönelik sağlık kurulu heyet muayeneleri Sağlık Bakanlığı bünyesindeki hekimler tarafından yürütülmeye başlanmıştır. Sivil hekimlerin yönetmelik hükümlerine yabancı olmaları ve ek olarak temel kavramlar düzeyindeki bilgi noksanlıkları karar vermekte sıklıkla tereddütlerin yaşanmasına neden olmaktadır. Bu derlemede Türk Silahlı Kuvvetleri SYY'nin, deri ve zührevi hastalıklar ile ilişkili bölümünün yorumunu sık karşılaşılan olgu örnekleri ışığında sunmak ve sivil hekimlere tereddüt yaşadıkları konularda yardımcı olmak amaçlanmıştır.

Anahtar Kelimeler: Dermatoloji, askeri tıp, askeri personel

Introduction

The determination of health abilities of personnel, students, and personnel candidates who are members of Turkish Armed Forces (TAF), Gendarmerie General Command, and Coast Guard Command is required to observe compliance with duties in the armed force. The health procedures must be carried out in war and peace as per "TAF, Gendarmerie General Command and Coast Guard Command Health Competence Regulation (HCR)"[1]. While different levels of military health services have applied health procedures of personnel and candidates for many years; according to article 107 of the Decree-Law no. 669 on "Taking certain measures under the state of emergency and making amendments to some laws with the establishment of a National Defense University" as a result of the "Decision on the Procedures and Principles Regarding the Transfer of the Gulhane Military Medical Academy and Military Hospitals," published in the Official Gazette (17.08.2016/29804). The units and health institutions belonging to the Gendarmerie General Command

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were transferred to the Ministry of Health, and these procedures were left to the hospitals under the Ministry of Health[2]. Dermatologists have difficulties during examinations of military delegation due to the high number of patients and the lack of knowledge of the legislation.

Health board reports affect the lives of the personnel and may determine the class in which they will work and even their retirement[3]. For this reason, the decisions we make are essential. The most crucial issue to be noted is that each physician is personally responsible to the legislator for the health board report he/she writes. This article has been written to shed light on the decision-making process of our dermatology experts without the need for help.

General information

The identity of the patient who comes to the committee for the examination should be checked; first, the referral paper is to be examined, and the documents of the person should be reviewed. Afterward, it is necessary to look at the status of the referred person and the reason for the referral. The decisions we make vary according to the status of the patient. For example, while limited vitiligo disease does not constitute an obstacle for the taxpayer or sergeant (person applying for compulsory military service) applying for the final roll call, this situation may create a barrier for the professional soldier (professional soldier receiving salary).

The person who comes to the examination will apply with one of the following situations:

1. Liable for military service (private or reserve officer),
2. Professional military candidates (candidate of specialist private, specialist sergeant, contract officer, non-commissioned officer, active-duty officer, non-commissioned officer),
3. Military student candidates,
4. On duty soldiers.

Following the inspection, the evaluation algorithm covers two basic stages. In the first stage, articles 29, 30, and 31 related to skin and venereal diseases are used in the TAF SDY disease and malfunctions list (Annex-C) to determine the health abilities of individuals. In these items, dermatological diseases are classified by (A), (B), and (D) clauses according to their severity. Treatment and convalescence cases are specified in (C). Using the classification and branch determination charts, the equivalents of the (A), (B), and (D) segments in the list of diseases are selected according to the class or branch and rank. All classes or branches in the Land, Naval and Air Force Commands, Gendarmerie General Command, and Coast Guard Command are specified in the classification and branch determination charts.

The meanings of the segments (A), (B), (C), (D) that are adapted to practice are summarized below.

1. Among obliged persons, privates, candidates of reserve officer candidates, reserve officer candidates, and reserve officers (i.e., persons who will come to military service age and perform compulsory military service), persons with illness in the (A) section are eligible for military service. Persons with illnesses in the (B) section are not eligible for military service in peace. However, they are called for military service in case of need. Persons with the disease in the (D) section are not eligible for military service in peace and war. Section (C) is the item to be used in treatment and convalescence to postpone enlistment or to give rest to those currently performing military service.
2. While evaluating candidates of specialist sergeant, contracted sergeant, and private (i.e., who chose military service as a professional profession and received a salary) for those in the (B) and (D) sections of the list of diseases and diseases with a (-) sign in the (A) section, a decision is made that "the expert cannot be a specialist sergeant or contracted soldier." For those who have (+) equivalents in the chart, the decision is made, "The expert will be a specialist sergeant or contracted soldier."
3. While the active-duty/contract officer or non-commissioned officer candidates are being evaluated, those who are in the (A) section (-) in the relevant column in the "Personnel Candidates Assessment Chart," and those in the (B) and (D) sections of the disease list, the decision "cannot be active-duty/contract officer or non-commissioned officer" is made. Likewise, for those who have (+) equivalents in the relevant column, a decision is made to "become an active-duty officer or non-commissioned officer."
4. While evaluating the military student candidates, the condition of being in full strength is required, and the applicant should not take any item. However, mild skin lesions (depigmented nevus, Becker's nevus, localized hypertrichosis, acne vulgaris, hyperhidrosis) are considered intact in this group according to Chapter 5 Health Abilities of Military Students.
5. The non-commissioned officers and specialists on duty and those with diseases in the (A) segment continue to serve in the class, but those with the (B) and (D) sections cannot serve in the armed forces.
6. The decision has been made according to the "Classification or Branch Determination Charts." As per the decision, the number (1) and (2) in the health board examinations must be conducted for the officers and non-commissioned officers on duty. Generally, (+) signs indicate that the general/admiral, officer, and petty officers will work in that class or branch. The (-) signs indicate that the generals/admirals cannot perform the de facto command of the continent, but they can perform their staff duties related to management, administrative, and other back services while officers and non-commissioned officers cannot serve in their classes or branches. Signs (x) indicate that general/admiral officers and non-commissioned officers will serve inappropriate staff positions that are not the continental command of their class or branch[4].

