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**THE APPLICATION OF
THE PULHEEMS SYSTEM
OF
MEDICAL CLASSIFICATION
TO THE ARMY**

1947

Part I—MEDICAL

Part II—ADMINISTRATIVE

By Command of the Army Council,

Eric B. B. Ford.

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INTRODUCTION

1. The Application of the PULHEEMS System of Medical Classification to the Army

This pamphlet has been written in two parts as follows:

PART I — Medical — (Short Title — “PULHEEMS — Army Medical Pamphlet”)

PART II — Administrative — (Short Title — “PULHEEMS — Army Administrative Pamphlet”)

It must be understood *that the instructions in this pamphlet apply solely to the Army*, and that it has been written to amplify the instructions contained in the Services pamphlet “PULHEEMS—A System of Medical Classification for the Fighting Services”, in order to meet the particular requirements of the Army.

2. Purpose of this Pamphlet

The Services pamphlet “PULHEEMS—A System of Medical Classification for the Fighting Services”, states, in the General Introduction, that there are two essentials needed in a system of classification:

- (a) A detailed qualitative estimation of the individual;
- (b) A qualitative analysis of the employment requirements, expressed in the same terms.

Instructions regarding the first of these essentials are given in the above pamphlet and Part I of this pamphlet, while qualitative analysis of employment requirements together with instructions for its use in posting and documentation are detailed in Part II.

3. Purpose of the PULHEEMS System

The purpose of the PULHEEMS System is to assist in posting individuals to the type of employment for which they are most suited.

4. Date of Introduction

While it is not intended that the PULHEEMS System will replace the existing medical category system immediately, w.e.f. 1 July 1946 all personnel of the British Army (Male) who will still be serving on and after 1 January 1948, will be given both a PULHEEMS Assessment and a normal medical category. This instruction will also apply to all members of the Women's Services w.e.f. 1 December 1946 (see Para. 5). In this way it is hoped that all officers and other ranks (Male and Female) will have been classified under the new system by 1 January 1948. After that date the administrative use of the new system will begin, and the old system of medical classification and posting will be discontinued. The date of full implementation of the PULHEEMS System in the Territorial Army will be notified in due course.

5. Personnel to be classified

The PULHEEMS System of medical classification is equally applicable to all officers and other ranks (Male and Female). In the Army the following personnel will be subject to classification under the new system as stated in Para. 4.

- (a) *All Ranks (Male)* who will still be serving on and after 1 January 1948.
- (b) *All Ranks of the Women's Services, Q.A.I.M.N.S. and A.T.S. and Female officers of the R.A.M.C. and R.A.D.C.,* who will still be serving on and after 1 January 1948.
- (c) *All Ranks (Male and Female) of the Territorial Army.*

6. Recruiting—Civilian Medical Boards of Ministry of Labour and National Service

Men are medically examined for the Army by civilian medical boards set up by the Ministry of Labour and National Service. At present these boards conduct the medical examination according to the medical standards and instructions laid down in M.R.B.I. (revised April 1943), "Instructions for the Guidance of Medical Boards under the National Service Acts". In due course these boards will conduct the medical examination according to the medical standards and instructions in the Services pamphlet—"PULHEEMS—A System of Medical Classification for the Fighting Services". These standards are common to all three Services—Navy, Army and Air Force—since the civilian board has to carry out the medical examinations for each service.

7. Medical Standards—Recruits and Serving Soldiers

The medical standards laid down in the Services pamphlet are to be regarded as recruiting standards to all intents and purposes. In general, degree 7 under any one quality means service in the United Kingdom and as such a recruit would not be acceptable to the Army in such an assessment, but serving soldiers may be retained for Army service in this assessment. The same holds good for certain disabilities (e.g. diabetes) where certain key men may be retained in the service but where a recruit suffering from the same disability would not be accepted for service.

This fact must be remembered when applying the PULHEEMS System—(a) to recruits and (b) to serving soldiers. Medical reasons may be adequate to call for rejection of an untrained recruit but not sufficiently adequate to call for the rejection of a trained soldier whose experience may be of great value to the Army even though his physical capabilities may be considerably reduced.

PART 1—MEDICAL

SECTION I

General Instructions

1. PULHEEMS Pamphlets

Wherever it is necessary for any purpose to examine a recruit or a serving soldier with a view to placing him in his appropriate army medical assessment, the instructions given in the Services pamphlet—"PULHEEMS—A System of Medical Classification for the Fighting Services"—as amplified by the instructions in this pamphlet will be used to determine the appropriate assessment.

2. Recruits

(a) *Initial Assessment at Primary Training Units*

Recruits, having been passed as medically fit by the Civilian Medical Board, will be given an initial assessment under the PULHEEMS System in addition to the ordinary method, by medical officers at Primary Training Units. In due course, Civilian Medical Boards will begin assessment of recruits using the PULHEEMS System. Medical officers at Primary Training Units will check this assessment, particularly P, U, L and S, and this verified assessment will be considered as the recruit's *Initial PULHEEMS Assessment*.

In order that recruits may be posted to Corps Training Units, medical officers must complete all initial assessment of recruits by the 6th day of each intake. (4th day in the case of A.T.S.)

(b) *Service Assessments, at the Conclusion of Corps Training*

As the medical assessment of any man under the PULHEEMS System is based on Functional Efficiency, all recruits will be re-examined by Medical Officers at the conclusion of Corps Training. In carrying out this re-assessment particular attention must be paid to the verification of the initial assessment under P, U, L and S, and amendment carried out where necessary. In assessing recruits at this stage medical officers can obtain much useful assistance from the results of the Basic Efficiency Tests carried out by all recruits at the conclusion of Corps Training.

The assessment made at the conclusion of Corps Training will remain the soldier's service Assessment throughout his future Army Career and will only be altered as a result of sickness, accident or annual review as necessary.

Whenever a man's service assessment is lower than his initial assessment and a change of employment is indicated, the man may be referred to the Personnel Selection Officer of the Arm concerned if necessary.

(c) *Recruits referred to Physical Development Centres*

Recruits recommended for a period of training at a Physical Development Centre from Primary Training Units will be sent there during the first fortnight of their primary Training, provided vacancies exist. Where vacancies are not immediately available, or where cases are discovered at a later stage in training, arrangements for their admission to these centres may be made by application to Headquarters, Command concerned. Recruits recommended for this training will be assessed 2 R under P, U or L, only those being selected whom it is anticipated as a result of this course of training are likely to reach an assessment of 2, under P, U or L.

(d) *Recruits to be referred to a Psychiatrist*

Where the Ministry of Labour and National Service Medical Board has drawn attention on A.F. B178A (Revised) to a history of emotional instability (i.e. S), medical officers at Primary Training Units will refer all such cases to a Psychiatrist who will take necessary action to have the case followed up if required (i.e. confirm that the individual's correct rating under S is 2, or 2 R for a period not exceeding six months). See also para. 4 below.

3. Serving Officers and Other Ranks (Male and Female)

Serving personnel in the categories detailed in the Introduction to this pamphlet, para. 5, will be assessed by medical officers of units.

This assessment will be considered to be the individual's PULHEEMS SERVICE ASSESSMENT.

4. Specialist Advice

Specialist advice should be obtained where necessary in making Initial and Service Assessments.

M and S—Initial and Service Assessment

Where a medical officer considers the assessment under M and/or S is not M2 or S2, he will refer the patient to an Army Psychiatrist. If in this officer's opinion the assessment should be lowered, this may be authorized by the Psychiatrist concerned without reference to a Medical Board.

Similarly, if a man has been assessed M2 and S2 by a Medical Officer, and is referred for a psychiatric opinion by a Personnel Selection Officer, lowering of assessment may be authorized by the Psychiatrist without reference to a Medical Board if in his opinion the assessment should not be M2 or S2.

Such alterations must be notified to the Officer Commanding the unit, with which the man concerned is serving, on A.F. B179C, in duplicate, who will take the action detailed in Part II of this pamphlet.

This rule applies only to Initial and Service assessments as detailed in paras. 2 (a) and (b), 3 and para. 8 below.

As soon as the Service Code Number has been allotted, alteration of assessment will be permitted only as instructed in para. 5 below.

5. Re-Assessment

Trivial degrees of "defects of locomotion" or other disabilities which do not or are not likely to interfere with the performance of a soldier's duties should be disregarded in determining PULHEEMS Assessments.

It is the degree of the disability and its probable effect on function which is of importance in classification, not the fact that a slight disability exists. For example, the presence of a hammer toe which never has interfered and is unlikely to interfere with a soldier's marching powers should be disregarded.

This principle will be followed both at initial classification and at any subsequent re-classification during a soldier's service. (See Section IV.)

(a) Upgrading

In principle, all up-grading and down-grading under the PULHEEMS System of Medical Classification will be carried out by a Medical Board. For the purposes of upgrading the Medical Board will consist of any two medical officers (one of whom will be the medical officer i/c of the individual's unit) who will be the authority and will be responsible for transferring an individual to a higher assessment as soon as they consider him fit for such, except in the case of M and S when a full Medical Board is necessary. (See King's Regulations 1940, paras. 764 and 765, and Regulations for the Medical Services of the Army 1938, para. 504.) Specialist advice will be obtained when necessary. When upgrading an other rank, A.F. B179C will be completed by medical officers in duplicate. Officers will appear before a full medical board, A.F. A45/A.F. A45C being used.

(b) Downgrading

- (i) Where a soldier is considered to be no longer fit for his present PULHEEMS assessment, the officer in medical charge of the unit will (except as noted in sub-para. (b) (ii)) initiate A.F. B179C. Duplicate copies of A.F. B179C will be submitted to the Senior Medical Administrative Officer concerned who will arrange a Medical Board and pass the

Army Form to the President of the Board for completion if the man is considered to be fit for assessment not lower than P7, U7, L7 or S7. Specialist advice will be obtained where necessary to assist the board in forming an opinion.

- (ii) In cases of optical defect, the officer in medical charge of the unit will arrange for the man to be examined by the specialist, who will place the man in his appropriate assessment under EE and P, and record same on the specialist report. Where an alteration in assessment is necessary, A.F. B179C will be used, completed in duplicate, and returned to the medical officer of the unit with which the man is serving, who will forward the document to his Officer Commanding for action as detailed in Part II, Section VII, paras. 2 and 3.

(c) *Medical Documentation*

The following table shows the medical documentation necessary when an individual's medical assessment requires alteration.

	Personnel NOT in Hospital or Military Convalescent Depot	
	Where the officer's/other rank's condition is improved, necessitating transfer to a higher category (except M and S)	Where the officer's/other rank's condition has deteriorated, necessitating transfer to a lower assessment (not lower than 7 under P, U, L or S)
Situation of the officer/other rank	With his unit	With his unit
Authority for transfer to another assessment	<i>Officers:</i> Medical Board arranged by D.D.M.S. Command <i>Other Ranks:</i> Any two medical officers. (See para. 5 (a).)	<i>Officers:</i> Medical Board arranged by D.D.M.S. Command <i>Other Ranks:</i> Medical Board arranged by Senior Administrative Medical Officer Ophthalmologist in cases of optical defect. (See para. 5 (b) (ii).)
Documents to be completed	<i>Officers:</i> A.F. A45/A.F. A45C <i>Other Ranks:</i> A.F. B179C (in duplicate)	<i>Officers:</i> A.F. A45/A.F. A45C <i>Other Ranks:</i> A.F. B179C (and A.F. B179C Optical Defects) in duplicate
Disposal of Documents	<i>Officers:</i> Original copy of A.F. A45/A.F. A45C direct to War Office (Personnel Branch) for confirmation. Duplicate copy to D.D.M.S. Command for retention and notification of result to O.C. Unit, who will take action as instructed in Part II, Section VII, paras. 2 and 3 <i>Other Ranks:</i> A.F. B179C to O.C. Unit for action as instructed in Part II, Section VII, paras. 2 and 3. Duplicate copy direct to War Office (A.M.D. 5 Stats.)	

Note.—(i) Instructions relative to the entries which are required in A.B. 439, A.B. 64, Part I, A.F. B199A and A.F. B178A (Revised) are detailed in Part II, Section 7, paras. 2 and 3 of this pamphlet.

- (ii) The Medical Officer's responsibility ends when he has notified the Officer Commanding the Unit with which the soldier is serving of the change in assessment, so that he may comply with the instructions laid down in Part II, Section VII, paras. 2 and 3 of this pamphlet.
- (iii) All re-assessments under M and S for both officers and other ranks will be carried out by a full Medical Board. (See para. 5 (a) .)

(d) Personnel considered unfit for further Military Service on existing standards

Where the Medical Board or specialist in Ophthalmology considers that the man should be placed in degree 8 under any of the qualities P, U, L, H, M or S, the subsequent compilation of A.F. A45/A.F. B179 and the procedure laid down in Regulations for the Medical Services, 1938, para. 504 *et seq.*, as amplified by current instructions and the pamphlet "Guide to Discharge Procedure", will be followed. (See Section II, paras. 7 and 8.)

6. Re-classification of Soldiers in Hospital

The re-classification of soldiers in hospital will be carried out in accordance with the instructions in Section II of this pamphlet.

7. Annual Review of PULHEEMS Assessments

In order to maintain correct classification as far as possible, all Officers and Other Ranks (Male and Female) will be medically examined once a year and their PULHEEMS Code Number will be verified.

This medical verification of Assessment will be carried out normally between the 1st November and 31st March of the following year. Officers of the rank of Major and above must be completed by 31st December of each year. Any re-assessment necessary will be carried out as instructed in para. 5 above.

8. The Women's Services

The instructions detailed above in paras. 1-7 apply equally to all Officers and Other Ranks of the Women's Services. In the case of Recruits joining the Auxiliary Territorial Service, the Initial PULHEEMS Assessment will be made at Basic Training Units and medical officers must complete all examinations of recruits by the 4th day of each intake.

This assessment will be verified by further examination before the recruit completes Basic Training, and the verified assessment will be considered as the auxiliaries' PULHEEMS SERVICE ASSESSMENT.

Whenever an auxiliary's Service Assessment is lower than her initial assessment, and a change of employment is indicated, she may be referred to the Personnel Selection Officer.

SECTION II

Instructions for the Re-assessment of Personnel following admission to Military Hospitals and Convalescent Depots

1. General

When at the conclusion of an ailment an officer/other rank is found to be no longer fit for the PULHEEMS assessment in which he/she was placed prior to the onset of the ailment, he/she will be re-assessed by a Medical Board as detailed below.

2. Personnel Discharged from Hospital after a period of In-Patient Treatment of 21 days or less

In cases where re-assessment is necessary, a Medical Board will be initiated as follows:

(a) Officers

By the Medical Officer in charge of the case.

(b) Other Ranks

By the Medical Officer in charge of the unit to which the man reports on discharge from hospital to duty.

3. Personnel Discharged from Hospital after a period of In-Patient Treatment of more than 21 days

When re-classification to an assessment not lower than 7 under P, U, L, H, M or S is necessary, it will be carried out by a Medical Board arranged by the O.C. Military Hospital as follows:

(a) Officers

If discharged to duty *before* a period of six weeks continuous absence from duty has elapsed.

(b) Other Ranks

If discharged to duty *before* a period of five months continuous absence from duty has elapsed.

Officers and Other Ranks remaining in hospital after the period specified at (a) and (b) above, will be dealt with as stated in para. 6 below.

4. Medical Documentation

Documentation will be carried out in accordance with the instructions in the following table. (See also Part II, Section VII, paras. 2 and 3.)

	Personnel in Hospital more than 21 days	
	Where the officer's/other rank's condition is improved, necessitating transfer to a higher category	Where the officer's/other rank's condition has deteriorated, necessitating transfer to a lower category (not lower than 7 under P, U, L or S)
Situation of the officer/other rank	In a military hospital or military convalescent depot	In a military hospital or military convalescent depot
Authority for transfer to another category	Any two Medical Officers of the military hospital or military convalescent depot (except M and S.) See Section I, para. 5 (a.)	Medical Board arranged by the O.C. military hospital or military convalescent depot (including upgrading of M and S)
Documents to be completed	<i>Officers:</i> A.F. A45/A.F. A45C <i>Other Ranks:</i> A.F. B179C in duplicate	<i>Officers:</i> A.F. A45/A.F. A45C <i>Other Ranks:</i> A.F. B179C in duplicate
Disposal of documents	<i>Officers:</i> Original copy of A.F. A45/A.F. A45C direct to War Office (Personnel Branch) for confirmation. Duplicate copy to D.D.M.S. Command for retention and notification of result to O.C. Unit, who will take action as instructed in Part II, Section VII, paras. 2 and 3 <i>Other Ranks:</i> A.F. B179C to O.C. Unit for action as instructed in Part II, Section VII, paras. 2 and 3. Duplicate copy direct to War Office (A.M.D. 5 Stats.)	

Note.—The Officer Commanding the Military Hospital or Convalescent Depot is responsible to ensure that all entries in documents and notifications to the authorities concerned are properly carried out. (See Part II, Section VII, paras. 2 and 3.)