While evaluating the health capability of the staff on duty, we should not forget that the decisions we make will affect their lives. The decision will have several impacts such as the retirement of the personnel, change the place of duty, change the class (such as being a personnel class during a tanker), or assurance that they will continue to work in the same position.

Turkish Armed Forces HCR diseases and faults list skin and venereal diseases substances overview

Article 29

Section A

In the first paragraph of this article, the decisions to be made are about statues, scars, nevi, hemangiomas, keloids, and burn sequelae that we frequently encounter as dermatologists. These cosmetic problems are divided into two: Tatuagas lesions and other lesions.

For tatuagas, the phrase "tatuagas (summer uniforms except for hand and face area and those larger than 20 cm^2 in invisible parts of the body)" is mentioned. The military summer uniform covers the elbows. The conclusion we can draw from the statement mentioned in the article is that there will be no tattoos on the face, neck, or forearm. If there is a tattoo in one of these regions, regardless of the cm^2, the patient will enter the first paragraph of the (A) section of the 29th article, and this will be stated in the prepared report. At the same time, a tattoo extending from the patient's body to the neck will cause the patient to incur (A) since it extends to the visible part of the summer uniform even if it is smaller than 20 cm^2. With the summer military uniform, the area calculation will be made for tatuages in the areas that are not visible (except the face, forearm, and neck area); if the area calculation is greater than 20 cm^2, item (A) will be given to the patient. In the area calculations, the tattoo should be evaluated as a whole. The area where the tattoo sits should be taken into account, and the areas without tattoos should be included in the calculation. The shape of the tattoo should be roughly determined (triangle, rectangle, circle, trapezoid, etc.), and the area under the calculation should be made according to this shape.

The area measurement was evaluated differently for lesions such as benign skin tumors, pigmented or depigmented nevi, hemangiomas, keloids, cicatrices, and burn sequelae, which cause cosmetic appearance problems other than tatuagas. If there are any of these lesions in the face area, the lesion area should be measured, and if there is a lesion over 4 cm^2, substance (A) should be given to the patient. There is a limit of 20 cm^2 for lesions encountered in any area other than the face. If a lesion over 20 cm^2 is detected in any area other than the face, substance (A) should be given to the patient.

Perhaps the most important point of hesitation in the regulation is what to do if the patient has several lesions. The question of whether we should evaluate them separately or summing their fields creates confusion. The lesions mentioned in this article are not diseases; the purpose of determining them as a disability is related to the symptom of another pathology that prevents the professional military service to be performed appropriately (for example; self-mutilation and antisocial personality disorder) or whether these marks and signs are descriptive of the person.

For this reason, in self-mutilation scars, lesions that will cause equal facial determination (e.g., if two 3 cm^2 hemangiomas are side by side) and in tatuages, the areas of the lesions should be evaluated. However, when assessing lentigos, acne scars, and nevi, the lesions should be measured separately, and their areas should not be counted. Otherwise, people with a few nevi on their faces will have to be eliminated, and this will not be in line with the purpose of article 29.

Neurofibromatosis and skin tuberculosis are mentioned in the second part of this section. For neurofibromatosis, there is the phrase "tumoral or pigmented neurofibromatosis that does not cause any difficulty in movements." Here it is possible to encounter two different scenarios. In the first case, the patient who has previously been diagnosed with neurofibromatosis can apply with the documents confirming the diagnosis. In this case, the patient takes the decision directly. The issue to decide here is whether the disease causes difficulty in movements or not. The evaluation process includes whether the disease causes difficulties in the movements by making certain flexion and extension movements in the extremities of the patient whose diagnosis is established, especially in the regions with neurofibromas. If the movements are difficult, the patient should be given item (D) directly instead of (A). Item 3 mentions cutaneous tuberculosis and tuberculides that have recovered with treatment and do not interfere with armed services.

Section B

In the first paragraph, skin lymphomas and scars, nevi, hemangiomas, and other benign skin tumors that disrupt the aesthetic appearance are mentioned. Substance (B) should be decided for patients with skin lymphoma that does not show systemic involvement or is in remission. While defining cicatrices, nevi, hemangiomas, and other benign skin tumors in section (A) of this article, the lesion area was calculated, but in section (B), these lesions were according to their effects on aesthetic appearance as disrupting or not disrupting. The phrase disrupting the aesthetic appearance requires an interpretation that is entirely up to the physician's initiative. For example, as mentioned in item (A), a scar in the face area, if it is over 4 cm^2, substance (A) is given to the patient. The interpretation here belongs entirely to the physician. This initiative, given to the physician, was created in order to protect the physician in the case of a possible legal process in the future.

In the second paragraph, the phrase "skin tuberculosis and tuberculides that do not heal with treatment, causing significant deformities on the face and/or body." The expression of having a significant deformity is also a situation that can be evaluated entirely with the initiative of the physician. Any limiting size or region is not mentioned here. It may be necessary to treat the patient and observe for a while to evaluate whether the skin tuberculosis and tuberculides will improve with treatment. In such cases where we need to follow the patient for a certain period to see if it improves with treatment, we can postpone our final decision by giving item (C) to the patient.