5. Personnel Temporarily Unfit for Military Service

Whenever a man is unfit for duty on account of sickness and likely to be under medical care *for a prolonged period*, he is 'temporarily unfit', whether in or out of hospital. All personnel considered 'temporarily unfit' will be assessed "o" under P, U, L or S, and the period which the man will be off duty and an appropriate note will be entered in the Medical Box in the space opposite P, U, L or S. Unless a man is under medical care and off duty, he will not be considered to be in this assessment, i.e. "o".

The following is an example of this special type of PULHEEMS:

Year of Birth	P	U	L	H	E	E	M	S
10	o	2	1	1	6 3	6 1	2	2
Ht. 70	P for three months Debility following Empyema. Med. Board 5.6.45.							
C.P. 2	U							
	L							
Wt. 157	S							

It will be necessary to publish in Part II Orders (Officers), Part II/III Orders, and to record in an individual's documents that his assessment under P, U, L, or S is "o". (See Part II, Section VI, para. 6 (e).)

6. (a) Application of Degree "o"

The Administrative Medical Officer concerned or O.C. hospital will arrange a Medical Board which will place officers or other ranks in Degree "o" under P, U, L or S in the following circumstances:

(i) Officers

Where an officer has been in hospital for a period of six weeks or has been absent from duty on account of sickness for a period of six weeks and a Medical Board has not already been held in respect of that absence.

(ii) Other Ranks

Where an other rank has been in hospital for a period of five months or has been absent from duty on account of sickness for a period of five months and a Medical Board in respect of that absence has not already been held.

(iii) It is to be noted that the periods of six weeks and five months mentioned above are to be regarded as maximum periods, at the end of which a Medical Board must be held without further delay. They are in no sense minimum periods before which Medical Boards will be held.

(b) Patients transferred to a Military Convalescent Depot

In all cases where a man is being transferred from hospital to a Convalescent Depot, he will be brought before a Medical Board, arranged by the O.C. Hospital concerned, prior to transfer and assessed "o" under P, U, L or S as appropriate. Before final discharge from Convalescent Depot, he will be re-assessed by a Medical Board under arrangements to be made by the Officer Commanding, Military Convalescent Depot concerned.

Policy in respect of the application of Degree "o" is at present under review. Decisions, when reached, will be promulgated by means of an amendment to this paragraph. (See also Part II, Section VI, para. 6 (e).)

7. Personnel Assessed 7 under more than two Qualities

Whenever a man is seen by a Military Medical Board and multiple disabilities are discovered which necessitate an assessment of 7 under more than two of the qualities, the *President of the Medical Board* will consider the future employability of the man. Where in doubt as to whether the man should be retained in the service or discharged, the War Office, or a Personnel Selection Officer in the case of Other Ranks, should be consulted as to the man's employability before a final assessment is made. (See Part II, Section VII, para. 4).

8. Personnel Unfit for Military Service on Existing Standards

Where it is considered that the assessment under P, U, L, H, M or S should be 8, the procedure laid down in current regulations for discharge on medical grounds will be followed. (See the pamphlet "Army Discharge Procedure (Revised), 1943", notified in A.C.I. 1858 of 1943, and Part II, Section VII, paras. 7 and 8, of this pamphlet).

SECTION III

GUIDE TO PULHEEMS

General Notes on PULHEEMS Assessment

1. Introductory Note

In order that a man's services may be utilized to the best advantage it is necessary that the Posting Authorities and/or the Personnel Selection Officers should have a clear picture of the man's physique, as it affects his functional ability.

Formerly medical fitness has been assessed more on anatomical than on a functional basis, with the result that a man's functional ability to overcome anatomical abnormalities has not been realized in full.

PULHEEMS is a method of medical classification of functional ability correlated with any anatomical abnormality which may exist. It will, therefore, be possible by the PULHEEMS System to utilize man-power to the best advantage and avoid the misplacement of personnel.

In addition the difficulties of medical officers in deciding the correct medical assessment in which to place a man on discharge from a hospital other than a Military Hospital will be obviated.

Each service will make available PULHEEMS Code Numbers for all branches of their particular service not only to Service Medical Officers and Personnel Selection or Posting Authorities, but also to the Civilian Medical Boards held under the National Service (Armed Forces) Act.

2. Assessment of the Qualities P, U, L, H, EE, M and S

The assessment will, in general, conform to the following degrees of fitness, these degrees of fitness being related to climatic restriction as follows:

Degree	Functional Efficiency	Climatic Restriction
1	Above average	None
2	Average	
3	Moderate functional defect	
4	As P ₁	*Service in temperate climates only
5	As P ₂	
6	As P ₃	
7	Marked functional defect	Service in United Kingdom (see below, para. 20)
8	Unfit for Military Service on Existing Standards	

* Relative areas will be as notified from time to time in Army Council Instructions. (See A.C.I. 1058 of 1945 as amended by 256 of 1946.)

The degrees of the qualities H and EE are related to definite standards of auditory acuity and visual acuity respectively, degree 8 under H signifying the man is permanently unfit for military service.

Degree 1 indicates essentially the soldier who is fit physically and mentally to stand up to severe conditions of stress and strain for considerable periods; the criterion being the individual's physical condition (stamina) rather than his physical and muscular development alone.

3. Physical Capacity (P)

Assessment of the man's physique is to be based upon careful observation of such general things as apparent muscular development, age, height, weight and the correlation of these; potential ability to acquire physical stamina with training.

The actual assessment as indicated by the figures 1, 2, 3, 4, 5, 6, 7 and 8 will represent the examiner's opinion concerning the recruit or serving soldier's general capacity for work. Physical capacity may be considered to be a combination of physique and stamina. Thus, for example, a small thin man with poor muscular development, who has been a "sedentary" man all his life, has not played games, and who looks as if he could not undergo Basic Training or Advanced Training, would not be graded P1 or P2, which is reserved for the front line. Similarly a recruit who is obese although otherwise a grade 1 or 2 man, would normally have a P3 assessment. If Basic Training later makes him fit he can be up-graded.

4. Age, Height, Weight and Chest Measurement

- (a) *Age.* See Current Recruiting Instructions. The minimum age is $17\frac{1}{2}$ years (boys 14-16 years, according to the type of entrant and Arm of the Service) for Regular Army recruits.
- (b) *Height.* The minimum standard for height is 5 feet (Women's Services 4 feet 10 inches, boys 4 feet 7 inches). The recruit will be placed against the standard with the feet together, and the weight thrown on the heels, and not on the toes or outside the feet. He will stand erect, without rigidity, and with the heels, calves, buttocks and shoulders touching the standard; the chin will be depressed to bring the vertex of the head level with the horizontal bar, and the height will be noted to the nearest quarter of an inch.
- (c) *Weight.* The average standard of weight for a man of 5 feet when stripped is 104 pounds at the age of 18 years. The average standard of weight for a woman of 5 feet when fully clothed is 112 pounds at the age of 18 years.
- (d) *Chest Measurement.* In all cases the range of chest expansion will not be less than 2 inches. This does not apply to members of the Women's Services. The recruit will be made to stand erect with his feet together. The tape will be carefully adjusted round the chest with its upper edge at the back touching the inferior angles of the scapulæ, and its lower edge in front, the upper part of the nipples. The recruit will then be directed to take a deep inspiration several times and the maximum expansion of the chest will be carefully noted. In recording measurements, fractions of less than half an inch should not be noted.

5. Tables of Physical Equivalents

The following tables showing correlation of age, height and weight are for guidance.

Variations from the standard given are permissible when the applicant is active, has firm muscles, and is evidently vigorous and healthy.

Weight above the standard is not disqualifying, unless sufficient to constitute a disqualification on grounds of obesity.

Table of Physical Equivalents (Male). Age, Height and Weight

Age Period	14	15	16-17	18-19	20-24	25-29	30-34	35-40	41-44	45-49	50-54	55
Height in.	lb.	lb.	lb.	lb.	lb.	lb.	lb.	lb.	lb.	lb.	lb.	lb.
55-57	74											
57-59	80											
60	84	96	100	104	109	114	117	119	122	124	125	126
61	88	98	102	106	111	116	119	121	124	126	127	128
62	92	101	105	109	114	118	121	123	126	128	129	130
63	95	104	108	112	117	121	124	126	129	131	132	133
64	98	107	111	115	121	124	127	130	132	134	135	136
65	102	111	115	119	123	128	131	134	136	138	139	140
66	106	115	119	123	129	132	135	138	140	143	143	144
67	110	119	123	127	132	136	139	142	144	146	147	148
68	114	123	127	131	136	140	144	147	149	151	152	153
69	118	127	131	135	140	144	148	152	154	156	157	158
70	122	131	135	139	144	148	153	157	159	161	161	162
71	126	136	140	144	148	153	158	162	165	167	168	169
72	130	141	145	149	153	159	164	168	171	173	174	175
73	134	146	150	154	158	165	170	174	177	180	181	182
74	138	151	155	159	163	171	176	181	184	187	188	189
75	142	156	160	164	168	177	182	187	191	194	195	196

NOTE: All weights=Stripped Weights in lb. For Clothed Weight add 10 lb.

Table of Physical Equivalents (Female). Age, Height and Weight

Age Period	18-19	20-24	25-29	30-34	35-40	41-44	45-49	50-54
Height in.	lb.	lb.	lb.	lb.	lb.	lb.	lb.	lb.
58	108	111	114	118	122	125	128	130
59	110	113	116	120	124	127	130	132
60	112	115	118	122	126	129	132	134
61	114	117	120	124	128	131	134	136
62	117	120	122	126	131	134	137	139
63	120	123	125	129	134	137	140	142
64	123	126	129	133	137	140	143	145
65	126	129	132	137	141	144	147	149
66	130	133	136	141	145	148	151	153
67	134	137	140	145	149	152	155	157
68	138	141	144	149	153	156	160	162
69	142	145	148	153	157	160	164	166
70	146	149	152	156	160	163	168	170
71	150	152	155	159	163	167	172	174
72	154	156	159	162	166	170	175	177

NOTE: All Weights= Fully Clothed in lb. For Stripped Weights deduct 6 lb.

The height and weight of a man or woman should accord with each other, and with his age, agreeably to the table of standards laid down in these instructions. Regarding weight, this table is to be considered as a guide only, and the medical officer is to exercise his own judgement as to general fitness of the man or woman under examination.

6. M (Mental Capacity)

General Considerations

The quality rated as M is one which could be best assessed by the practical method of finding whether the man is able to understand his duties as a soldier; as such a method of assessment, involving "trial and error", would be wasteful, the soldier's M assessment must be judged by consideration of:

- (i) His selection test results, with particular reference to those tests most closely concerned with the measurement of intelligence itself but also with reference to the composite Selection Group rating ("Summed SG") which is based not only on tests of intelligence but also on tests of acquired ability;
- (ii) his record of school and of occupational progress;
- (iii) the impression he gives on personal interview with regard to his alertness and his tendency to apply usefully such intelligence as he possesses.

M values cannot be equated exactly with SG values, because M is a wider concept than SG. Thus some men of SG4 and SG5 will be capable of full normal training, and will be correctly rated M2, while others will be fit only for limited training and employment and will be correctly rated M3 or M7.

As explained in Section I, para. 7 of the pamphlet "PULHEEMS—A System of Medical Classification for the Fighting Services" the degrees of M and S imply functional efficiency equivalent to those of the other qualities, i.e. P, U, etc., but owing to the extreme difficulty of assessing "above average" in relation to the qualities M (and S) degree 1 is not in use.

The indications for deciding to withhold a rating of M2 (or S2) are fully discussed in Section III, paras. 62-82 of that pamphlet. Assessments below M2 (or S2) may only be given on psychiatric advice.

7. S (Emotional Stability)

General Considerations

As explained in para. 6, degrees of S (or M) imply functional efficiency equivalent to those of the other qualities, i.e. P, U, etc., except that degree 1 is not in use.

It should be remembered that latent instability may be revealed by symptoms which appear purely somatic. Where somatic symptoms of psychogenic origin are predominant, an adjustment of the assessment under other qualities may be necessary, as well as a lowering of the S assessment (e.g. of P in an anxiety state with marked "effort syndrome" features; or U in hysterical paresis of arm).

During Intake Selection Procedure, an assessment of Combatant Temperament (C.T.) is made. Serious consideration should be given to lowering the S assessment of all men in whom a low C.T. is confirmed by the psychiatrist. The degrees of S are unrelated to the degrees of M except that the man of low intelligence assessed M3 or M7 is apt to be socially maladjusted and also emotionally unstable, so that the assessment of S in men with low assessments under M should be considered with special care. Assessments below S2 (or M2) can only be given on psychiatric advice.

8. Functional Interpretation of the Degrees of PULHEEMS Qualities (Men and Women)

The Women's Services

The assessment of members of the Women's Services, while the same in principle as for men, requires separate treatment both because of their different physique and because of the different roles they will be called upon to play. A woman is not expected to achieve the standards of physical strength and endurance implied in the male definitions of P₁, U₁ and L₁.

There are, however, certain female employments demanding as much of these qualities as any really fit woman is likely to have, e.g. front line nursing, operational A.A., convoy duties with heavy lorries in winter, etc., and it is therefore reasonable to allot to women fit for such hardships first-grade assessment, whether of P, U or L. The main run of women's non-sedentary employment involves much standing and heavy lifting and with an average constitution, appropriately assessed, P₂, U₂, L₂ as the case may be, while P₃, U₃, L₃, is close to the equivalent male assessment. Thus the female assessments of the P, U and L qualities are in principle the same as the man's but suitably scaled down.

For the guidance of Medical Officers in the assignment, confirmation or change of degrees of PULHEEMS qualities for appropriate Army employment, and for the use of non-medical officers, in assessing the individual's suitability for employment in specific Army duties, the following functional interpretation of the various degrees of each quality is made.

9. P (Physical Capacity)

MEN

Factors to be considered:

Age, build, strength and stamina, resistance to exposure.

P₁—Fit for heavy manual work including digging, lifting, climbing, etc., under extreme degrees of severe and prolonged strain in all kinds of weather and involving periods of extreme physical activity with irregular rations and little opportunity for rest and sleep, that may be required of a front line fighter. Fit to serve in any part of the world.

P₂—Fit for heavy manual work, including digging, lifting, climbing, etc., but unable to endure extreme degrees of severe and prolonged strain. Fit to serve in any part of the world.

P₃—Fit to undertake work including considerable exertion but with the opportunity for obtaining more regular meals and more opportunity for regular rest than may be possible for degrees 1 and 2. Fit to serve in any part of the world.

WOMEN

P₁—Fit for heavy duties requiring considerable stamina and involving prolonged exposure to unfavourable weather or working conditions. Fit to serve in any part of the world.

P₂—Fit for duties requiring an average degree of physical stamina including domestic and cooking duties, and other work such as lifting and prolonged standing or walking. Fit to serve in any part of the world.

P₃—Fit for duties of a light nature with reasonable barrack conditions. Fit to serve in any part of the world.

MEN

- P4—Provided his service is restricted to temperate climates equals P1.
P5—Provided his service is restricted to temperate climates equals P2.
P6—Provided his service is restricted to temperate climates equals P3.
P7—Capable of performing some useful Army employment within the limits of his physical disabilities. Compensation for his defects are adequate and there is no likelihood of further breakdown provided he is "suitably employed". This includes opportunity for regular meals and rest. Service in United Kingdom only.
P8—Unfit for military service on existing standards.

10. U (Upper Limb)

Factors to be considered:

Strength, range of movement and general efficiency of upper arms, shoulder, girdle and neck.

- U1—Muscular power above average. Must be able to handle a rifle and do heavy manual work including digging, pushing, dragging, heaving, lifting and climbing. Co-ordination should be such as to enable the man to carry out these tasks with rapidity and efficiency.
U2—Muscular power average. Must be able to handle a rifle and do heavy manual work including digging, pushing, dragging, heaving, lifting and climbing. Pace may be slower.
U3—Must be able to use a weapon for defensive purposes and be capable of less severe forms of manual work than demanded of U2.
U4—Not in use.
U5—Not in use.
U6—Not in use.
U7—Should be capable of sedentary and routine work of a lighter type. (See below, para. 20.)
U8—Unfit for military service on existing standards.

WOMEN

- P4—Provided her service is restricted to temperate climates equals P1.
P5—Provided her service is restricted to temperate climates equals P2.
P6—Provided her service is restricted to temperate climates equals P3.
P7—Capable of performing useful duties within the limits of her disabilities. Not likely to break down if suitably employed, which includes reasonable living and working conditions, time for regular meals and rest. Service in United Kingdom only.
P8—Unfit for military service on existing standards.

U1—Fit for duties involving considerable physical strength, such as frequent lifting of weights during the course of a day's work, or constantly driving heavy lorries under unfavourable conditions.

U2—Fit for duties involving lifting of fairly heavy weights, such as cooking pots and pails of water, and able to perform duties involving a considerable range of movement of the upper extremity.

U3—Fit for light duties or those not requiring full strength or range of movement of upper extremities.

U4—Not in use.

U5—Not in use.

U6—Not in use.

U7—Capable only of sedentary and light duties not involving lifting or carrying of weights or full manual dexterity, and within the limits imposed by her disability. (See below, para. 20.)

U8—Unfit for military service on existing standards.

11. L (Locomotion)

MEN

Factors to be considered:

Strength, range of movement and efficiency of feet, legs, pelvic girdle and lower back.

L1—Must be capable of very severe locomotor strain for 5 or 6 days. Must be able to undertake forced marches and have sufficient reserve left to engage in active fighting at the end of such marches. Must be able to run and climb into tanks and lorries, up hills, up ladders, to jump from a vehicle, to crouch low, to rise quickly, crawl on hands and knees. Must be able to dig quickly and perform all kinds of labour.

L2—Must be capable of severe locomotor strain for 5 or 6 days. The minor defects must not interfere with the man's ability to run or climb into tanks or lorries, up hills, up ladders, to jump from moving vehicles, to crouch low, rise quickly, crawl on hands and knees. Must be able to dig quickly and perform all kinds of labour. In fact the man is expected to do all that an L1 man is called upon to do but at a slightly slower pace.

L3—Must normally be capable of marching 5 miles and further in an emergency. Must be able to do fairly heavy labour and to take and keep protective cover in a crouching and crawling position. Able to stand for periods of 2 hours.

L4—Not in use.

L5—Not in use.

L6—Not in use.

L7—Must be able to walk 2 miles a day at his own pace. Able to stand for moderate but not prolonged periods. Capable of suitable and useful employment without fear of breakdown. (See also para. 20 below.)

L8—Unfit for military service on existing standards.

WOMEN

L1—Full and free range of all joints of feet, ankles, knees, hips and lower back. Must be capable of work involving standing all day long, as well as any reasonable requirements of marching and drill.

L2—Foot must be supple. Any marked deviation of weight-bearing line (especially valgus deformity) must be excluded. Must be capable of work involving being on the feet most of the day. Only normal amount of marching and drill required.

L3—Must be capable of work involving being on the feet for varying periods up to 2 hours, with time for regular periods of rest.

L4—Not in use.

L5—Not in use.

L6—Not in use.

L7—Must be able to walk at least a mile a day in her own time and be capable of suitable and useful sedentary employment without fear of breakdown. Unable to march or do drill. (See below, para. 20.)

L8—Unfit for military service on existing standards.

12. H (Hearing)

Factors to be considered:

Auditory Acuity (see "PULHEEMS—A System of Medical Classification for the Fighting Services", Section III, for the clinical assessment).

H1—Very good hearing. Ability to hear sufficiently well to serve in any capacity.

H2—Good hearing. Ability to hear sufficiently well to perform any duty.

H3—Moderate defect of hearing. Ability to hear sufficiently well to perform any duty where moderate impairment of hearing does not disqualify.

H4—Not in use.

H5—Not in use.

H6—Not in use.

H7—Marked defect of hearing. Ability to hear sufficiently well to perform any duty where marked impairment of hearing does not disqualify. Fit to perform useful Army duty within the limits of the physical disability. (See below, para. 20.)

H8—Unfit for Military Service on existing standards.

13. EE (Eyesight)

Factors to be considered:

Visual Acuity

Recording—The recording of a man's visual acuity under EE shows the uncorrected vision and corrected vision in each eye separately, using the following standards for the purpose of recording:

$$6/6 = 1$$

$$6/9 = 2$$

$$6/12 = 3$$

$$6/18 = 4$$

$$6/24 = 5$$

$$6/36 = 6$$

$$6/60 = 7$$

$$\text{Less than } 6/60 = 8$$

The EE boxes have been so designed that the upper figures denote the uncorrected vision and the lower figures the corrected vision.

Thus EE is recorded as follows:

(a) A man whose uncorrected vision is $R=6/12$, $L=6/18$ and whose corrected vision is $R=6/6$, $L=6/9$

E E

3 4

1 2

(b) A man whose unaided vision is $R=6/6$, $L=6/6$

E E

1 1

14. Visual Requirements for Entry

(a) *Binocular Vision*

The minimal binocular visual acuity which is acceptable to the army is that

the man's vision with or without glasses must not be less than 6/24 in each eye. This is recorded as follows:

$$\begin{array}{cc} E & E \\ 8 & 8 \\ \hline 5 & 5 \end{array}$$

(b) *The Army Only—Monocular Vision*

For certain employments, the Army is prepared to accept men with monocular vision. There are two categories of monocular vision, i.e.:

- (i) Personnel suffering from Amblyopia ex Anopsia, i.e. one "lazy eye" which retains potentially useful vision, i.e. 6/60 with or without glasses, and
- (ii) Personnel with one eye only or with one eye practically lost, which has no useful vision, i.e. less than 6/60 with or without glasses.

Such personnel will be dealt with as follows:

Under (i) above Men whose vision in one eye, with or without glasses, is not less than 6/12, and in the other is not less than 6/60, with or without glasses, will be *accepted* for entry. This is recorded as follows:

$$\begin{array}{cc} E & E \\ 8 & 8 \\ \hline \times & - \\ 3 & 7 \end{array}$$

NOTE:

$$\begin{array}{cc} E & E \\ - & \times - \end{array}$$

The \times in the EE boxes indicates that the right or left eye may be the better eye.

e.g.

$$\begin{array}{cc} E & E \\ 8 & 8 \\ \hline \times & - \\ 3 & 7 \end{array}$$

means

$$\begin{array}{cc} E & E \\ 8 & 8 \\ \hline - & - \\ 3 & 7 \end{array}$$

or

$$\begin{array}{cc} E & E \\ 8 & 8 \\ \hline - & - \\ 7 & 3 \end{array}$$

Under (ii) above *One-Eyed Personnel*

Men who have only one eye, or who have two eyes but whose vision in one eye is lost or practically lost (i.e. less than 6/60 with or without glasses), will *not* be *accepted* for entry.

Serving personnel however, who have lost an eye during service or whose vision in one eye is lost or practically lost (i.e. less than 6/60 with or without glasses) WILL be retained in the service, provided the corrected vision in the GOOD EYE is not less than 6/12. (See Part II, Section VI, para. 6 (d).)

Such cases will be recorded as follows:

Where one eye has been enucleated:

$$\begin{array}{cc} E & E \\ 8 & - \\ \hline \times & - \\ 3 & - \end{array}$$

In these cases the assessment under P (Physical Capacity) will not normally be higher than P5 for Other Ranks. Officers may be assessed as high as P2.

Where the vision in one eye is lost

$$\begin{array}{cc} E & E \\ 8 & 8 \\ \hline \times & - \\ 3 & 8 \end{array}$$

In these cases assessment under P (Physical Capacity) is not affected.

It will be noted that certain ocular conditions affect the man's grading under P (Physique) as outlined in Section IV, para 15. (The Royal Air Force also

accept entrants as in (b) (i) above. The Royal Navy do not accept entrants with monocular vision.)

15. Visual Requirements for Employments

- (a) As the Army are prepared to employ men with monocular vision (see para. 14 (b)), when deciding on minimum standards of fitness for any employment the minimum binocular and monocular vision required for the particular employment must be specified, *e.g.*, from para. 14 (a) and (b) (i) it will be obvious that the minimum visual requirement for entry to the Army is as follows:

$$\begin{array}{cccc} E & E & E & E \\ 8 & 8 & 8 & 8 \\ - & - & \text{or} & - \times - \\ 5 & 5 & 3 & 7 \end{array}$$

- (b) For the purposes of employment in the Army the basic requirements relating to visual acuity are as follows:

Ability to see to shoot and drive.

Ability to see to drive, and

Ability to see for ordinary purposes.

To meet these visual requirements the following are the assessments necessary under EE.

(i) $\begin{array}{cccc} E & E & E & E \\ 8 & 8 & 8 & 8 \\ - & - & \text{or} & - \\ 3 & 3 & 1 & 6 \end{array}$ Able to SEE to DRIVE and to SHOOT.

(ii) $\begin{array}{cc} E & E \\ 8 & 8 \\ - \times - & \\ 3 & 6 \end{array}$ Able to SEE to DRIVE but not to shoot.

(iii) $\begin{array}{cccc} E & E & E & E \\ 8 & 8 & 8 & 8 \\ - & - & \text{or} & - \times - \\ 5 & 5 & 3 & 7 \end{array}$ Able to SEE for Ordinary Purposes but NOT to drive or to shoot.

16. Colour Perception

Colour perception will be recorded as Standards 1, 2, 3 or 4. These standards are as follows:

Standard I. The man must pass the MARTIN colour perception lantern test (a special test for the Royal Navy).

Standard II. The man must pass the standard Ishihara Book test without error.

Standard III. The man must pass the Archer lamp test to ensure that he can distinguish White, Signal Red and Signal Green.

Standard IV. The man is unable to pass Standard III.

Candidates for the Army who are notified by the Civilian Medical Board as being unable to achieve Standard II (Ishihara book test. See Services Pamphlet,

Section II, para. 10), will be examined on entry by a Military Ophthalmologist. The military ophthalmologist will test the man with the Edridge Green or Giles Archer Lamp to ensure he can distinguish White, Signal Red, and Signal Green. From these findings he will be placed if successful in Standard III or if a failure in Standard IV.

The military ophthalmologist will ensure that the record of the Colour Perception Standard attained is entered in the Height Block of the Medical Box.

17. EE and Employment

Under the PULHEEMS System of Medical Classification, for each separate employment in each individual Arm of the Service, a minimum PULHEEMS Code Number is given, below which no man can be employed in the employment specified.

Using the samples of visual acuity quoted above in para. 15 (b), (i), (ii), (iii), their relation to employment may be interpreted as follows:

- (i) Front line fighting and drivers of fighting vehicles.
- (ii) Drivers, other than of fighting vehicles.
- (iii) Domestic and labouring duties in any part of the world.

The detailed visual requirements by Arms, and for Trades and other Short List Employments (ATS Auxiliaries) are shown in Tables 2 and 3 at the end of Part II, Standards of Colour Perception required being included in Tables 1A and 1B.

18. M (Mental Capacity)

Factors to be considered:

Ability to learn Army Duties.

M1. Not in use.

M2. Applies to men whose mental capacity is regarded by the medical officer (and by the personnel selection officer, when concerned in the assessment) as being of normal or above normal degree, in terms of fitness to understand and to learn full military training for combatant duties; or men who, having been seen by a medical or a personnel selection officer and considered as being doubtful for an assessment of M2, have been referred to the psychiatrist and assessed by him as up to normal mental capacity. The degree M2 includes not only non-tradesman fit for full training in accordance with their selection test results and their full PULHEEMS Code Number, but also tradesmen and specialists.

M3. Men not fit for an assessment of M2 but who can learn the proper use of arms for self-defence, and are fit to undertake labouring duties in any part of the world. Such men are therefore pre-eminently suitable for employment on such duties as have been carried out by the Pioneer Corps (Armed). Any man recommended by the psychiatrist for employment in the Pioneer Corps (Armed) should have a rating M3; employment of all men rated M3 must be restricted to simple labouring duties, in whatever corps they are serving.

M4. Not in use.

M5. Not in use.

M6. Not in use.

M7. Men not fit for an assessment of M3, and who are unable to learn the proper use of arms for self-defence, but who are fit to undertake unskilled labouring duties. Such men will not be sent out of the United Kingdom, and must not in any circumstances be given a weapon or sent overseas. Any man

recommended by the psychiatrist for employment in the Pioneer Corps (unarmed) should have a rating M7.

M8. Permanently unfit for military service, by reason of low mental capacity. In the case of such men, consideration must be given to the need for reporting the case to the Board of Control, in accordance with existing Army Council Instructions.

19. Emotional Stability

Factors to be considered:

Emotional Fitness.

S1. Not in use.

S2. Applies to men whose emotional stability is regarded by the medical officer (and by the Personnel Selection Officer, when concerned in the assessment) as of normal or of above normal degree, in terms of fitness to withstand emotional stresses of the various kinds to be met in Army life; or men who, having been considered of doubtful S2 assessment by a medical officer or a personnel selection officer, have been referred to the psychiatrist and assessed by him as up to normal emotional stability. Such men are fit for full combatant service in any part of the world.

S3. Men of insufficient emotional stability to withstand the full stresses of Army life under battle conditions, but who are capable of such services in any part of the world as will not expose them to the severest stresses. Such men are likely to have some significant history of emotional instability or of psychiatric illness, but their present adjustment is sufficiently good to allow of restricted service in any part of the world.

S4. Not in use.

S5. Not in use.

S6. Men of the degree of emotional instability defined under S3, but unfit, by reason of their limited stability, for service in a tropical climate. Such men are likely to be few, but S6 may be necessary, *e.g.* (i) where a psychiatric disability was originally precipitated by emotional or physical factors peculiar to a tropical environment, or (ii) where, in a neurosis, there are predominant somatic symptoms of such a nature as to become more incapacitating under tropical conditions.

S7. Men with emotional stability limited by psychiatric or psychosomatic illness to such an extent that they are only capable of useful military service under such conditions as prevail in the United Kingdom.

S8. Permanently unfit for military service, by reason of emotional instability.

20. Degree 7 in Relation to Postings Overseas

Personnel assessed 7 under U, L or H, will normally be employed in the United Kingdom but may be employed overseas, when the disability causing the downgrading to 7 is not of sufficient constitutional or pathological severity to warrant the lowering of the P assessment also to 7.

It will therefore be apparent that posting overseas will depend primarily on the assessment under P, M and S, and UNDER NO CIRCUMSTANCES

WILL A MAN ASSESSED 7, under P, M or S be employed in any part of the world other than the United Kingdom.

This rule is of importance in deciding PULHEEMS Employment Standards. (See Section V, para. 7.) Personnel assessed 7 under U, L or H will only be posted overseas to suitable employment in the base area when the exigencies of the service so demand. (See Part II, Section VI, para. 7.)

21. Physical Training

- (a) All personnel (male and female) aged 35 and under, graded P₁, 2, 4 or 5, U₁ and 2, L₁ and 2, or S₂, are fit to do full P.T.
- (b) All personnel (male and female) aged 35 and under, graded P₃, 6 or 7, U₃ and 7, L₃ and 7, or S₃, 6 or 7, are fit to do modified P.T.
- (c) All personnel (male and female) over 35 years of age may, provided they are medically fit, do P.T. on a voluntary basis.

22. Remediable Defects

Definition of Remediable Defects. In general a remediable defect is one which in the opinion of the Medical Officer, Specialist or Medical Board can be cured, either by medical or surgical means, so that the recruit or the serving soldier in question will be rendered thereby acceptable for enlistment, or for further service.

The operation or course of treatment applicable in each case should be judged as giving reasonable promise of accomplishing its object within a period of six weeks to three months.

Generally speaking, candidates for remedial treatment will be those who will thereby be made fit for duty in any part of the world in Degrees 1 and 2.

There may be found a certain number of men, who would ordinarily be classed in Degree 8, but who with medical treatment would qualify for Degree 3. In such cases there is need of careful judgment with due consideration of all eventual deficiencies in the remaining systems as recorded in the final PULHEEMS Code number.

Recruits with irremediable disqualifying defects will be placed in Degree 8 and rejected.

In the case of severe flat feet and other serious foot conditions major remedial operations will very seldom be indicated in the Army as rejection will be preferable. Remedial treatment will ordinarily be confined to proper boot fitting, wedging, various supports (insoles, pads, metatarsal bars, etc.) and graded exercises, carried out by Orthopaedic or Physical Medicine Specialists, *e.g.*, at Physical Development Centres.

Personnel with remediable defects will be classified according to their present capacities (but not lower than 7) and the letter R will be inserted immediately after the degree of P, U, L or S affected. (See the pamphlet "PULHEEMS—A System of Medical Classification for the Fighting Services", Section I, para. 15.)

23. Special Appliances—Restricted Duty

(a) SPECIAL APPLIANCES

Whenever a man requires to wear any special surgical or medical appliance (excluding spectacles, artificial eyes and artificial dentures), the assessment under the quality affected will be marked with an asterisk and an appropriate entry will be made in the man's AB 439/AB 64, Part I, page 4. This entry will be made by the President of the Medical Board authorizing the use of the special appliance.

Special appliances will include Trusses for Hernia, etc., Artificial Limbs, Surgical Jackets, Shoes or Surgical Boots, etc.

(i)

Y.O.B.	P	U	L	H	E	E	M	S
19	3	2	7*	2	1	1	2	2
Ht. 72	P							
CP _I	U							
Wt. 193	L	Severe Pes Cavus with Hallax Rigidus. Medical Board 4.1.44						
	S							

Entry on page 4 of AB 64,
Part I

L7* Authorized to wear
shoes

Signed.....

President Medical Board

(ii)

Y.O.B.	P	U	L	H	E	E	M	S
15	3*	2	2	2	3	3	2	2
Ht. 70	P	R. Inguinal Hernia. Medical Board 12.3.46						
CP 2	U							
Wt. 170	L							
	S							

Entry on page 4 of AB 64,
Part I.

P3* Authorized to wear
a Truss

Signed.....