In the third paragraph, the disease of neurofibromatosis is discussed, and the phrase "that disrupts the aesthetic appearance" is included, which requires decision with the initiative of the physician. The intention here is to separate patients with a large number of fibromas, such as patients with almost no fibroma-free areas on their body or patients with a large number of facial fibromas and only a few fibromas.

Section D

In the first paragraph, malignant skin tumors and skin lymphomas with systemic involvement are mentioned. If a patient's skin lymphoma shows systemic involvement, the patient takes item (D) and is not eligible for military service; hence cannot be recruited for service in any situation.

The phrase "which is impossible to be cured by treatment and surgery" is used regarding malignant skin tumors. The condition mentioned above describes a case that is considered to be inoperable at the time of diagnosis. Furthermore, the disease that persists despite the appropriate interventions can also be evaluated in this section. It is possible to make a (D) decision in the patient with follow up documents defining this situation. On the other hand, the physician may first plan a surgical or medical treatment, postpone the decision with item (C), and use the initiative to evaluate the response to treatment in subsequent examinations. If there is no response to treatment, it would be appropriate to decide on item (D).

The second paragraph in section (B) mentions "cicatrices, keloids, hemangiomas and pigmented nevi that make movements difficult

or deteriorate the aesthetic appearance and cannot be cured with treatment." But apart from item (B), the "widespread" expression is implemented to item (D). Herein, no further explanation is provided regarding the percentage or area to explain this expression. To give a basic example, item (D) can be given to a burn scar that affects both the lower and upper extremities. It involves one-half of the body, while a burn scar that affects only one extremity and creates difficulty in movement could be evaluated in item (B). As stated before, if the decision (D) is made, the situation that changes according to the decision (B) is that the patient will not be called to military service even in war conditions. Keeping this information in mind, the physician should consider the decision (D) in a professional manner and only for cases that are too severe to receive duty-time orders.

In the third paragraph, neurofibromatosis is mentioned, and neurofibromatosis patients with large tumors that cause difficulty in movements are evaluated within the scope of this article.

Article 30

Section A

In the first paragraph, the following diseases are mentioned: psoriasis, scleroderma plaques, localized atrophies, chronic eczema, limited vitiligo plaques, keratodermia related to various reasons that do not prevent walking and armed service, ichthyosis that does not persist in hot seasons, and limited discoid lupus erythematosus diseases. The second paragraph refers to alopecia areata plaques that do not heal with treatment, while the third paragraph refers to physical, cholinergic urticaria, cold urticaria, and similar variants.

In general, these diseases can be diagnosed by inspection. However, the general tendency here is to base the decision on a solid basis different from clinical practice and keep the biopsy threshold lower considering the possibility of recovery for these diseases in the long term. The main purpose of this practice is to document the clarity of the decision rather than make a diagnosis, and in addition, take the opinion of the pathology department.

The second paragraph includes alopecia areata plaques that do not heal with treatment. In this case, the patient's response to alopecia areata treatment should be evaluated. We should treat the patient for a certain time and make our final decision according to the control examination. During this period, the decision should be postponed by giving item C to the patient.

The fourth paragraph is generally referred to as genodermatoses, and the condition of giving the item (A) is possible when the condition does not interfere with military service and does not cause difficulties in the movements.

The fifth paragraph includes mucocutaneous Behçet's disease and Behçet's disease in remission.

Section B

In the first paragraph, diseases such as keratodermia, pemphigus, and pemphigoids that prevent walking and hand movements, widespread ichthyosis, and widespread and treatment-resistant psoriasis are mentioned.

If we consider the diseases in this paragraph one by one: The expression of widespread and treatment-resistant psoriasis is used to distinguish a patient with chronic plaque psoriasis with a few psoriatic plaques on the knees and elbows from a severe psoriatic case characterized by involvement above 30% of the body. The patient with widespread and treatment-resistant psoriasis will receive the item (B); hence considered ineligible for military service, while the patient with limited psoriasis will receive the item (A). If item (B) is decided to be given to the patient due to psoriasis, detailed statements on the duration and treatment responses of previous treatments should be included in the report to protect the physician from possible further legal processes. Considering that vitiligo and psoriasis are chronic inflammatory diseases that can improve with treatment, the general approach is to follow up with a decision (C) for a few years and then make the final decision according to the severity of the disease upon follow-up. The maximum period that the physician can use to make a final decision is 3 years. The possibility of disappearance in the following years of an active inflammatory skin disease confirms the need for biopsy.

Patients with pemphigus or pemphigoid disease can apply with an official document (pathology report etc.) confirming the diagnosis. These documents can be added to the report, and the patient can be given item (B). The following features should be looked into in a document provided by another hospital. If the patient is presenting a pathology report of a state hospital, then he must present either the original document with a wet signature or the document stamped "like the original," and the current report must have the approval of the chief physician of the hospital. In the reports received from private institutions, the Provincial Health Directorate of the city of the mentioned institution must approve the report. In case of suspicion about these reports, the documents can be requested officially, or the decision-making institution can request a further pathological investigation. The new biopsy result should be included in the report, and item (B) can be given to the patient. In this case, the main opinion of the committee should be taken from the pathology department with the biopsy report.

Patients with severe keratodermia restricting flexion and extension movements of the hands and feet with widespread involvement of the palms and soles take the item (B). For ichthyosis, item (A) had the phrase recovering in hot weather. For item (B), the phrase widespread is implemented. The general approach for ichthyosis is as follows: Only ichthyosis vulgaris, which resolves in summer, is included in item (A). Another ichthyosis (e.g., lamellar ichthyosis) takes substance (B) or (D) according to the extension of the disease. For this reason, it is appropriate to determine the type of ichthyosis with histopathological tests to postpone the decision until the summer months.

In the second paragraph, dermatoses are mentioned, and it is recommended to give the item (B) directly to patients with porphyria and albinism. This paragraph also includes vitiligo which may be encountered more frequently. In this paragraph, discoid lupus erythematosus disease mentioned in item (A) is mentioned again with an additional phrase of "widespread" and discoid lupus erythematosus patients with widespread involvement in the face and body, except for a few limited plaques, are predicted to be eligible for item (B).

The third paragraph states that patients with alopecia totalis and universalis should be given item (B) directly. Alopecia areata, which affects more than 50% of the scalp, is considered a widespread disease, and such a patient must be unresponsive to treatment in order to receive the item (B). When we encounter such a patient, it will be appropriate to treat the patient and examine his condition after treatment.

The fourth paragraph includes epidermolysis bullosa simplex. If the patient is previously diagnosed and can document his disease with a histopathological report, item (B) can be given directly to the patient. However, when the diagnosis is suspected, or there is a missing document (old, unsealed, photocopy, etc.), a biopsy should be taken again. A decision should be based on the result of this histopathological examination. The patient's old documents can be requested officially from the relevant health unit as an alternative approach.

In the fifth paragraph, Behçet's disease with organ involvement (eye, joint, vessel, central nervous system, gastrointestinal system, etc.) is discussed. In patients with a suspicion of Behçet's disease's extracutaneous involvement, item (B) decision can be given following the consultations from the relevant branches.

Section D

In the first paragraph, leprosy, erythrodermic and generalized pustular psoriasis, ichthyosis, xeroderma pigmentosum, porphyria, keratodermia, pemphigoid and pemphigus, generalized erythroderma, deep mycoses, skin ulcers, dystrophic type epidermolysis bullosa are included. Some of these diseases are also included in item (B). However, the more severe forms of these diseases are evaluated as item (D). For example, the phrase that prevents walking and hand movements at an advanced level has been added for keratodermia. For pemphigus and pemphigoid, the phrase "resistant to treatment or severe" has been added. For porphyrias, the phrase porphyrias with systemic symptoms have been implemented. Porphyria with systemic involvement presenting with vomiting, muscle weakness, peripheral neuropathy, acute abdominal pain, increased sympathetic activity (tachycardia, hypertension) should be evaluated as substance (D) after consultation with relevant branches.

In the second paragraph, Behçet's disease is mentioned, and it is emphasized that substance (D) should be given to Behçet's patients, causing vision loss, neurological and/or large vessel sequela, and similar permanent loss of organ functions. The decision should be made after the consultation of the patient with the relevant branches. This paragraph also includes skin ulcers that occur for various reasons and do not heal with treatment.

Article 31

Only syphilis disease is included in this article. This article does not contain item (A). Congenital syphilis is evaluated in item (B), and it is impossible to treat syphilis sequelae and gums. Severe damage to internal organs, bones, and joints is mentioned in item (D).

The diagnosis of congenital syphilis is possible by the combined evaluation of physical examination, radiological, serological, and microbiological tests. Since the applicant is an adult of military age, the sequelae of congenital syphilis should be discussed here. If the findings of physical examination suggest congenital syphilis such as frontal protrusion, short maxilla, saddle nose, and Hutchinson's teeth, the tibial direct radiography of the patient should be requested. Additionally, the audiological examination should be requested for the patient to investigate a possible hearing loss due to damage of the 8th nerve. The presence of interstitial keratitis in this patient should also be checked. If these findings are positive, item (B) should be given to the diagnosed patient with congenital syphilis.

Sample 1. When a patient with treatment-resistant atopic dermatitis reached military age, he was referred by the military service department to evaluate whether he was suitable for military service. The patient, whose disease activity was evident with resistant lesions, was not evaluated as suitable for military service, and "postpone until the next year" decision was made using the item (C). Giving "not suitable for military service" decision by using the item (B) was not preferred. This was because the disease was likely to go into remission with appropriate treatment.

This was the first medical board procedure of the roll call soldier..... with Turkish Public Identification Number..... whose fathter's name was ....., and who was born in ..... (place of birth) in ..... (date of birth). He was appointed to the outpatient health committee with the referral letter dated ..... and numbered ..... of the Ministry of National Defense, Avcılar Military Service Branch.

Complaints: Dryness, redness and itching in the body.

Anamnesis: The complaints of the patient, whose family history was not characteristic, continued since he knew himself. The patient who had complaints on the flexor faces of the arms and other body parts was admitted to a physician when he was a child. The patient was given topical and parenteral treatments, the names of which he did not know, but the patient's complaints did not fully improve. The complaints of redness, itching and dryness on the body have continued until today. The patient, whose complaints started to appear on his face when he was in high school, was admitted to a physician again, but he did not benefit from oral, parenteral and topical treatments, the names of which he did not know, and which he used for his complaints on his face. The patient was still using clobetasol-17-propionate topically for facial lesions.

Examination: In the examination of the patient, there were diffuse xerosis and mild erythema with desquamation throughout the body, wrinkle in the periorbital region, white dermographism, and erythema, dryness and pustular lesions on the facial skin. The patient had similar complaints on the scalp. Itching was observed accompanying the patient's complaints. Dystrophic changes were observed in the patient's nails compatible with eczema nails.