President Medical Board

24. Note to Medical Officers

In assessing an individual, medical officers must accustom themselves to assessing the man or woman as a whole and correlate the assessment with the work which the man/woman has to be able to do, so that when asked if he/she is fit for the work required of him/her a ready answer can be given.

Some employments may necessarily affect assessment under more than one quality; e.g., lifting requires strength in the upper limbs, lower back and lower limbs, i.e., U and L. Correlating this to operational stress, and to lifting of heavy or light weights the stretcher bearer in the operational area must be U₂, L₂, while the Nursing Orderly in the base hospital may be allowed to be as low as U₃, L₃.

Attention is directed to diseases which have to be assessed under P as well as one of the other qualities, compared with those assessed under P alone. Briefly these are as follows:

- Diseases of the upper limbs and locomotory system having a constitutional or pathological basis will affect assessment under P in addition to U or L, e.g., osteomyelitis.

- (b) Certain disabilities under S will affect the assessment under P, *e.g.*, effort syndrome. The assessment of P, however, is independent of the assessment of "S".
- (c) Psychopathic personality on the other hand would mean an assessment of S8, while assessment under P might be one or two.
- (d) Diseases of the ear and the eyes (including morbid conditions of the eyes) and general constitutional diseases are assessed under P alone.

**GUIDE TO PULHEEMS—FUNCTIONAL INTERPRETATION OF DEGREES OF EACH QUALITY
MEN**

Degree	P	U	L	H	EE	M	S
1	Fit after training for full strain and fatigue on combatant duty. Fit to withstand exposure to all kinds of weather. A front line fighter in any part of the world.	Muscle power above average. Must be able to handle a rifle and do heavy manual work including digging, pushing, dragging, heaving, lifting and climbing. All tasks carried out with rapidity and efficiency.	Capable of very severe locomotor strain for 3 or 6 days. Can undertake forced marches and fight at the end of such marches. Can run, climb, jump, crawl, dig and perform all kinds of labour, quickly.	Very good hearing. Ability to hear sufficiently well to perform any duty.	<p>Unaided Vision</p> <p>E E E E</p> <p>3 3 or 1 5</p> <p>— — — —</p> <p>Able to see to shoot and drive.</p>		
2	Fit for normal work or strain but unable to endure "extreme" degrees for long periods. A front line fighter in any part of the world.	Muscle power average. Able to do all a U1 man can do but at a slower pace.	Same as L1 but pace may be slower.	Good hearing. Able to hear sufficiently well to perform any duty.	<p>Aided Vision</p> <p>E E E E</p> <p>8 8 or 8 8</p> <p>— — — —</p> <p>3 3 1 5</p> <p>Able to see to shoot and drive.</p>	Ability under Army conditions to learn to perform successfully full combatant duties. Includes those who can be trained as tradesmen and specialists.	Emotionally fit to perform Army duties adequately under full combatant conditions in any part of the world.
3	Fit for ordinary work. Has not the stamina even after training to endure the strain and fatigue of full combatant duty. Fit for restricted service in any part of the world.	Must be able to use a weapon for defensive purposes and be capable of less severe forms of manual work than U2.	Capable of marching 5 miles or further in an emergency. Able to stand for periods of at least 2 hours. Fit for guard duties.	Able to hear sufficiently well to perform any duty where moderate impairment of hearing does not disqualify.	<p>Aided Vision</p> <p>E E E E</p> <p>8 8 or 8 8</p> <p>— — — —</p> <p>3 6 6 1</p> <p>Able to see to drive but not to shoot.</p>	Ability under Army conditions to learn to perform simple labouring duties, including fitness to bear arms in self-defence.	Whilst having a history of emotional instability are at present well adjusted and fit to serve in any part of the world in a role which is not primarily a fighting one.
4	Fit after training for full strain and fatigue of full combatant duty provided he serves in temperate climates only.				<p>Aided Vision</p> <p>E E</p> <p>8 8</p> <p>— —</p> <p>5 5</p> <p>Able to see to drive but not to shoot.</p>		
5	Fit for normal work or strain but unable to endure "extreme" degrees for long periods. Fit for service in temperate climates only.				<p>Aided Vision</p> <p>E E</p> <p>8 8</p> <p>— —</p> <p>5 5</p> <p>Able to see to drive but not to shoot.</p>		
6	Fit for ordinary work. Has not the stamina even after training to endure the strain and fatigue of full combatant duties. Fit for restricted service in temperate climates.				<p>Aided Vision</p> <p>E E E E</p> <p>8 8 or 8 8</p> <p>— — — —</p> <p>3 7 7 1</p> <p>Able to see to drive but not to shoot.</p>		Whilst having a history of emotional instability are sufficiently well adjusted to serve in temperate climates in a role which is not primarily a fighting one.
7	Capable of performing useful Army duties within limits of his disabilities. Not likely to break down if suitably employed which includes time for regular meals and rest. Service in U.K. only.	Capable of sedentary and routine work of a lighter type. Includes personnel unable to bear arms on account of physical disability (Ankylosis of elbow, etc.) Service in the U.K. but may serve overseas in the base area. (See Section III, para. 20.)	Able to walk 3 miles per day at own pace. Can stand for moderate but not well-prolonged periods. Service in the U.K. but may serve overseas in the base area. (See Section III, para. 20.)	Able to hear sufficiently well to perform any duty where marked impairment of hearing does not disqualify. Service in the U.K. but may serve overseas in the base area. (See Sect. III, para. 20.)	<p>Able to see for ordinary purposes (not shooting or driving—binoculars).</p> <p>The E.E. boxes bear no relation to the degrees of the other qualities, i.e. P, U, L, H, M and S, being a simple record of vision unaided and aided.</p>	Because of low mental capacity are unfit to bear arms, but are capable of simple labouring duties under supervision including a minimum of responsibilities. Service in U.K. only.	Emotionally fit to perform Army duties adequately under living conditions favourable to the individual, in the U.K.
8	UNFIT FOR MILITARY SERVICE ON EXISTING STANDARDS						
Factors to be considered	Age, build, strength and stamina—guns.	Strength, range of movement and general efficiency of upper arm, shoulder, girdle and back.	Strength, range of movement and efficiency of feet, legs, pelvic girdle and lower back.	Auditory Acuity.	Visual Acuity.	Mental Capacity.	Emotional Stability.

NOTE: Physical Training: Personnel aged 35 years and under, graded P1, 2, 4 and 5; U1 and 2; L1 and 3 or S1 are fit to do full P.T.
 Personnel aged 35 years and under, graded P1, 6 or 7; U3 and 7; L3 and 7 and S3, 6 and 7 are fit to do modified P.T.
 Personnel over 35 years of age, of any grading will do P.T. on a voluntary basis.

GUIDE TO PULHEEMS—FUNCTIONAL INTERPRETATION OF DEGREES OF EACH QUALITY

WOMEN							
Degree	P	U	L	H	EE	M	S
1	Fit enough for heavy duties involving considerable stamina and prolonged exposure to unfavourable weather or working conditions in any part of the world.	Fit for duties involving considerable physical strength, such as frequent lifting of weights during the course of a day's work, or constantly driving heavy lorries under unfavourable conditions.	Must be capable of work involving standing all day long, as well as any reasonable requirements of marching and drill.	Very good hearing. Ability to hear sufficiently well to perform any duty.	Unaided Vision E E E E 3 3 or 4 6 Able to see for all purposes.		
2	Fit for duties involving average degree of physical stamina, including domestic and cooking duties, and other work involving lifting, and prolonged standing or walking in any part of the world.	Fit for duties involving lifting of fairly heavy weights, such as cooking pots, and pails of water, and able to perform duties involving a considerable range of movement of the upper extremity.	Must be capable of work involving being on the feet most of the day. Only normal amount of marching and drill required.	Good hearing. Able to hear sufficiently well to perform any duty.	Aided Vision E E E E 8 8 or 8 8 3 3 1 6 Able to see for all purposes.	Ability under Army conditions to learn to perform successfully all Army duties. Includes those who can be trained as trades-women and specialists.	Emotionally fit to perform Army duties adequately under any conditions in any part of the world.
3	Fit for duties of a light nature with reasonable barracks conditions in any part of the world.	Fit for light duties or those not requiring full strength or range of movement of upper extremities.	Must be capable of work involving being on the feet for varying periods up to two hours, with time for regular periods of rest.	Able to hear sufficiently well to perform any duty where moderate impairment of hearing does not disqualify.	Aided Vision E E E E 8 8 or 8 8 3 3 1 6 Able to see to drive.	Ability under Army conditions to learn to perform simple unskilled duties.	Whilst having a history of emotional instability are at present well adjusted and fit to serve in any part of the world.
4	Fit enough for heavy duties involving considerable stamina and prolonged exposure to unfavourable weather or working conditions in temperate climates only.				Aided Vision E E E E 8 8 3 3 Able to see for ordinary purposes (binocular).		
5	Fit for duties involving an average degree of physical stamina, including domestic and cooking duties and other work involving heavy lifting and prolonged standing or walking in temperate climates only.				Aided Vision E E E E 8 8 3 3 Able to see for ordinary purposes (monocular).		
6	Fit for duties of a light nature with reasonable barracks conditions in temperate climates only.				Able to see for ordinary purposes (monocular).		Whilst having a history of emotional instability, are sufficiently well adjusted to serve in temperate climates in a restricted capacity.
7	Capable of performing useful duties within the limits of her disabilities. Not likely to breakdown if suitably employed which includes reasonable living and working conditions, time for regular meals and rest. Service in U.K. only.	Capable only of sedentary and light duties not involving lifting or carrying of weights or full manual dexterity and within the limits imposed by her disability. Service in the U.K. but may serve overseas in the base area. (See Section III, para. 20.)	Must be able to walk at least a mile a day in her own time and be capable of suitable and useful sedentary employment without fear of breakdown. Unable to march or do drill. Service in the U.K. but may serve overseas in the base area. (See Section III, para. 20.)	Able to hear sufficiently well to perform any duty where marked impairment of hearing does not disqualify. Service in the U.K., but may serve overseas in the base area. (See Section III para. 20.)	The EE boxes bear no relation to the degrees of the other qualities, i.e. P, U, L, H, M and S, being a simple record of vision unaided and aided.	Because of low mental capacity are capable only of simple unskilled duties under supervision including a minimum of responsibility. Service in U.K. only.	Emotionally fit to perform Army duties adequately under living conditions favourable to the individual, in the U.K.
8	UNFIT FOR MILITARY SERVICE ON EXISTING STANDARDS						
Factors to be considered	Age, build, strength and stamina—resistance to exposure.	Strength, range of movement and general efficiency of upper arm, shoulder, girdle and back.	Strength, range of movement and efficiency of feet, legs, pelvic girdle and lower back.	Auditory Acuity.	Visual Acuity.	Mental Capacity.	Emotional Stability.

Note: Physical Training: Personnel aged 35 and under, graded P1, 2, 4 and 5, U1 and 2, L1 and 2 or S1 are fit to do full P.T.
Personnel aged 35 and under, graded P3, 6 or 7, U3 and 7, L3 and 7 and S3, 6 and 7 are fit to do modified P.T.
Personnel over 35 years of age, of any grading will do P.T. on a voluntary basis.

SECTION IV

The Influence of Certain Special Conditions on PULHEEMS Assessments

1. General

In order to obtain uniformity and also to remove any ambiguity in the classification of soldiers suffering from certain special conditions, it is considered that some further guidance may be of assistance.

Before considering individual cases, there are four generalizations which should be taken into account:

- (i) The Temperate Climate and United Kingdom Service classifications are introduced with the object of enabling every serving soldier to be employed to the best advantage without detriment to himself or wastage in his unit.
- (ii) Minor disabilities, liable to be affected adversely by environment need no longer condemn a man to a low medical grading and the many undesirable psychological effects likely to accompany it.
- (iii) Soldiers with minor disabilities should not be retained under observation or treatment (and consequently unemployed) for long periods in the hope that ultimately their medical assessment can be raised slightly. Early return to duty in an appropriate assessment, modified if necessary, is most desirable.
- (iv) Each case must be considered fully on its merits. No guiding instructions can meet every contingency and medical officers and specialists are encouraged to utilize their individual judgment.

2. Service in Temperate Climates

In broad terms P4, P5 or P6 should modify the categories of those soldiers with conditions known to be aggravated by service in tropical climates. Examples of such conditions are chronic otitis externa, chronic suppurative otitis media, hyperidrosis, ichthyosis severe, sprue, chronic blepharitis (intractable), etc.

3. Service in the United Kingdom

P7 should apply broadly to those men with disabilities requiring frequent treatment or liable to break down under active service conditions.

For the sake of clarity and to furnish examples, the following special conditions are noted, and a guide is given to the effect on assessment of such conditions.

4. Cardio-Vascular System

A. Valvular Disease of the Heart

Diagnosis: Valvular disease of the heart should rarely be diagnosed unless a definite diastolic or presystolic murmur is found. Systolic murmurs only have importance when other cardiac signs are present.

Classification

1. The medical assessment of a man discovered to be suffering from established valvular disease will depend primarily upon the functional capacity of the heart and on the recent medical history. Downgrading should not be recommended provided the capacity for physical exertion is good, the size of the heart is within normal limits, and there is no history of a recent rheumatic infection.
2. When cardiac symptoms and enlargement of the heart are present then their degree will determine the method of disposal. If of such minor degree that the individual is considered capable of continuing useful sedentary work for a reasonable period without ill-effects, then retention in the Service in an assessment of P7 may be recommended.

Such recommendations should, as a rule, be made only in respect of officers, warrant officers, senior N.C.O.s, technical instructors and other similar key personnel.

3. All other cases will normally be assessed P8, discharge from the Service on medical grounds.

B. *Coronary Occlusion*

As a general rule, a man who has recovered from an attack of coronary occlusion and is subsequently brought before a Medical Board will be assessed P8.

There is, however, a small group in which experience has shown that a more favourable prognosis is justifiable and retention in the Service may be recommended. This group is composed of individuals who satisfy the following conditions:

- (a) Age should be under 55.
- (b) There should be no history of a previous attack.
- (c) The attack which brought the case to attention should have been mild or only moderately severe as judged by the degree and duration of shock; have been unattended by serious complications and followed by a satisfactory convalescence.
- (d) Neither before the attack nor on examination of the patient three to six months later should there be any evidence of organic heart disease (such as definite cardiac enlargement, valvular disease, effort angina, important arrhythmias or signs of congestive heart failure), or of widespread arteriosclerosis, persistent hypertension or diabetes.
- (e) Three to six months after the attack the electrocardiogram should be essentially normal.

1. *Officers:*

An officer who is considered likely to come within this group should be assessed P "o" for three to six months and instructed to remain under such medical supervision as may be indicated by his physical state at the time of the Medical Board. At the end of the period in this assessment, the officer will be reviewed by a further medical board, and if on examination he appears to have made a reasonable recovery he may be assessed P7. Subsequently, the officer may be considered for upgrading to P6, or even P3, according to progress, but no officer who has suffered from an attack of coronary occlusion will be assessed higher than P6 or P3.

2. *Other Ranks:*

Only key personnel, *i.e.*, warrant officers, senior N.C.O.s, technical instructors, etc., should be considered for retention in the service after a definite attack of coronary occlusion. The same criteria will be applicable for these personnel as for officers. When the other rank is brought before a Medical Board under normal rules, if the Medical Board is satisfied that the patient is likely to make a good recovery and to be fit for further service, then the Medical Board should recommend review in a further three months. At the end of this period the patient will be examined radiologically and by a medical specialist and an electrocardiographic record will be made. The decision will then be taken as to whether he should be recommended for invaliding or for retention in the assessment considered most appropriate to his general physical condition. No other rank who has suffered from an attack of coronary occlusion will be assessed higher than P6.

C. *Hyperpiesia*

Symptomless and uncomplicated hyperpiesia must not be looked upon as a cause for invaliding or for lowering the assessment of serving personnel.

Consideration of hyperpiesia arises when the systolic blood pressure is in excess of 170 millimetres of mercury and/or the diastolic pressure is in excess of 100 millimetres of mercury, diastolic pressure being based on diminution of sound and not disappearance of sound, and readings taken after the examinee has been in the recumbent position for half an hour. In all cases where doubt arises consideration should be given to a series of readings taken at intervals of a week before making a final diagnosis. Any associated palpable thickening of the wall of such arteries as are accessible to examination should be carefully considered as a factor in assessment.

Cases in which a diagnosis can be established should not be assessed higher than P3. When evidence of early cardiac failure becomes manifest the assessment will normally be P8.

D. *Anæmia—Pernicious*

In the case of men suffering from Pernicious Anæmia even with early neurological involvement, it should be possible to retain them in the Service after stabilizing treatment in hospital. They should not normally be graded higher than P3 or P6.