Evaluation: The disease was an autoimmune dermatosis with a chronic course. It benefited minimally and for a very short time from treatments. His complaints were widespread and resistant to treatments. It was appropriate for the patient to rest for a while under treatment.

Diagnosis: Atopic dermatitis, other (widespread and resistant to treatment) ICD: l20.9.

Decision: C/30: Postpone until the next year.

Sample 2. This patient was a military service obligee who was admitted for the final military roll call, who was asked whether he was suitable for military service due to his old burn scar. The decision would be "decision/result: He is eligible for military service" by using item (A), since this patient was obliged.

This was the first medical board procedure of the roll call soldier..... with Turkish Public Identification Number..... whose fathter's name was ....., and who was born in ..... (place of birth) in ..... (date of birth). He was appointed to the outpatient health committee with the referral letter dated ..... and numbered ..... of the Ministry of National Defense, Avcılar Military Service Branch.

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Complaint: Burn scar on the back.
Anamnesis: The patient stated that his back was burned as a result of spilling hot water years ago.
Physical examination: There was a hypertrophic burn scar raising from the skin with an irregular surface containing hypopigmented and hyperpigmented areas of 15*60 cm size, extending horizontally to the mid axilla on the right, on the posterior aspect of the trunk. There was a hyperpigmented scar in the area from were 12*16 cm graft was taken on the anterior aspect of the right thigh. No limitation of motion was observed in both upper extremities.
The scar area developed due to old burn located in the back area:
1. He did not have a permanent weakness in the function of one of his senses or organs.
2. It did not cause permanent weakness in his speech.
3. It did not cause a permanent mark on the face.
4. There was no bone fracture in his body.
5. In its current state, the previous burn trauma did not cause a life-threatening situation.
6. There was no loss of body function.
Diagnosis: Scar conditions and fibrosis of the skin (scarring due to old burn) ICD: l90.5.
Decision: A/29 F-1: Suitable for military service.

Sample 3. This patient was a patient who was admitted to the hospital during his military service and was asked to evaluate whether he was suitable for military service.
This was the second medical board procedure of the roll call soldier..... with Turkish Public Identification Number..... whose fathter's name was ....., and who was born in ..... (place of birth) in ..... (date of birth). He was transferred to the University of Health Sciences Turkey, Gülhane Training and Research Hospital, Clinic of Cardiovascular Surgery with the referral letter dated ..... and numbered ..... of the Ministry of National Defense, Avcılar Military Service Branch. He was hospitalized and then transferred to the dermatology clinic to be mainly evaluated by the committee.
1st procedure: Sick leave for 1 (one) month was decided by Cardiovascular Surgery Department in the patient with the report University of Health Sciences Turkey, Gülhane Training and Research Hospital Health Board dated..... and numbered .....
Complaint: Congenital red spot on the right arm and shoulder, pain, swelling and sweating in the right palm.
Anamnesis: The patient, who stated that he had pain and discoloration in his right upper extremity and shoulder, especially in cold, since birth, complained of sweating in his right palm from time to time. The patient, who was admitted to a physician due to this complaint when he joined the military, was referred to the University of Health Sciences Turkey, Gülhane Training and Research Hospital, Cardiovascular Surgery Outpatient Clinic and the patient was given a one-month sick leave. The patient, whose rest was over, was referred to our clinic for evaluation as a base for the committee.
Examination: There was a sharply circumscribed, blue-violet discoloration on the right upper extremity extending to the neck, back and axilla. The right arm was hypertrophic compared to the left arm. It was found that the right palm was moist.
Evaluation: Existing lesions were widespread and involved the entire right upper extremity. The patient was not suitable for military service.
Diagnosis: Hemangioma ICD: D18.0.
Decision: The B/29 F-1: Not suitable for military service.

Sample 4. This patient was an obligee who presented with diffuse vitiligo lesions, was of military age, was asked to make a decision about him and was admitted for the final examination. Facial involvement was present but did not deteriorate the aesthetic appearance enough to give a decision of (B). It was widespread but not widespread enough to give a decision of (B) (it did not involve more than 30% of the body). Therefore, it might be preferable to follow this patient with treatment. In this case, it was appropriate to make a decision of "postpone to next year" by using item (C). Before taking the aforementioned decision, it would be appropriate to obtain a biopsy from the patient to confirm the diagnosis and to get an opinion from the pathology department.
This was the first medical board procedure of the roll call soldier..... with Turkish Public Identification Number..... whose fathter's name was ....., and who was born in ..... (place of birth) in ..... (date of birth). He was appointed to the outpatient health committee with the referral letter dated ..... and numbered ..... of the Ministry of National Defense.
Complaint: White color change on the face.
Anamnesis: The patient stated that he had white spots on his face and body since he was 8 years old, and these spots progressed over time.
Physical examination and findings: There were depigmented macular lesions in both malar regions of the face and anterior aspect of the trunk, extremities and pubic region.
Pathology report: The protocol number, date and hospital information of the pathology report would be written.
Diagnosis: Vitiligo.
Decision: C/30: Postpone until the next year.