5. *Pleurisy with Effusion*

- (a) Men with large serous effusion for which there is no other obvious cause will be regarded as tuberculous, and disposed of under existing instructions in the same way as cases suffering from other forms of pulmonary tuberculosis, *i.e.*, P8.
- (b) Men with unexplained dry pleurisy and those with small effusions which clear up rapidly with restitution of full function, normal radiological appearance of lung tissue and absence of tubercle bacilli in film and culture of the fluid and of the fasting gastric washings, should be kept under monthly observation for six months, after discharge from Convalescent Depot, during which period the assessment should be P7 R for six months.
- (c) Men with a serous effusion occurring during the course of pneumonia should, when the effusion has disappeared, be disposed of as cases of uncomplicated pneumonia, *i.e.*, the assessment of such men will depend on the physical capacity at the time of examination.

6. *Goitre-Toxic*

Men suffering from Toxic Goitre should, as a general rule, be brought forward for invaliding as soon as a diagnosis is made.

In exceptional cases, however, when a Consulting Physician and Consulting Surgeon consider that surgical treatment is necessary and that such treatment is likely to render the patient fit for further service, the Consulting Surgeon will advise as to when operative treatment should be carried out.

7. *Adenitis—Cervical—Tuberculous*

After radical operation such cases can often be retained in the service provided that there is NO EVIDENCE OF TB. LESIONS ELSEWHERE (including a negative X-ray of chest).

After operation and at least six weeks convalescence, such men should be returned to duty assessed P7 R for three months, after which period they should be re-examined so that suitable cases may be upgraded.

8. Renal Calculus

- (i) After the removal of one kidney for any cause or the removal of a single calculus, a man should normally be assessed P7 R for six months, and at the end of that period re-examined with a view to upgrading.
- (ii) Officers with a history of previous renal calculus formation and a recurrence of symptoms should not be assessed higher than P5. Other Ranks performing heavier work may have to be assessed P6.
- (iii) Officers with recurrent attacks of hæmaturia associated with oxaluria should be assessed not higher than P5, but Other Ranks performing heavier work may have to be assessed P6.

9. Diabetes Mellitus

Some men suffering from a mild degree of diabetes mellitus can be retained in the Army, *e.g.*, those whose condition has been stabilized and is readily controlled by a low insulin dosage.

Each case must be decided on its merits, and if the man is suitably employed, medical boards may recommend retention depending on the general physical condition of the man and the dosage of insulin and type of diet concerned. The assessment in these cases will normally be P7.

10. Tropical Disease

Anyone who has fully recovered from a tropical illness is again fit, and may be assessed P1 or P2, unless he has suffered from one of a limited number of diseases. It is not possible to lay down a hard and fast list, but the three medical conditions quoted below are established and accepted examples:

(a) *Blackwater Fever* (malarial hæmoglobinuria)

A soldier who has once suffered should not return to areas where the disease is known to occur.

Malaria itself, without blackwater fever, is not a valid reason for downgrading after recovery is complete.

(b) *Sprue*

A soldier who has had sprue should not be returned to tropical service until entirely free of symptoms for at least 2 years.

(c) *Heat hyperpyrexia with residual symptoms*

A soldier who has residual symptoms should not be sent back to the tropics. Such cases should be assessed P4 or P5 or P6, depending on their physical capacity at the time of examination. Tropical disease, such as malaria or dysentery, may temporarily lower a man's category but does not preclude his return to the tropics after he has fully recovered.

11. Gastro-Duodenal Disabilities

Officers and key personnel may be given the following assessments in the circumstances stated.

- (a)
 - (i) Those with no symptoms on normal diet for at least two years, or
 - (ii) Those with no symptoms subsequent to operation for peptic ulcer performed more than two years previously, or
 - (iii) Those with occasional attacks attributable to simple dyspepsia or gastritis readily amenable to treatment, may be assessed P2, P3 or P6.
- (b)
 - (i) Those with no symptoms subsequent to operation less than two years previously, or
 - (ii) Those with occasional attacks due to peptic ulcer readily amenable to treatment should, as a rule, be assessed P7, subject to review in light of subsequent progress.

- (c) (i) Those with recurrence of symptoms subsequent to operation, or
- (ii) Those with occasional attacks, not readily amenable to treatment, or
- (iii) Those with repeated attacks due to peptic ulcer should, as a rule, be assessed P8.

Note.—Simple suture of a perforated ulcer need not necessarily be regarded as an operation for the purpose of assessment.

12. Amputations

Personnel with an amputation will not normally be accepted for entry.

Serving personnel, who have lost a limb as a result of service, will normally be discharged, but may be allowed to complete their present engagement provided War Office approval is obtained. Extension and re-engagement is admissible in certain cases with War Office approval.

Policy in respect of extension and re-engagement of personnel with an amputation is at present under review. Decisions when reached will be notified by means of an amendment to this paragraph. (See Part II, Section VI, para. 6(c).)

The following is a guide to assessment under the qualities P, U and L in amputation cases:

(a) *Upper Limb*

- | | | |
|--|---|---|
| <ul style="list-style-type: none"> (i) <i>Amputation above the Elbow</i> (ii) <i>Amputation below the Elbow</i> (iii) <i>Amputation of a Hand</i> | { | Such cases will be judged on their merits. Other Ranks will not normally be assessed higher than U7. In certain cases Officers may be assessed as high as U3. |
|--|---|---|

(b) *Lower Limb*

- | | | |
|--|---|---|
| <ul style="list-style-type: none"> (i) <i>Amputation above the Knee</i> (ii) <i>Amputation below the Knee</i> (iii) <i>Amputation of a Foot</i> | { | Will normally be assessed L8.
Such cases will be judged on their merits.
Normally the highest assessment possible will be L3. |
|--|---|---|

In the above cases the assessment under P (Physical Capacity) will not be higher than P3. Where the amputation has been carried out because of some pathological condition with a constitutional basis, the assessment of P will depend on the nature of the condition and may necessitate a grading as low as P8.

13. Diseases of the Skin

Acute non-exanthematous and non-communicable diseases of the skin, which ordinarily run a temporary course, need not affect grading. Diseases which are trivial in character, which do not interfere with general health and are not incapacitating will not affect grading. There are, however, certain conditions of the skin which, while not incapacitating in a temperate zone are apt to become active and incapacitating under tropical conditions.

Personnel who have definite histories or signs of chronic or recurrent skin diseases such as shown below are unsuitable for service in tropical climates, and should be graded P4, P5 or P6, depending on their physical capacity.

It is the fact of chronic or recurrent attacks that constitute the incidence of disability for tropical service; a simple attack of boils or sycosis from which there has been complete recovery should not prevent a man from going to the tropics.

- (a) Acne severe pustular, chronic indurated cystic (ordinary simple forms improve).
- (b) Boils or carbuncles (recurrent).
- (c) Cheiropompholyx (if no cause, *e.g.*, fungus, can be found and removed).

- (d) Dermatitis Seborrhœic, including severe Seborrhœa Corporis et Capitis, Seborrhœic Eczema, Seborrhœa Sycosiform.
- (e) Dermatitis Eczematoid, and lichenification.
- (f) Dermatitis Contact.
 - (i) Textiles if satisfactory when protected with cotton underwear, otherwise P8.
 - (ii) Sulphonamides—if there has been a generalized reaction should be in a non-tropical category until it has completely subsided.
- (g) Dermatitis Light Sensitization (all forms).
- (h) Dermatitis Herpetiformis.
- (i) Hyperidrosis severe.
- (j) Ichthyosis, severe (mild cases improve).
- (k) Lupus Erythematosus, Lichen Planus, severe.
- (l) Prurigo severe.
- (m) Psoriasis (unless very mild).
- (n) Rosacea.
- (o) Sycosis Barbae.
- (p) Urticaria recurrent, Angioneurotic oedema and Dermographism.

Note.—Men with chronic or frequently recurring skin diseases of a serious or incapacitating nature will be placed in P8.

14. Ear, Nose and Throat Diseases

A simple clinical classification is tabulated below. Acute conditions may be regarded as temporary, and therefore not directly affecting Medical Assessments. They are omitted.

THE EAR

<i>Disability</i>	<i>Appropriate Degree of P</i>	<i>Remarks</i>
A. Injuries		
External Ear	P1 or 2	Stenosis of the external meatus may cause deafness but most cases are repairable.
Middle Ear		
(i) Healed	P1 or 2	Occasionally deafness may necessitate downgrading. Swimming should be forbidden if a perforation persists. See "Inflammations".
(ii) Dry perforation	P1, 2 or 3	
(iii) Discharging	—	
Internal Ear	P1, 2, 3, or P8	After the limit of cochlear recovery (6 to 8 weeks) hearing will determine the category. Some cases (<i>e.g.</i> , severe concussion) may need P7.
B. Inflammations		
Otitis Externa—Mild recurrent	P4 or 5	
Otitis Externa—Severe recurrent	P7	Intractable cases should be recommended for P8.
Suppurative Otitis media healed	P1, 2 or 3	Loss of hearing may necessitate a lower assessment.

<i>Disability</i>	<i>Appropriate Degree of P</i>	<i>Remarks</i>
Suppurative Otitis Media		
Quiescent (i) Safe	P4 or 5	Large anterior perforation which discharges occasionally.
(ii) Attic perf.	P7	May be long standing but liable to give trouble.
Suppurative Otitis Media		
Active (i) Moderate	P5 or 6	Discharge frequent but no treatment necessary.
(ii) Severe	P7	Constantly requiring attention or liable to complications.
Chronic Suppurative Otitis Media with granulations, polypi, attic or mastoid disease	Always P7 or P8	Generally any case requiring Radical Mastoidectomy should be P8.
Radical Mastoid Cavity Healed	P4, 5 or 6	Exceptional cases could be P3.
Radical Mastoid Cavity—Moist (Patent Eustachian Tube)	P4, 5 or 6	
Radical Mastoid Cavity—Unsatisfactory	P8	Such cases constantly require attention.
Chronic Catarrhal Otitis Media	P1, 2 or 3	Assessment will be determined by the amount of deafness. All tend to be progressive. A soldier very deaf in one ear and partially deaf in the other may have hearing Degree 3 but should not be in a higher assessment than P3.
Deafness following healed Otitis Media (Secondary Sclerosis)		
Otosclerosis		
Menieres Disease		
(i) Mild and Occasional	P1, 2 or 3	Cases easily controlled by sedatives.
(ii) Severe or frequent	P7	Persistent cases should be recommended P8.

THE NOSE

Catarrhal Sinusitis		
(i) Mild	P1 or 2	
(ii) Persistent	P3 or P4 or 5	
Suppurative Sinusitis		
(i) Mild or Localized	P2 or 3 or P4 or 5	
(ii) Generalized	P5 or 6 or P7	Cases of extensive persistent sinus suppuration should be assessed P8.
Allergic Rhinitis		
(i) Mild	P1 or 2 or 3	
(ii) Severe	P6 or P7	
Atrophic Rhinitis		
(i) Mild	P4 or 5	
(ii) Severe	P7	Advanced cases with pronounced factor should be assessed P8.

Comments

- (i) It must be appreciated that only the local condition has been taken into account in the above examples. Many individuals will have accompanying disabilities or a poor general physique necessitating a lower PULHEEMS Assessment.
- (ii) *Officers*
The clinical entities listed above can equally be applied to all personnel (male and female) including officers.
- (iii) *Otosclerosis*
This diagnosis should not be made unless it is beyond doubt and other forms of chronic deafness (*e.g.*, secondary middle ear sclerosis or cochlea damage) can be definitely excluded.

15. Eye Diseases and Other Morbid Conditions

- (a) Entries as detailed below will be made in the medical box under P (Physique). The entries in the EE boxes remain a simple record of vision aided and unaided.
- (b) (i) Lids (1) Gross destruction of the lids, adhesions, lagophthalmos, and trichiasis should be classified as P8.
(2) Chronic blepharitis (intractable) should be assessed P6 or P7.
- (ii) *Lachrymal Apparatus*
Chronic Dacryocystitis when epiphora persists after removal of the sac should be assessed no higher than P5.
- (iii) *Conjunctiva*
(1) *Trachoma* must be P8.
(2) *Symblepharon* following burns should not be higher than P7.
- (iv) *Cornea. Recurrent corneal ulcers and interstitial keratitis* will be assessed as P6 or P7. If the visual acuity in both eyes be badly affected, the assessment will be P8.
- (v) *Lens. Depending upon the effect on visual acuity and prognosis, the LENS OPACITIES* will have an assessment of P4, P5 or P6. If the lens has been removed (Aphakia) the assessment will not be higher than P7. (On entry P8.)
- (vi) *Iris and Ciliary Body*
(1) *Coloboma of the uvea* should not be assessed higher than P4.
(2) *Cyclitis or Iridocyclitis* should not be assessed higher than P6 or P7, having due regard to prognosis.
- (vii) *Retina and Choroid*
(1) *Choroido-retinitis—*
(a) If unilateral and quiescent should be assessed P6 or P7.
(b) If bilateral, and extensive although quiescent will be P8.
(2) *Retinitis—pigmentosa*, will be assessed P7.
(3) *Retinitis proliferans*, any bilateral retinitis, or vascular disease of the retina will be assessed P8.
(4) *Retinal detachment—*
(a) Spontaneous or traumatic in origin, detected on entry will lead to an assessment of P8.

- (b) Spontaneous or traumatic occurring during service, will after operation—when the retina is repositioned satisfactorily—be P7, where the detachment is in one eye only.
 - (c) Bilateral retinal detachments at any period will be assessed as P8.
- (viii) *Sclera*
 - (1) Bilateral scleritis cases will be assessed not higher than P4.
 - (2) Scleral staphylomata will be assessed as P8.
- (ix) *Glaucoma*

Even though successful operative procedures have taken place, cases of glaucoma will be assessed P8.
- (x) *Neuro-ophthalmological conditions*
 - (1) Such cases if static should not be assessed higher than P7, and if progressive should be assessed P8.
 - (2) Lesions resulting in gross limitation of visual fields or bilateral central scotomata will be placed in P8.
- (xi) *Nystagmus* (of ocular origin). Such cases will be assessed P7.
- (xii) *Ocular Muscle Imbalance*
 - (1) *Strabismus* present in either eye will not be assessed higher than P3.
 - (2) *Heterophoria*. After assessment by a military ophthalmologist, cases where marked heterophoria is present will be assessed not higher than P2.
- (xiii) *Errors of Refraction*
 - (1) *Myopia*
 - (a) Myopia of more than minus seven (-7) in any meridian in one eye combined with not more than minus two (-2) in any meridian in the other eye will not be assessed higher than P7.
 - (b) Myopia of more than minus seven (-7) in any meridian in one eye combined with more than minus two (-2) in any meridian in the other eye will be assessed P8.
 - (2) *Hypermetropia*
 - (a) Manifest hypermetropia exceeding plus seven ($+7$) in any meridian in the one eye, combined with manifest hypermetropia exceeding plus seven ($+7$) in any meridian in the other eye should not be assessed higher than P6.
 - (b) Manifest hypermetropia in any meridian exceeding plus twelve ($+12$) in one eye combined with manifest hypermetropia in the other eye in any meridian exceeding plus seven ($+7$) will be assessed P8.
- (xiv) *Nickel Dermatitis*. Such cases should not be assessed higher than P4.
- (xv) *Night-Blindness*. Cases certified as such by a military ophthalmologist will be supported by certificates from the man's unit stating that his efficiency as a soldier is impaired thereby. Such cases will NOT repeat NOT be assessed LOWER than P7.

16. Dental Diseases

It is unlikely that recruits will be found to be unacceptable on account of Dental Diseases. In assessing a serving soldier, if any dental condition is found which in the opinion of the examining medical officer is likely to affect the assessment of Physical Capacity (P), the opinion of a Dental Officer will be obtained.

17. Assessment of Members of the Women's Services

General

In the medical examination of women it is essential that very careful menstrual and obstetric history is taken, and recorded. In every case the date of the last menstrual period must be stated. It is essential that where a positive history of menstrual, obstetric or pelvic abnormality is elicited, the woman, whether a recruit or already serving, shall be automatically referred to a gynaecologist for a complete pelvic examination and opinion, reference the appropriate assessment under P or Physical Capacity. Under no circumstances will routine pelvic examination be carried out other than by a Specialist Gynaecologist.

18. Gynaecological Disorders

(a) *Salpingitis and Pelvic Peritonitis.* Acute or chronic, will mean an assessment of P8 in an untrained recruit. In serving personnel assessment will depend on residual disability following treatment.

(b) *Chronic Cervicitis*

Where relieved by treatment, such cases may be assessed as high as P2. In less favourable cases it will probably mean an assessment not higher than P5.

(c) *Menorrhagia*

If severe, P8. If mild or moderate, should not be assessed higher than P7R. May be upgraded if response to treatment is favourable.

(d) *Amenorrhoea*

This disability can usually be disregarded in grading if specialist's examination shows no serious cause.

(e) *Dysmenorrhoea*

If severe (i.e. causing regular inability to work for three hours or more), such cases should be assessed P8. If mild or moderate the assessment need not be affected.

(f) *Uterine and Ovarian Tumours*

(i) *Fibroids*—If small and not causing symptoms can be disregarded in making an assessment. If requiring operative or radiation treatment, this in an untrained recruit would mean an assessment of P8. In serving personnel an assessment of P7R should be made and re-assessment carried out on completion of treatment.