Sample 5. This was the third medical board procedure of the roll call soldier..... with Turkish Public Identification Number..... whose fathter's name was ....., and who was born in ..... (place of birth) in ..... (date of birth). He was appointed to the outpatient health committee with the referral letter dated ..... and numbered ..... of the Ministry of National Defense.
1st procedure: University of Health Sciences Turkey, Gülhane Training and Research Hospital (date/number) C/30 (postpone until the next year).
2nd procedure: University of Health Sciences Turkey, Gülhane Training and Research (date/number) C/30 (postpone until the next year).
Complaint: White color change in the body.
Anamnesis: Treatments related to vitiligo disease were planned in the patient's previous admissions and he was followed up. The patient benefited from the treatments applied and the vitiligo lesions regressed.
Physical examination and findings: There was a 5x3 cm diameter depigmented macular lesion on the anterior aspect of the trunk.
Pathology report: The protocol number, date and hospital information of the pathology report would be written.
Diagnosis: Vitiligo.
Decision: A/30 F-1: Suitable for military service.

Sample 6. This was the third medical board procedure of the roll call soldier..... with Turkish Public Identification Number..... whose fathter's name was ....., and who was born in ..... (place of birth) in ..... (date of birth). He was appointed to the outpatient health committee with the referral letter dated ..... and numbered ..... of the Ministry of National Defense.
1st procedure: University of Health Sciences Turkey, Gülhane Training and Research Hospital (date/number) C/30 (postpone until the next year).
2nd procedure: University of Health Sciences Turkey, Gülhane Training and Research (date/number) C/30 (postpone until the next year).
Complaint: White color change in the body and the face.
Anamnesis: Treatments related to vitiligo disease were planned in the patient's previous admissions and he was followed up. The patient did not benefit from the treatments applied.
Physical examination and findings: There were depigmented macular lesions on the forehead and both malar areas on the face, anterior aspect of the trunk, posterior aspect of the trunk, and distal parts of both upper extremities, and the lesions covered more than 30% of the body.
Pathology report: The protocol number, date and hospital information of the pathology report would be written.
Diagnosis: Vitiligo.
Decision: B/30 F-1: Not suitable for military service.

Sample 7. This patient was a soldier with atopic dermatitis who became ill while doing his military service. The disease was chronic and severe. The patient, who was given cyclosporine treatment, was given sick leave for 1 month using item (C) and was called for control on his return.
This was the second medical board procedure of the soldier..... with Turkish Public Identification Number..... whose fathter's name was ....., and who was born in ..... (place of birth) in ..... (date of birth). He was hospitalized with the referral letter dated ..... and numbered ..... of the Ministry of National Defense, Eyüp Military Service Branch and sent to the Health Board.
1st procedure: The Health Board report numbered..... and dated..... University of Health Sciences Turkey, Gülhane Training and Research Hospital, C/30, sick leave for 1 (one) month.
Complaint: Dryness and itching in the body.
Anamnesis: The patient had these complaints for 6 years. He had previously received creams, lotions and moisturizing treatments. He stated that he received ozone treatment and that his complaints decreased with these treatments. The patient's lesions regressed significantly with 30% beclazone vaseline pomade treatment at the first admission to our clinic and he was discharged. When he was admitted for a control examination, it was observed that his lesions increased and the patient was hospitalized. Narrowband UVB treatment was started, but the patient did not benefit from the treatment. In addition to topical treatments, the patient was started on systemic steroid treatment. Sick leave was planned with topical treatments for the patient who partially benefited from the treatment. The patient, who was admitted to the outpatient clinic after the sick leave, was hospitalized because his complaints got worse again. Cyclosporine was started at a dose of 200 mg/day. It was reduced to 150 mg/day 7 days later. The drug dose of the patient, who received 150 mg/day of treatment for 7 days, was reduced to 100 mg/day. The patient's complaints improved and he was discharged with cyclosporine 100 mg/day.
Examination: Widespread xerosis throughout the body, erythroderma, desquamation, excoriation on the forehead, squam and erythema on the scalp, excoriated erythematous lichenified areas in the flexural regions, excoriation areas in both lower extremities, secondary impetigination covered with crusts on the nose, post-inflammatory hyperpigmentation on the trunk and extremities, perioral pallor, periorbital hyperpigmentation, denni morgan lines, white dermographism, hyperlinearity in hand lines and keratosis pilaris were detected.
Evaluation: The disease was a chronic dermatosis and it was appropriate for the patient to rest for a while under treatment.
Diagnosis: Atopic dermatitis ICD l20.9.
Decision: C/30 University of Health Sciences Turkey, Gülhane Training and Research Hospital, Dermatology, 1 (one) month sick leave.

Sample 8. There was atopic dermatitis with a chronic and severe course in the patient, whom we could call the continuation of the above patient. The patient did not respond to the treatments applied and after sick leaves several times, it was decided that he was not suitable for military service by using item (B).
This was the third medical board procedure of the soldier..... with Turkish Public Identification Number..... whose fathter's name was ....., and who was born in ..... (place of birth) in ..... (date of birth). He was hospitalized with the referral letter dated ..... and numbered ..... of the Ministry of National Defense, Eyüp Military Service Branch and sent to the Health Board.
1st procedure: University of Health Sciences Turkey, Gülhane Training and Research Hospital Health Board's decision dated ..... and numbered ....., C/30 SMK University of Health Sciences Turkey, Gülhane Training and Research Hospital, Department of Dermatology, 1 (one) month sick leave.
2nd procedure: University of Health Sciences Turkey, Gülhane Training and Research Hospital, SMK C/30 University of Health Sciences Turkey, Gülhane Training and Research Hospital, Department of Dermatology, 2 (two) months sick leave with the decision of the Health Board dated ..... and numbered .....
Complaints: Dryness, redness and itching in the body.
Anamnesis: The patient, who had complaints of dryness, itching and redness throughout the body for 7 years, received topical moisturizers and Dermovate treatment in the hospitals he was admitted. The patient stated that he did not benefit from the treatment and there was no decrease in his complaints. The patient, who was admitted to Erzincan State Hospital with a similar complaint after his military duty started, was referred to University of Health Sciences Turkey, Gülhane Training and Research Hospital, Dermatology Outpatient Clinic for further examination and treatment. The patient was hospitalized 6 times at regular intervals and 30% beclazone vaseline was administered to the patient in the first hospitalization, 15 sessions of Narrowband UVB in the third hospitalization, and cyclosporine 200 mg in the fourth hospitalization for 2 months, but a complete response was not obtained. The patient had chronic, inflammatory pruritus and elevated serum IgE (301 µ/mL). The biopsy result (date should be given) of the patient was in favor of atopic dermatitis.
Examination: In the examination of the patient, widespread erythema and excoriated areas in the whole body, dryness, darkening in the periorbital region, white dermographism, hyperlinearity in the hand lines and widespread itching accompanying all these were detected.
Evaluation: The disease was an autoimmune dermatosis with a chronic course, and he had minimal and very short-term benefit from treatments and was resistant to treatments. The patient was not suitable for military service.
Diagnosis: Atopic dermatitis, other (chronic, disseminated and treatment-resistant dermatitis) ICD: l20.8.
Decision: Atopic dermatitis, B/30 F-1: Not suitable for military service.

Sample 9. This was the first medical board procedure of the soldier..... with Turkish Public Identification Number..... whose fathter's name was ....., and who was born in ..... (place of birth) in ..... (date of birth). He was hospitalized with the referral letter dated ..... and numbered ..... of the Ministry of National Defense, Kütahya Military Service Branch and sent to the Health Board.
Complaint: Spots and wounds on hands and face.
Anamnesis: He was sensitive to the sun since childhood. Before he enlisted in the military, he consulted a physician and was offered various topical drugs and sunscreen creams, names of which he could not remember. The patient whose complaints continued when he joined the military was referred to our clinic.
Examination: In the hand and face, partly on both forearms; erythematous, post-inflammatory hyperpigmentation and hypopigmentation-like scars, and mutilating scars on the fingers and fingertips were detected. Also hypertrichosis was detected on the face.

Laboratory			
Test	**Result**	**Reference**	**Laboratory results**
Porfirin total (plasma)	217	<10	Laboratory results are compatible with erythropoietic protoporphyria.
Porfirin total (urine)	3	<35	
Porfirin total (stool)	-	<200	

Pathology report: Facial skin, punch biopsy; histological findings were not specific but consistent with the clinical diagnosis of porphyria (date/protocol no).
Evaluation: The disease was a chronic dermatosis and was exacerbated by sunlight. There was still no radical treatment for the disease and the patient was not suitable for military service.
Diagnosis: Erythropoietic protoporphyria ICD code: e80.0.
Decision: D/30 F-1: Not suitable for military service.

Sample 10. This was the first medical board procedure of the soldier..... with Turkish Public Identification Number..... whose fathter's name was ....., and who was born in ..... (place of birth) in ..... (date of birth). He was appointed to the outpatient health committee with the referral letter dated ..... and numbered ..... of the Ministry of National Defense, Çorum Military Service Branch.
Complaint: Spots and sores on the face and lips, redness when exposed to the sun.
Anamnesis: The patient, who had wounds on his face when exposed to the sun since childhood, consulted a physician for this complaint. The excisional biopsy taken from the patient who was admitted to Diyarbakır State Hospital in 2007, and who did not benefit from the treatments given, was defined as having squamous cell carcinoma (well-differentiated). Punch biopsy had been taken from the nose and lips of the patient who had been admitted for military service in 2011 and the findings were defined as squamous hyperplasia, chronic inflammation and solar keratosis. His two sisters also had similar complaints.
Physical examination: Hyperpigmented, cicatricial and macular lesions varying between a few millimeters and a few centimeters in size were observed on both malar regions and on the nose, and on the lower and upper lips on the face.
The patient's report of the Ministry of Health, Diyarbakır State Hospital, Department of Pathology, with protocol number ..... and date ..... was attached. [well differentiated squamous cell carcinoma (SCC)].
Epicrisis: No tumor was observed in the surgical margins.
Evaluation: The disease was a hereditary dermatosis with a chronic course and caused an increase in the risk of malignancy (the patient had a diagnosis of SCC in 2007).
Diagnosis: Xeroderma pigmentosum ICD q82.1.
Decision: The D/30 F-1: Not suitable for military service.

Conclusion

The evaluation of whether military personnel and candidates for military personnel are eligible for armed service is made according to the TAF HCR. This regulation can be found on the website of the Ministry of National Defense. In this article, general issues to be considered in health board procedures are summarized, and the substances used for skin and venereal diseases are introduced with annotated examples. In order to make more accurate, fast, and reliable decisions in patients with dermatological diseases, decision mechanisms and how they are performed are also summarized. This report aims to create a reference source on this relatively up-to-date subject for our knowledgable colleagues who may make mistakes due to lack of implementation or under the administrative burden. This work is based on our experience in conducting the examinations, as mentioned earlier. Every patient and situation is not the same and should be kept in mind while evaluating. This method was used to present the subject more understandably through the general framework and imaginary examples. The hesitant information is also tried to be summarized in Table 1.