(ii) Other uterine and ovarian tumours will normally mean an assessment of P8.

(g) *Prolapse*

Cystocele or rectocele may be assessed as high as P3 if not causing symptoms. When causing symptoms, this assessment may be retained following treatment. Complete Procidentia will be assessed P8.

(h) *Menopause*

Moderate or severe mental or constitutional symptoms will be assessed S8—P8, or P8. Where symptoms are mild, response to treatment should be observed following which assessment may be as high as P5, but never higher.

(i) *Breast Tumours*

All such cases must be seen by a specialist. If benign, and either treated or not requiring treatment, can be compatible with any assessment. Malignant tumours will be assessed P8.

(j) *Pregnancy and Abortion*

(i) Pregnancy, if detected at a recruiting examination, will mean rejection. No woman may be enlisted until at least six months after the delivery of a viable child, unless the child was stillborn, or has since died, in which cases she may be enlisted after three months, provided gynaecological examination is satisfactory.

(ii) Abortion over 28 weeks should be regarded as a completed pregnancy and dealt with as in (i) above.

Under 28 weeks a recruit may be enlisted provided gynaecological examination is satisfactory, and a period of four weeks has elapsed since the abortion.

(k) *Renal Complications of Pregnancy*

(i) *Albuminuria with Hypertension*

Persistent albuminuria with hypertension of any degree following toxæmia of pregnancy will not be assessed higher than P8.

(ii) *Pyelitis or Cystitis*

Unless the woman has been free of symptoms for at least three years such cases will be assessed P8.

SECTION V

Correlation of PULHEEMS and Employment

1. General

In order to meet the particular requirements in an organization such as the Army it is essential that the system of medical classification in use is administratively applicable. There are three particular aspects of administration with which medical classification is closely related. These are:

- (a) Physical standards for ENTRY to the Service,
- (b) Employment and posting, and
- (c) Documentation.

Each of these will be considered separately.

2. Physical Standards for Entry

The primary function of the Army is to provide a body of men who, when the need arises, will defend the country against aggression by any other nation(s). As operations may take the members of the Service into any other country of the world, the standards of fitness, both physical and mental, required for entry to the Regular Army must be high, particularly in the case of "fighting" Arms. Standards must be laid down according to the Arm of the Service, bearing in mind the role of the Arm. Thus in certain trades and short-list employments a slightly lower standard of fitness for entry may be accepted.

From time to time depending on the manpower situation the Ministry of Labour is informed by the Adjutant-General to the Forces the minimum standard of fitness required by recruits for acceptance for entry to the Army and its various branches.

Tables 1A and 1B at the end of Part II of this pamphlet show the minimum standards of physical fitness for entry (by Arms) in respect of officers and other ranks (male and female).

3. Employment

(a) *The Recruit-Personnel Selection Procedure*

To employ any individual in the work for which he is most suited, his capacity in two special aspects must be noted as follows:

- (i) His physical capacity for work.
- (ii) His intellectual ability.

To ensure that every man is correctly employed in the job for which he is best qualified in accordance with Army requirements, the Army has provided Personnel Selection procedure.

(b) *The Chief Functions of a Personnel Selection Officer (P.S.O.) are*

- (i) To recommend recruits for training in appropriate Army trades and employments.
- (ii) To record on SP Sheet 100A information about a man's intelligence, attainments, aptitudes, other estimated qualities of personality and any preference for Army employments that he may have. All recommendations for the jobs are made in the terms of broad employment groups known as Trade Recommendations or TRs, and on his TR a recruit is posted finally from Primary or Basic training to Corps training.

4. PULHEEMS Employment Standards

When a soldier leaves Primary Training he is allocated to a specific Arm and all future postings will normally be within that Arm. It is therefore possible to simplify postings by using a two-letter code instead of the whole PULHEEMS assessment.

At the end of Corps Training, therefore, every soldier will have his PULHEEMS assessment coded into a "PULHEEMS Employment Standard" which indicates the theatres, etc., for which he is eligible in his Arm. The code for PULHEEMS Employment Standards is as follows:

- FE Employable on full combatant duty in any area in any part of the world (i.e. FE=Forward Everywhere).
- FT Employable on full combatant duty in any area in *temperate* climates only (i.e. FT=Forward Temperate).
- LE Normally employed in the L of C or Base Areas in any part of the world, but may be employed in the Forward Area in any role which is not primarily a fighting one (i.e. LE=L of C Everywhere).
- LT Employable in the L of C or Base Areas in *temperate* climates only, but may be employed in the Forward Area in any role which is not primarily a fighting one (i.e. LT=L of C Temperate).
- BE Employable in the Base Area only in any part of the world (i.e. BE=Base Everywhere).
- BT Employable in Base Area only in *temperate* climates (i.e. BT=Base Temperate).
- HO Employable in the protected area in the United Kingdom only (i.e. HO=Home only).

Every officer, when commissioned, will similarly be allotted a PULHEEMS Employment Standard appropriate to his Arm.

Notes.

(a) PULHEEMS Employment Standards are equally applicable to all serving men and women, except that the combatant element in FE (FT) and LE (LT) does NOT apply to ATS.

(b) In modern warfare it is rarely possible to define with any degree of accuracy the boundaries of the above areas. The General Staff will therefore lay down which classes of personnel are acceptable within each theatre and within areas and units in the theatre.

Once the General Staff has notified the standards required, it will be the responsibility of the "A" staff to ensure that personnel of the correct PULHEEMS Employment Standard are made available.

5. Relationship of PULHEEMS Assessments to PULHEEMS Employment Standards. (Other than A.T.S.)

Table II at the end of Part II prescribes the appropriate PULHEEMS assessment for each PULHEEMS Employment Standard in each Arm. The following points should be noted:

- (a) PULHEEMS assessments are *not* linked to specific employments for officers and other ranks forward of the base. This has been done since all ranks in such areas must be medically fit for any employment in their Arm.
- (b) When the medical fitness of an officer or other rank falls below the minimum standard permissible forward of the base, he will be returned to the base area for reallocation.

- (c) For some arms, PULHEEMS assessments have been separately prescribed for FE (FT) and LE (LT), but for others no LE (LT) standard has been given. This has been done because the fighting arms must contain personnel all of whom are fit for full combatant duties; other arms, however, can use personnel in static L of C units and can therefore apply different standards in LE (LT).
- (d) In the base areas and at home, it is possible and necessary to place soldiers with low medical assessments in specific suitable employments. PULHEEMS assessments for individual other rank employments in the base areas and at home have therefore been prescribed and will be applied by Personnel Selection Officers when allocating recruits and reallocating soldiers into base or home employments.
- (e) PULHEEMS assessments for officers in base and home areas have not been linked with specific employments since officers with low medical assessments are individually considered and placed by War Office.

6. Relationship of PULHEEMS Assessments to PULHEEMS Employment Standards. (For A.T.S.)

PULHEEMS Employment Standards for ATS officers are given in Table II and will be applied in the same way as those for Army officers.

PULHEEMS Employment Standards for ATS auxiliaries are given in Table III and are linked to specific employments in all areas since all auxiliaries are classified in specific employments and posted accordingly.

7. Posting

From para. 3(b) and para. 4 above it will now be apparent that a recruit will be posted from Primary training to Corps training on a combined assessment of his physical capacity and his training recommendation (TR) and thereafter on his PULHEEMS Employment Standard.

As stated in Section III, para. 20, men assessed 7 under U, L and H (i.e. PES, BE and BT) will normally be posted to units in the United Kingdom, but may, if necessary, be employed in the Base Area in theatres overseas.

UNDER NO CIRCUMSTANCES, HOWEVER, WILL A MAN ASSESSED 7 UNDER P, M OR S (i.e. PES HO) BE EMPLOYED IN ANY PART OF THE WORLD OTHER THAN THE UNITED KINGDOM.

Personnel will be available for posting to the various theatres of operations in PULHEEMS Employment Standards as follows:

- (a) To any theatre overseas: PES FE, PES LE.
- (b) To theatres in temperate climates: PES FE, PES FT, PES LE, and PES LT.
- (c) To the United Kingdom: PES FE, PES FT, PES LE, PES LT, PES BE, PES BT, PES HO.

N.B.—Personnel in PES BE and BT will only be posted overseas when the exigencies of the Service so demand.

Instructions in this respect will be as notified in current Army Council Instructions. (See also Section VI, para. 7.)

8. Documentation

Medical documentation only has been discussed in this part of the pamphlet. Instructions with regard to other documentation is given in Part II, Section VII. It is of the highest importance that medical officers record PULHEEMS Code Numbers accurately. This is particularly the case in recording visual acuity (i.e., EE).

PART II—ADMINISTRATIVE

PREFACE

1. General Remarks

Part II is primarily designed to assist officers commanding units and others concerned with the administrative, as opposed to the professional, application of the system. It is, however, essential that all officers should take an intelligent interest in the basic principles of the system as explained in the pamphlet "PULHEEMS—A System of Medical Classification for the Fighting Services" and Part I of this pamphlet.

2. Contents

The first section deals with employment and posting. The next is concerned with documentation and includes two appendices showing examples of Part II/III Orders and other necessary documentation.

The final section outlines application to the Territorial Army.

Tables of physical standards for entry and employment are included at the end of the pamphlet.

SECTION VI

Employment and Posting

1. The influence of PULHEEMS on an Officer's or Soldier's Career

The PULHEEMS system provides an accurate means of assessing capacity to work under conditions of operational and climatic stress and strain.

Since the Army must aim at the highest possible proportion of fit men, it must begin by accepting only those who are physically and mentally fit. Shortage of manpower, however, makes it necessary to employ officers and men who are already serving and have acquired valuable knowledge and experience even though their fitness has become lower than when they first entered. This means that an officer or other rank who falls below the minimum standard for his arm is not necessarily a candidate for retirement or discharge, nor is he necessarily debarred from further promotion in the Army in some other employment.

The increased accuracy and scope of the PULHEEMS system ensures fuller use of everyone's potentialities. As a general rule, provided an individual is fit for the duty to which he is or will be posted, he will not be debarred from promotion merely because of medical unfitness. The final policy in this matter is at present under review. Meanwhile cases will be dealt with on an individual basis.

2. Responsibility for allocating PULHEEMS Assessments (see Part I Section I, Paragraphs 2 and 3)

The allocating of PULHEEMS assessments is a medical responsibility.

The procedure has to be different for other ranks, for officers commissioned from the ranks, and for officers commissioned direct from civil life.

A recruit cannot always be reliably assessed on enlistment since his medical fitness may change very much during his first few weeks in the Army. An officer commissioned from the ranks, however, is likely to have reached already his final fitness standard; officers commissioned from civil life are usually older men not employed in regimental duties and are therefore unlikely to change markedly in fitness standard. It follows that recruits must be provisionally assessed on enlistment and given a service assessment later. Officers can be given a service assessment on commissioning.

The chief occasions on which the medical authorities allocate PULHEEMS assessments are:

(a) *Officers on Commissioning*

An officer commissioned from the ranks will retain his other rank service assessment.

An officer commissioned direct from civil life will be given a service assessment on first joining for duty.

(b) *Other Ranks on Entry*

A recruit receives an initial assessment at a primary training unit, which is confirmed or amended toward the end of his corps training. This later assessment will be his service assessment.

(c) *Serving Personnel*

All ranks serving when the PULHEEMS system is fully introduced will have been given a service assessment.

(d) *Alterations to Service Assessments*

All ranks may be reassessed at any time, e.g., as a result of sickness or on annual review.

(e) *Assessment on Termination of Service*

All ranks will be given a final assessment on discharge or relegation to the reserve.

3. PULHEEMS Employment Standards

When a soldier leaves primary training he is allocated to a specific arm and unless transferred to another corps, etc., for any reason, all future postings will be within that arm. (See paragraph 8 below.) It is therefore possible to simplify postings by using a 2-letter code instead of the whole PULHEEMS assessment.

At the end of corps training every soldier will have his PULHEEMS assessment converted into a "PULHEEMS Employment Standard" which indicates the theatres, etc., for which he is eligible in his arm.

Every officer, when commissioned will similarly be allotted a "PULHEEMS Employment Standard" appropriate to his arm.

The code for PULHEEMS Employment Standards is as follows:

FE Employable on full combatant duties in any area in any part of the world (*i.e.*, FE=Forward Everywhere).

FT Employable on full combatant duty in any area in *temperate* climates only (*i.e.*, FT=Forward Temperate).

LE Normally employed in the L of C or base areas in any part of the world; but may be employed in the forward area, in any role which is not primarily a fighting one (*i.e.*, LE=L of C Everywhere).

LT Normally employed in the L of C or base areas in *temperate* climates only; but may be employed in the forward area, in any role which is not primarily a fighting one (*i.e.*, LT=L of C Temperate).

BE Employable in the base area only in any part of the world (*i.e.*, BE=Base Everywhere).

BT Employable in base area only in *temperate* climates (*i.e.*, BT=Base Temperate).

HO Employable in the protected area in the United Kingdom only (*i.e.*, HO=Home Only).

Notes.

(a) PULHEEMS Employment Standards are equally applicable to all serving men and women, except that the "combatant" element in FE FT, LE LT, does not apply to the Auxiliary Territorial Service.

(b) In modern warfare it is rarely possible to define with any degree of accuracy the boundaries of the above areas. The General Staff will therefore lay down what classes of personnel are acceptable within each theatre and within areas and by types of unit in the theatre.

Once the General Staff has notified the standards required, it will be the responsibility of the "A" staff to ensure that personnel of the correct PULHEEMS Employment Standard are made available.

4. Responsibility for allocating PULHEEMS Employment Standards

For all ranks, including the Women's Services, this is the responsibility of the commanding officer, advised by the medical officer. It will be necessary whenever any officer or other rank is given a PULHEEMS service assessment or whenever this assessment is changed.

The chief occasions when the commanding officer will have to calculate a PULHEEMS Employment Standard are:

(a) For an Officer

When a PULHEEMS service assessment is allotted on commissioning.

Whenever the PULHEEMS service assessment is altered by a Medical Board (the PULHEEMS Employment Standard must be checked to find out whether or not it has altered).

Whenever, owing to temporary circumstances, the officer is graded "o" in any quality (P, U or L, etc.).

(b) For an Other Rank

When the soldier receives his PULHEEMS service assessment towards the end of corps training.

Whenever the PULHEEMS service assessment is altered by a Medical Board (the PULHEEMS Employment Standard must be checked to find out whether or not it has altered).

Whenever, owing to temporary circumstances, the soldier is graded "o" in any quality (P, U or L, etc.).

5. Entry Requirements

An individual's fitness for acceptance in an arm will be decided by his Training Recommendation and his full PULHEEMS assessment which must be up to the standard prescribed in Tables 1A and 1B. No officer or other rank can be accepted for an arm if his PULHEEMS assessment for any quality (PUL, etc.) is lower than that shown against that arm in the tables.

Personnel who have lost a limb, have had one eye removed or whose vision in either eye is less than 6/60 aided or unaided cannot be accepted into the Army except with War Office approval.

6. Employment

In general, an individual will be fit for employment within his arm or extra-regimentally so long as his PULHEEMS Employment Standard is appropriate to the theatre, station or area in which he is serving, as laid down in Tables 2 and 3.

(a) Men and QAIMNS and QAIMNS (R)

Table 2 prescribes the appropriate PULHEEMS assessment for each PULHEEMS Employment Standard in each arm.

Forward of the base PULHEEMS assessments are NOT linked to specific employments for officers or other ranks. The reason for this is that all ranks in such areas must be medically fit for any employment in their arm.

For some arms, PULHEEMS assessments have been separately prescribed for FE FT and LE LT, but for others no LE LT standard has been given. This has been done because the fighting arms must contain only personnel who are fit for full combatant duties; other arms, however, can use personnel in static L of C units and can therefore apply different standards in LE LT. It should be borne in mind, however, that personnel in PULHEEMS Employment Standard LE LT are fit to be employed in the forward area, provided they are not employed in units whose primary role is fighting.

In the base area and at home it is possible and necessary to place other ranks with low medical assessments in specific suitable employments. Tables of minimum PULHEEMS assessments for this purpose have, therefore, been worked out. They are NOT shown in this pamphlet. They will be used only by personnel selection officers when allocating recruits who are below the LT standard of their arm and when re-allocating other ranks who have been returned to the base because their medical fitness has fallen below the minimum permissible for the other areas.

An officer, like an other rank, will be returned to the base whenever his PULHEEMS assessment becomes unsuitable for other areas. His further employment will be decided by the War Office or by the Headquarters of the theatre concerned. This pamphlet, therefore, contains no tables of PULHEEMS assessments for officer employments in the base and at home.

(b) *ATS*

PULHEEMS Employment Standards for ATS officers are given in Table 2. They will be applied in the same way as those for army officers. PULHEEMS Employment Standards for ATS auxiliaries are given in Table 3. They are linked to specific employments in all areas since auxiliaries are classified in specific employments and posted accordingly. It will be noted that the definitions of FE FT and LE LT are slightly modified for ATS.

(c) *Personnel who have lost a limb*

(i) *Officers*

An officer who has lost a limb during military service will not necessarily be unfit to continue serving. The War Office will decide each case on its merits, bearing in mind current requirements and the officer's general fitness in other respects.

(ii) *Other Ranks*

An other rank who loses a limb during military service is entitled to postpone his discharge until he completes his current engagement provided that he can be suitably employed within his physical capabilities. (See ACI 354 of 1947.) The War Office will decide each case on its merits and on the recommendations made by the Medical Board and the personnel selection authorities in the light of the duties available. (See ACI 496 of 1946 as amended by ACI 143 of 1947.)

Re-enlistment, extension, re-engagement and continuance in the service is admissible in certain cases with War Office approval. (See ACI 354 of 1947.)

(d) *Personnel with only one good eye*

(i) *Officers*

An officer who has lost an eye during military service or whose vision in one eye is less than 6/60 (aided or unaided) will be subject to the same rules as an officer who has lost a limb. (See paragraph 6(c) (i) above.)

(ii) *Other Ranks*

Other ranks who have had an eye taken out during military service or who were accepted for military service with vision in one eye less than 6/60 (aided or unaided) may be allowed to continue in the service, extend or re-engage provided vision in the good eye (aided or unaided) is not less than 6/12.

(e) *Personnel temporarily unfit*

Personnel temporarily unfit for military service will be assessed "o" under P, U, L or S and will be dealt with in accordance with the instructions in Part I Section II. The maximum period which such an assessment can cover, sick pay entitlement, sick leave, and the manner in which these matters will affect officers and other ranks are at present under discussion. Decisions when reached will be promulgated from time to time. Meanwhile existing instructions regarding Medical Boards, transfer, and the Long Term Treatment scheme will continue to operate.

THE OPINION OF A MEDICAL OFFICER WILL BE SOUGHT WHENEVER DOUBT EXISTS AS TO AN INDIVIDUAL'S FITNESS TO CARRY OUT ANY PARTICULAR EMPLOYMENT.

7. Posting

Posting within an arm will not cause any alteration either to the individual's PULHEEMS assessment or to his PULHEEMS Employment Standard. Personnel in PULHEEMS Employment Standard BE, BT or HO will be employed

in units in the United Kingdom unless the exigencies of the Service demand otherwise.

The needs of the Service in this respect will be as notified in current Army Council Instructions.

(a) Officers

All postings of an officer will be carried out in accordance with his PULHEEMS Employment Standard. The posting authorities are at all times responsible for ensuring that an officer serves only in an arm, theatre or station appropriate to his PULHEEMS Employment Standard. It is particularly important that commanding officers should check that this is so after a change has taken place in the officer's PULHEEMS Employment Standard as a result of an alteration of his PULHEEMS assessment.

(b) Other Ranks (excluding ATS Auxiliaries)

A recruit will be posted from primary training to an arm of the Service for which he is medically fit. Since he does not possess a PULHEEMS Employment Standard until the end of corps training, commanding officers of primary training units bear no responsibility in this respect.

Men will be posted from corps training in PULHEEMS Employment Standards appropriate to the arm and officers commanding units will check that this is correctly done.

Where an other rank's PULHEEMS Employment Standard is altered because of a change in his PULHEEMS assessment, the commanding officer will check the man's new PULHEEMS Employment Standard in order to find out whether it is appropriate to his arm or employment. If it is not appropriate the commanding officer will carry out the normal procedure for obtaining a posting for the man and, if necessary, a replacement. The commanding officer will ensure that men who are serving in an area forward of the base and who become unfit for service in the area are returned to the base for re-allocation by personnel selection procedure.

(c) ATS Auxiliaries

An ATS recruit will be allotted a PULHEEMS Employment Standard at the Basic Training Centre. Her initial posting and all subsequent postings will be carried out in accordance with the PULHEEMS Employment Standard.

The commanding officer is responsible for checking the PULHEEMS Employment Standard to ensure that it is appropriate. When an auxiliary proves unsuitable for the training or job recommended or an alteration to her PULHEEMS assessment entails a change of employment, the commanding officer is responsible for referring her to a personnel selection officer for change of employment. The officer in charge of ATS Records (General Headquarters Second Echelon overseas) will authorize the new employment.

8. Transfers between Arms

Transfers between arms will not affect the individual's PULHEEMS assessment. The PULHEEMS Employment Standard may, however, be altered because of the different standard required by the new arm. A commanding officer will check the PULHEEMS Employment Standard of an individual transferred to his unit from another arm.

9. Procedure for demanding Reinforcements from United Kingdom

Reinforcement demands will be submitted to the War Office by overseas commands in accordance with instructions contained in the pamphlet "Accounting for Manpower in Overseas Commands" (issued by the War Office, SD4).

SECTION VII

Documentation

1. Responsibility of the Officer Commanding Unit

The commanding officer is responsible for ensuring that the correct and up-to-date PULHEEMS assessments and PULHEEMS Employment Standards of all personnel of his unit are recorded in the appropriate unit documents on the authority of a Part II/III Order.

2. Recording PULHEEMS Assessments and PULHEEMS Employment Standards on Documents

The PULHEEMS assessment and PULHEEMS Employment Standard given to an individual on initial assessment, service assessment, or as a result of re-assessment will be recorded on the following documents:

(i) Officers

<i>Document</i>	<i>Held by</i>	<i>Record to be inserted</i>
AF B199A	Original at the War Office. Duplicate with unit or GHQ 2nd Echelon.	From Part II Orders, by recording authority; at item 13 of the form.
AF D420 (for Nursing Officers)	ditto	From Part II Orders, by recording authority, under "Medical Boards".
AB 439	Officer	From Part II Order by the commanding officer of unit, at page 4 (a).
Officers Medical History Document (when introduced)		

(ii) Other Ranks

As shown at Appendix "B".

Except after annual review (see paragraph 6 below) NO alterations will be made on the above documents unless there is a change in one or more of the qualities of the officer's or other rank's assessment.

3. Recording Results of Medical Boards

Re-assessments of all ranks will be carried out by a medical board in accordance with Part I Section I, paragraphs 5-6 or Section 2, paragraph 5. Documentation will be as follows:

(a) Officers

On receipt of result of the Medical Board, the officer commanding unit will promulgate any change made in the officer's service assessment, without waiting confirmation from the War Office. If the War Office alters the assessment in any way, the alteration will be promulgated at once. (See paragraph 5 below and Appendix "A" paragraph (h).)

(b) Other Ranks

The Medical Board's findings will be recorded on AF B179C in duplicate. The President of the Medical Board will forward the duplicate AF B179C direct to the War Office (AMD5 Stats). The original will be forwarded as follows;
When the soldier is serving in the United Kingdom—to officer commanding unit.
When the soldier is on the "Y" list—to officer in charge of records.

When the soldier is serving in an overseas theatre served by a Second Echelon—General Headquarters Second Echelon.

When the soldier is serving in an overseas theatre NOT served by a Second Echelon—to officer commanding unit.

General Headquarters Second Echelon, officer in charge of records or officer commanding unit (as applicable) will take action as in paragraph 5 below and will ensure that any new assessment is recorded on the appropriate documents. (See Appendix "B".) If the original of AF B179C has not already been forwarded to officer in charge of records, this will be sent to the officer in charge of records with the relevant Part II/III Orders.

4. Other Documentation resulting from Medical Boards

An other rank who is medically downgraded below the LE or LT standard for his arm must be re-allocated by personnel selection procedure.

The commanding officer of his unit will amend the PULHEEMS assessment on the man's SP Sheet 100A and forward it as follows:

(a) *Soldiers in the United Kingdom*

to the personnel selection officer attached to the unit, or if no personnel selection officer is so attached to the senior personnel selection officer attached to the arm at the War Office;

(b) *ATS in the United Kingdom*

to the personnel selection officer (ATS) attached to the command headquarters concerned;

(c) *Soldiers and ATS overseas*

to the personnel selection staff at General Headquarters Second Echelon, (or at General Headquarters when no Second Echelon exists);

in order that re-allocation instructions may be issued.

5. Part II/III Orders Procedure

All assessments and re-assessments (except on discharge or relegation to reserve on non-medical grounds) will be promulgated in Part II/III Orders. Whenever assessment or re-assessment is promulgated, the PULHEEMS Employment Standard will be shown, whether changed or not (except on initial assessment of an other rank when no PULHEEMS Employment Standard is allotted).

(a) *Officers*

The entry will take the form of a Section "A" casualty in Part II Order (officers). Where a unit is administered by a General Headquarters Second Echelon, the notification from unit to echelon will be reported by normal means—AF W3010A. Specimen entries in Part II Orders (officers) are shown at Appendix "A".

(b) *Other Ranks*

The entry will be in Part II/III Orders. Specimen entries are shown at Appendix "A".

Where assessments or re-assessments are published by formations or establishments which normally issue Part III Orders, the entries will be published under the appropriate record office headings.

6. Recording the Annual Review

(a) If there is no change in the assessment, the medical officer will record the fact that the annual review has been carried out, in AF B439 (officers) and AB 64 Part I (other ranks). (See Appendix "B", serials 7 and 8). No other documentation will take place.

(b) Changes in assessment will be recorded as laid down in paragraphs 2, 3, 4 and 5 above.

7. Termination of Service on Medical Grounds

When service terminates on medical grounds the President of the Medical Board will complete the full medical box on (a) AF A45/AF B179, (b) Medical Document officers/AF B178A (Revised). Other documents will be brought up to date by officer commanding medical unit or the officer commanding the individual's unit before they are forwarded to the War Office in the case of officers or officers in charge of records (other ranks). See paragraphs 2, 3 and 4 above.

8. Termination of Service on other than Medical Grounds

At the time of final examination at cessation of service the medical officer conducting the medical examination will complete the full medical box on AF W3149 and AF B178A (Revised) (officer's Medical Document when introduced). When the PULHEEMS assessment has not been altered, NO Part II/III order will be published.

9. The Women's Services

Except where otherwise indicated, no modification to the above instructions and procedure is necessary for members of the Women's Services, i.e. QAIMNS and ATS.

APPENDIX "A"

SPECIMEN ENTRIES IN PART II/III ORDERS OTHER RANKS

(a) "PULHEEMS Initial Assessment"

The undermentioned OR has been assessed as shown against his name:

Army No.	Rank	Name	Date of Assessment	P	U	L	H	E	E	M	S
65478001	Pte.	THOMAS, S.	1 Oct. 46	2	2	3	3	$\frac{8}{1}$	$\frac{8}{6}$	2	2 "

(b) "PULHEEMS Service Assessment—no change from Initial Assessment"

The undermentioned ORs were confirmed in the assessments shown against their names:

Army No.	Rank	Name	Date of Assessment	P	U	L	H	E	E	M	S	PES
65478001	Pte.	THOMAS, S.	14 Jan. 47 etc. etc.	2	2	3	3	$\frac{8}{1}$	$\frac{8}{6}$	2	2	LE "

Note.—Where possible this entry should be combined with the publication of striking-off strength on posting at the conclusion of corps training.

(c) "PULHEEMS Service Assessment—amendments to Initial Assessment"

The undermentioned ORs have been re-assessed as shown against their names:

Army No.	Rank	Name	Date of Assessment	P	U	L	H	E	E	M	S	PES
6547002	Pte.	BROWN, T.	14 Jan. 47 etc., etc.	1	1	2	2	$\frac{8}{3}$	$\frac{8}{3}$	2	2	FE "

Note.—Where possible this entry should be combined with the publication of striking-off strength on posting at the conclusion of corps training.

(d) "PULHEEMS Service Assessment

The undermentioned ORs have been assessed as shown against their names:

Army No.	Rank	Name	Date of Assessment	P	U	L	H	E	E	M	S	PES
123456	Pte.	JONES, A.	1 Feb. 47 etc., etc.	1	1	2	1	$\frac{1}{-}$	$\frac{1}{-}$	2	2	FE "

(e) "PULHEEMS Re-assessment

The undermentioned ORs have been re-assessed as shown against their names:

Army No.	Rank	Name	Date of Assessment	P	U	L	H	E	E	M	S	PES
7654321	W/Cpl.	HUNT, B.	1 Feb. 47	3	2	2	3	$\frac{8}{3}$	$\frac{8}{4}$	2	2	LE
2122536	Pte.	BANKS, L.	1 Feb. 47	2	3	2	2	$\frac{8}{2}$	$\frac{8}{2}$	2	2	LE "

(f) "Temporary assessments

The undermentioned OR is temporarily assessed as shown, other qualities stand:

Army No.	Rank	Name	Date of Assessment	P	U	L	H	E	E	M	S	PES
012345	Pte.	DORADO, L.	1 Dec. 46	0	2	0	1	$\frac{6}{3}$	$\frac{8}{1}$	2	2	'0' "

OFFICERS

(g) Part II Orders (Officers)—entries will be made on similar lines to those shown in paragraphs (d) to (f) above, paragraphs (a) to (c) inclusive do not apply to an officer.

(h) Corrections to re-assessments

The original re-assessment of the undermentioned officer is corrected to read as follows (Authority WOL.....dated.....)

Personal No.	Rank and Name	Date of Assessment	P	U	L	H	E	E	M	S	PES
654321	Capt. T. JONES	10 Oct. 46	2	2	2	2	$\frac{3}{-}$	$\frac{3}{-}$	2	2	FE "

Note.—See Section VII, paragraph 3(a).

METHOD OF RECORDING PULHEEMS ASSESSMENTS AND PULHEEMS EMPLOYMENT STANDARD ON DOCUMENTS (OTHER RANKS)

The entry and any amendments will be made in black ink.
The box is incorporated in the latest print of AF Bro3.

The entry and any amendments will be made in black ink.
The box is incorporated in the latest print of AF Bro3.

3	AF B2672 Qualification and Record Card (when taken into use this document will replace AF B103—Serial 2).	Entry will be made in black ink.	Whoever holds the document (Unit or Re- cord Office).	In the boxes provided.	—																																																					
4	SP Sheet 100 SP Sheet 200 SP Sheet 10 Series (for ATS)	<table><tr><td colspan="2">MO's Signature.....</td><td colspan="6">Date.....</td></tr><tr><td>Year of Birth</td><td>P</td><td>U</td><td>L</td><td>H</td><td>E</td><td>E</td><td>M</td><td>S</td></tr><tr><td>Ht.....</td><td>P</td><td></td><td></td><td></td><td>—</td><td>—</td><td></td><td></td></tr><tr><td>C.P.....</td><td>U</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Wt.....</td><td>L</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td>S</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	MO's Signature.....		Date.....						Year of Birth	P	U	L	H	E	E	M	S	Ht.....	P				—	—			C.P.....	U								Wt.....	L									S								At primary training units by a person- nel selection officer. Thereafter by the command- ing officer.	SP Sheet 100 Bottom right- hand corner covering Serial K. SP Sheet 200 Right-hand edge of Serial G. SP Sheet 10 Series Right-hand edge of Serial F.	Printed inset with thin gummed edge on reverse of the right-hand side.
MO's Signature.....		Date.....																																																								
Year of Birth	P	U	L	H	E	E	M	S																																																		
Ht.....	P				—	—																																																				
C.P.....	U																																																									
Wt.....	L																																																									
	S																																																									

The entry and any amendment will be made in black ink.

Serial	Document	Form of Entry (c)	By whom made (d)	Where made on the Document (e)	Temporary Adaptation of Document pending Reprint (f)
5	AF B178, AF B178A, AF B178A (Revised).	As in Serial 4, column (c). The entry and any amendments will be made in black ink.	Medical Officer of man's unit.	AF B178 and AF B178A Part 8 AF B178A (Revised) Part 4 or Part 8 according to the date of print. (This part was previously used for particulars of dental treatment after enlistment.)	Printed inset as shown in Serial 4, column (c).
6	Medical card (see column (f)).	As in Serial 4, column (c). The entry and any amendments will be made in black ink.	Medical officer of man's unit overseas (if medical history sheet is not held).	See column (f).	Pending the receipt of the medical history sheet, the box shown in Serial 4, column (c) will be typed on to a card which will follow the man with his other unit documents. The information will eventually be recorded on the medical history sheet.

AB 64, Part I
(Full cage for
showing medical
category under
the old system
and
PULHEMS
assessment.)

Affixed to top
side of page 8
in such a way
as to avoid
obscuring
existing
entries.

Printed inset with a thin gummed edge on the top of the reverse side.

[illegible]

The entry and any amendments will be made in ink.

AB 64, Part I
(PULHEEMS
assessment
cage).

Bottom of
medical classi-
fication cage
on page 8.

Gummed label for adding to the bottom of medical classification cage on page 8. Has thin gummed edge on the reverse of the right-hand side

Date of Classi- fication	P	U	L	H	E	E	M	S	P.E.S.	Initials of C.O.†
					—	—				*

The entry and any amendments will be made in ink.

* The annual review, when no change of assessment is caused, will be recorded in this column by means of an entry "reviewed" (officer's initials and date).

+ Initials of C.O. or his representative.

SECTION VIII

Officers, Volunteers and National Service Men in the Territorial Army and A.T.S./T.A.