The referral document of the person applying for the examination should be checked and evaluated for what purpose it was sent, and the examination should be started from now on. All dermatological diseases are not included in the regulation. Instead, of this, the concept of "similar skin diseases" is mentioned in section B of article 30 as in the phrase "keratodermia, pemphigus and pemphigoids, ichthyosis, common and treatment-resistant psoriasis and similar skin diseases" that significantly impair gait or hand movements. This situation widens the physician's range of action. We need to use this concept related to diseases not included in the regulation.

In addition, patients without a decision can be referred to hospitals for a final decision commission for further evaluation. However, this situation has limits. For example, a physician who does not want to decide on a scar or hyperpigmentation cannot refer the patient; because the provisions necessary for both of the two cases mentioned are described in detail in article 29. Direction to the higher institution is only possible for institutions that do not have the opportunity to make the necessary audits. Otherwise, the physician is obliged to make a decision for the patient according to his knowledge and experience.

Regardless of our experience, knowledge level, and laboratory facilities, the assumption that malicious people may misuse the system should always be kept in mind in preparing reports.

Table 1. Frequently asked questions

Question	Answer
What does private mean? What does it mean to be contracted privately? Is there a difference between them in terms of health competence assessment?	The person who performs compulsory military service is a professional soldier who gets a salary. While the soldiers decided suitable for military service when they receive the (A) clause, the contracted officer can be eliminated when the A clause is taken.
When calculating the area, should we add the lesions or evaluate them separately?	Let's collect the areas of the scars and tattoos, but not the nevi on the face. Otherwise, the patient with 10 nevi on his face will be eliminated, and this situation will not be suitable for writing.
When calculating the tattoo area, should we include the non-tattooed areas between the shape in the calculation?	The tattoo should be considered as a whole, and the entire area of the skin (including the non-pigmented areas in between) should be included in the calculation.
How should I decide about the person who has tattoo removal, benefits from the treatment, and continues the sessions?	What we see in our physical examination is important, not what treatment the person started. If we see the pigment at that moment, even if it is pale, it is a tattoo and should be included in the area measurement.
Can I ask for opinions from other branches while making an evaluation?	Yes. For example, we consider giving item (B) to a scar condition that disrupts the aesthetic appearance, but we were not sure. In this case, we can refer the patient to the plastic surgery department to be evaluated as a basis for the delegation.
What should our approach be for a person with a Becker's naevus?	Becker's nevus and depigmented nevus are considered intact for all ranks.
What does A/29 F-1 mean in the decision section?	This statement indicates that the patient has a disease included in the 1st paragraph of the 29th article.
Except for the first entry into the army, what purposes are the personnel sent to the delegation examination?	Ahead of going abroad with the request for a change of class (such as the transition to the personnel class due to health reasons when he was artillery), In terms of disability pension due to health reasons, To get a report based on determination for health reasons.
What should be the approach for the expert sergeant applying for contract renewal?	For example, the person was intact, and the expert became a sergeant. Later, he got a tattoo (larger than 20 cm^2 on the back) while on duty. In the first evaluation, article A would be taken and eliminated, but since the contract is a renewal, he will take article A and continue his duty. In contract renewals, those who receive article A continue their duties.
I am sure of the diagnosis, but do I still have to confirm it with a biopsy?	The general approach should be in the direction of biopsy verification. For example, we will make a (B) decision for a patient with a vitiligo lesion covering more than 30% of the body. Verifying the disease with biopsy in the report will legally protect us if the disease goes into remission in the future. The main purpose of this practice is to document the clarity of the decision rather than making a diagnosis.
Not every disease is mentioned in the regulation. How should I decide in this situation?	In this case, in order to expand the field of action of the physician, some articles of the regulation contain the phrase "... and similar skin diseases."
How many times can I delay a person's enlistment due to a health excuse?	The maximum period that the physician can use to make a final decision is 3 years. We have to make our final decision when the person, whom we postponed with article © twice, applies for the third time.

Ethics

Peer-review: Externally peer-reviewed.

Authorship Contributions

Surgical and Madical Practices: A.Y., Concept: A.Y., E.Ç., Design: A.B., Data Collection or Processing: A.B., Analysis or Interpretation: A.Y., Literature Search: A.Y., A.B., E.Ç., Writing: A.Y.

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References

1. Türk Silahlı Kuvvetleri, Jandarma Genel Komutanlığı ve Sahil Güvenlik Komutanlığı Sağlık Yeteneği Yönetmeliği; 2016. Erişim tarihi: 06 Nisan 2018. Erişim adresi: http://www.msb.gov.tr/Content/Upload/Docs/basin/saglik_2017.pdf
2. Gülhane Askeri Tıp Akademisi ve Asker Hastanelerinin Devrine İlişkin Usul ve Esaslar Hakkında Karar. Resmi Gazete 2016;29804:2016/9109. Erişim tarihi: 06 Nisan 2018. Erişim adresi: http://www.resmigazete.gov.tr/default.aspx
3. Türkiye Cumhuriyeti Milli Savunma Bakanlığı Türk Silahlı Kuvvetleri, Jandarma Genel Komutanlığı, Sahil Güvenlik Komutanlığı Personelinin Sağlık Muayene Yönergesi; MSY 33 - 3, 2016. Erişim tarihi: 06 Nisan 2018. Erişim adresi: http://www.msb.gov.tr/Content/Upload/Docs/basin/MSY%2033-3%20Y%C3%96NERGE.pdf
4. Bek S, Koç G, Demir S, Gökçil Z. Askerlik Hizmeti ve Nöroloji. Turk J Neurol 2018;24:288-97.