1. General

It is intended to introduce PULHEEMS as the sole system of medical classification in the Territorial Army, TANS and ATS/TA. The date on which the system is to be applied to TA personnel will be notified separately.

2. Entry and Employment Standards

- (a) These will be the same as for the Active Army (see Tables at end of this part of the pamphlet) except that:
 - (i) Volunteers who join the TA without previous service in the Active Army will be given a service assessment and PULHEEMS Employment Standard on first joining. Such volunteers will NOT be given an initial assessment.
 - (ii) National Service men on posting to the TA will retain their service assessment and PULHEEMS Employment Standard which they received in the Active Army. This will be subject to normal confirmation at the annual review.
- (b) All ranks will be employed as far as possible according to their PULHEEMS Employment Standard as explained in Section VI. However, allowance will be made for the difficulty of relating the qualifications of National Service men released from the Active Army to the needs of TA establishments.

3. Posting

(a) *Before embodiment*

- (i) Volunteers in the TA and ATS/TA are not subject to re-postings between units. On changing his domicile, a volunteer will be given the option of taking his discharge or being re-posted to another unit of the same arm or being transferred from one arm to another.
- (ii) National Service men are not as a rule subject to re-postings between units. A change of domicile may, however, necessitate a re-posting between units of the same arm or a transfer from one arm to another.
- (iii) In the event of a transfer to another arm, the PULHEEMS Employment Standard will be used in deciding whether an individual is employable in the new arm in both cases (i) and (ii) above.

(b) *After embodiment*

TA personnel will be employed and posted in accordance with their PULHEEMS Employment Standard in the same way as personnel of the Active Army.

4. Documentation

- (a) Notes on regimental orders and documentation of other ranks are contained in Regulations for the Territorial Army 1936, paragraphs 215-230 (as amended).
- (b) The main principle is that documentation in the Territorial Army will be the same as in the Active Army. Section VII above will therefore apply in all respects to the Territorial Army.
- (c) Instructions on documentation of officers of the Territorial Army are contained in Territorial Army Regulations, paragraphs 148-152 and Appendix XXXIV.

TABLE 1a
MINIMUM STANDARD OF PHYSICAL FITNESS FOR ENTRY (BY
ARMS) TO THE ARMY
OFFICERS

SE- RIAL	ARM	P U L H E E M S	CP	NOTES	AGE LIMITS	NOTES
1	H. Cav. and RAC	2 2 2 2 3 3 2 2	3	(d)	18-28	Vision (EE)
2	(a) RA (Field) A/Tk. and Light AA)	2 2 2 2 8 8 2 2 3 3	3	(a)	18-30	(a) Vision unaided must be correctable to at least 6/12 in each eye, or not less than 6/6 right eye and 6/36 left eye, i.e., EE EE 8 8 or 8 8 3 3 1 6
	(b) RA (CD and AA, excluding Light AA)	3 3 3 2 8 8 2 2 3 3	3	(a)	18-40	
3	RE					
	(a) Field Force	2 2 2 2 8 8 2 2 3 3	3	(a)	18-30	(b) Vision unaided must be correctable to at least 6/12 in the better eye, and not less than 6/36 in the worse eye, i.e., EE EE 8 8 or 8 8 3 6 6 3
	(b) Other than Field Force	3 3 3 2 8 8 2 2 3 6	4	(c)	18-40	
4	Royal Corps of Signals					
	(a) Field Force	2 2 2 2 8 8 2 2 3 3	3	(a)	18-40	(c) Vision unaided must be correctable to at least 6/24 in each eye, or at least 6/12 in the better eye and 6/60 in the worse eye, i.e., EE EE EE 8 8 or 8 8 or 8 8 5 5 3 7 7 3
	(b) Other than Field Force	3 3 2 2 8 8 2 2 5 5	3	(a)	18-40	
5	Foot Guards	2 2 2 2 3 3 2 2	3	(d)	18-30	
6	Infantry of the Line	2 2 2 2 8 8 2 2 3 3	3	(a)	18-30	(d) Vision in each eye un- aided must not be less than 6/12 or right eye 6/6, left eye 6/36, i.e., EE EE 3 3 or 1 6
7	RASC					
	(a) Field Force	2 2 2 2 8 8 2 2 3 3	3	(a)	18-40	
	(b) Other than Field Force	3 3 3 2 8 8 2 2 3 6	3	(c)		(e) Vision in each eye un- aided must not be less than 6/12 and each eye must be correctable to 6/6, i.e., EE 3 3 1 1
8	RAMC					
	(a) Medical	2 2 2 2 8 8 2 2 3 3	4	(a)	23-40	
	(b) Non- medical	2 2 2 2 8 8 2 2 3 3	4	(a)	18-40	

TABLE 1a—continued
OFFICERS

SE- RIAL	ARM	PULHEEMS	CP	NOTES	AGE LIMITS	NOTES
9	RAOC (a) Field Force	2 2 2 2 $\frac{8}{3}$ $\frac{8}{3}$ 2 2	3	(a)	18-40	In addition, Eye Muscle Balance Tests must be within the following limits: Esophoria less than 6 Exophoria less than 6 Hyperphoria less than 1+ Hypermetropia less than 1.5 Convergence 10 cms.
	(b) Other than Field Force	3 3 3 2 $\frac{8}{3}$ $\frac{8}{3}$ 2 2	4	(b)		
10	REME (a) Field Force	2 2 2 2 $\frac{8}{3}$ $\frac{8}{3}$ 2 2	4	(a)	18-40	
	(b) Other than Field Force	3 3 3 2 $\frac{8}{3}$ $\frac{8}{3}$ 2 2	4	(b)		
11	RAPC	3 3 3 2 $\frac{8}{5}$ $\frac{8}{5}$ 2 2	4	(c)	18-40	(f) Near Vision Better Eye—reads J6 (D 0.8) with or without correction. Worse Eye—reads J8 (D 1.0) with or without correction
12	RADC	2 2 2 2 $\frac{8}{3}$ $\frac{8}{3}$ 2 2	4	(a)	23-35	
13	ACC (a) Field Force	2 2 2 2 $\frac{8}{3}$ $\frac{8}{3}$ 2 2	3	(a)	23-30	
	(b) Other than Field Force	3 3 3 2 $\frac{8}{5}$ $\frac{8}{5}$ 2 2	3	(c)		
14	RAVC	2 2 2 2 $\frac{8}{5}$ $\frac{8}{5}$ 2 2	4	(c)	21-30	
15	RAEC (a) Field Force	2 2 2 2 $\frac{8}{3}$ $\frac{8}{3}$ 2 2	4	(a)	Not under 21	Army Air Corps (g) Personnel for glider pilot duties must have a minimum leg length of 39 inches to be measured by sitting the candidate on the floor with his legs outstretched and his back flush against a wall, measurements being taken from the base of the wall to the base of the candidate's heels.
	(b) Other than Field Force	3 3 3 2 $\frac{8}{5}$ $\frac{8}{5}$ 2 2	4	(c)	Up to 60	
16	Pioneer Corps	3 3 3 2 $\frac{8}{5}$ $\frac{8}{5}$ 2 2	4	(c)	23-40	

THE SPECIAL ARMS

17	Army Air Corps (a) Glider Pilot Regiment	2 1 1 1 $\frac{3}{1}$ $\frac{3}{1}$ 2 2	3	(e) and (g)	18-31	(h) Maximum height for parachutist is 73 inches.
	(b) Parachute Regiment	2 1 1 1 $\frac{3}{3}$ $\frac{3}{3}$ 2 2	3	(d), (h) and (i)	18-34	(i) Maximum weight for parachutist is 182 lb.
18	Intelligence Corps (a) Field Force	2 2 2 2 $\frac{8}{3}$ $\frac{8}{3}$ 2 2	4	(a)	18-40	(j) Personnel of any other Arm attached to Army Air Corps must conform to the physical standards required for the Army Air Corps.
	(b) Other than Field Force	3 3 3 2 $\frac{8}{5}$ $\frac{8}{5}$ 2 2	4	(c)	18-40	

TABLE 1a—continued
THE WOMEN'S SERVICES

SE- RIAL	Arm	P U L H E E M S	CP	NOTES	AGE LIMITS	NOTES
19	QAIMNS	2 2 2 2 8 8 2 2 5 5	4	(c)	22-35	
20	ATS	3 3 3 2 8 8 2 2 5 5	4	(c)	18-43	

Note.—The above are the Standards of Fitness for a Regular Commission. In those Arms showing a Field Force and Other than Field Force standard, the former is the standard required.

For certain types of commission (*e.g.*, Emergency) other than Field Force Standard will be acceptable, as directed by War Office.

Candidates of a lower standard of fitness than that given above may only be accepted provided War Office approval is obtained.

TABLE 1b
MINIMUM STANDARDS OF PHYSICAL FITNESS FOR ENTRY (BY
ARMS) TO THE ARMY
OTHER RANKS

Serial No.	Trade and Non-Trade Classes	Minimum PULHEEMS Assessment P U L H E E M S	Minimum		Colour Perception (C.P.)	Notes
			Height (ins.)	Weight (lb.)		
1	Household Cavalry All	2 2 2 2 3 3 2 2	70	120	6	(a) & (f)
2	Royal Armoured Corps All	2 2 3 2 3 3 2 2	62	110	3	(a) & (f)
3	Royal Artillery All	2 2 3 2 8 8 2 2 3 3	62	110	4	(g)
4	Royal Engineers (a) Blacksmith, Blacksmith's Striker or Hammerman Bricklayer Carpenters and Joiners Concretor Draughtsman (architectural) Draughtsman (mechanical) Draughtsman (topographical) Electrician (maintenance) Electrician (power station) Electrician (wireman) Engine Fitter (I.C. and pumps) Engine Fitter (steam reciprocating) Engine Fitter (mechanical equip.) Engine Hand (I.C.) Equipment Repairer Fitter, Grinder, Precision Heli Worker, Instrument Mechanic, Field Surveyor Lineman, Power Lithographer (Draughtsman) Lithographer (Machine Minder) Lithographer (Prover) Machinist (Metal) Mason, Millwright Miner (Mech. or Drill) Miner and Moulder, Navigator Operator, AVRE Operator, Excavator Painter and Decorator, Pattern Maker Photographer (Cartographic) Photographer (Cine or Still) Photographic Developer Photo-writer Pioneer R.E. Plumber and Pipe-fitter Postal Worker Printer (Compositor)	2 2 3 2 8 8 2 2 5 3	64	Dvrs. I.C. 110 Others 120	3	(g)

TABLE 1b—continued

Serial No.	Trade and Non-Trade Classes	Minimum PULHEEMS Assessment	Minimum		Colour Perception (C.P.)	Notes
			Height (ins.)	Weight (lb.)		
	<i>Royal Engineers—continued</i>					
	Quarryman					
	Refrigeration Mechanic					
	Saw Doctor					
	Sawyer					
	Sheet Metal Worker					
	Shipwright					
	Stoker (Stationary Engine)					
	Storeman (Technical)					
	Storeman (Survey)					
	Surveyor (Engineering)	2 2 3 2 8 8 2 2	64	120	3	(g)
	Surveyor (Ordnance)	3 3				
	Surveyor (Topographical)					
	Surveyor (Trigonometrical)					
	Timberman (Public Works)					
	Timberman (Port Construction)					
	Turner, Toolmaker					
	Waterman					
	Welder, Wellborer					
	Woodturner and Machinist					
	(b) Driver, Crane					
	Driver, Mechanic					
	Driver, Operator					
	Driver, Road Roller	2 2 3 2 8 8 2 2	62	Dvrs. I.C. 110	3	(g)
	Driver, Transportation Plant	3 3		Others 120		
	Vehicle Mechanic					
	Driver, IC					
	(c) Platelayer, Barge Engineer (IWT) Lighterman					
	Rigger,	2 2 3 2 8 8 2 2	62	120	4	(i)
	Riveter	5 5				
	Steelwork Erector					
	Stevedore					
	(d) Blockman					
	Brakesman and Shunter					
	Fireman (Locomotive)					
	Fireman (Marine)	3 3 3 2 8 8 2 2	62	120	3	Railway Engine Driver (g)
	Railway Engine Driver (Diesel or Steam)	3 6				Others (h)
	Traffic Operator					
	(e) Boilermaker					
	Carriage and Wagon Repairer					
	Checker (Railway)					
	Checker (Docks)					
	Checker (Movement Control)					
	Clerk (General Duties)					
	Clerk (Railway)	3 3 3 2 8 8 2 2	62	120	Fitter Railway Signals 3	(i)
	Draughtsman (Railway)	5 5			Others 4	(i)
	Draughtsman (Port Constructions)					
	Fitter (Locomotive)					
	Fitter (Railway Signals)					
	Storeman (Technical and Department Railway)					
5	<i>Royal Signals</i>					
	(a) Linemen, Dispatch Riders					
	Drivers IC, Driver Mechanics					
	Operators (Wireless and Line)					
	Operators (Wireless and Key-board)	2 2 3 2 8 8 2 2	Dvrs. IC 62	Dvrs. IC 110	3	(g)
	Operators (Keyboard and Line)	3 3	Others 60	Others 100		
	Operators (Special) Signals					
	(b) Operators (Switchboard Telephone)					
	Operators, Cipher					
	Operators (Keyboard & Cipher)					
	Foremen of Signals	3 3 3 2 8 8 2 2	60	100	3	(h)
	Radio Mechs., Telegraph Mechs.	3 6				
	Line Mechs., Vehicle Mechs.					
	Line Test Clerks					
	(c) Carpenters and Joiners, Clerks, Draughtsmen Sigs., Storemen (Technical), General Duties	3 3 3 2 8 8 2 2	60	100	4	(i)
		5 5				
6	<i>Foot Guards</i>					
	All	2 2 2 2 3 3 2 2	69	140	4	(e) & (f)

TABLE 1b—continued

Serial No.	Trade and Non-Trade Classes	Minimum PULHEEMS Assessment P U L H E E M S	Minimum		Colour Perception (C.P.)	Notes
			Height (ins.)	Weight (lb.)		
7	<i>Infantry of the Line</i> All	2 2 2 2 8 8 2 2 3 3	62	115	4	(g)
8	<i>Royal Army Service Corps</i>					
	(a) Drivers (horse transport)	2 2 2 2 8 8 2 2 3 3	60	100	3	(g)
	(b) Farrier Fireman (fire fighting duties) Marine Engineer Rigger Saddler Waterman—including potential Navigator Wheeler	2 2 3 2 8 8 2 2 3 3 6	Fireman 66 Others 60	Fireman 130 Others 100	Fireman 3 Others 3	Fireman (d) Others (h)
	(c) Baker Blacksmith Butcher Coachpainter Coachtrimmer Driver IC Driver Mechanic Sheet Metal Worker	3 3 3 2 8 8 2 2 3 3 6	Dvrs. IC 62 Others 60	Dvrs. IC 110 Others 100	3	(h)
	(d) Carpenter and Joiner Electrician Fitter (Petroleum)	3 3 3 2 8 8 2 2 3 3 6	60	100	3	(h)
	Shipwright Turner Vehicle Mechanic Welder	3 3 3 2 8 8 2 2 3 3 6	60	100	3	(h)
	(e) Clerk (General Duties) Clerk (Technical MT) Dipper, Checker Draughtsman (Mechanical) Issuer Storeman (Supply) Storeman (Technical MT)	3 3 3 2 8 8 2 2 5 5	60	100	3	(i)
9	<i>Royal Army Medical Corps</i>					
	(a) Mental Nursing Orderly Nursing Orderly Operating Room Assistant	3 2 3 2 8 8 2 2 5 5	60	100	4	
	(b) Clerk, Orderly (Clinical)	3 3 3 2 8 8 2 2 5 5	60	100	4	(i)
	(c) Clerk Cook (Hospital) Dispenser Laboratory Assistant (Pathological) Masseur Radiographer Sanitary Assistant Special Treatment Orderly Storeman (Technical)	3 3 3 2 8 8 2 2 5 5	60	100	4	(i)
10	<i>Royal Army Ordnance Corps</i>					
	(a) Driver (Crane) Driver, IC Driver Mechanic Vehicle Mechanic	3 3 3 2 8 8 2 2 3 3 6	62	110	3	(h)
	(b) Clerk Cutter (Cine) Photographer (Cine and Still) Photographic Developer Projectionist Cinema Saddler Shoemaker Storeman Tailor Textile Refitter	3 3 3 2 8 8 2 2 3 3 6	60	100	4	(h)

TABLE 1b—continued

Serial No.	Trade and Non-Trade Classes	Minimum PULHEEMS Assessment	Minimum		Colour Perception (C.P.)	Notes
			Height (ins.)	Weight (lb.)		
11	<i>Royal Electrical and Mechanical Engineers</i>					
	(a) Armament Artificers Armourer Blacksmith Draughtsman, Mechanical Driver, IC Driver Mechanic (Recovery) Driver Operator Electrician, CE Electrician, V & P Fitter Grinder (Precision) Instrument Mechanic Leading Artisan Staff Sergeant Machinist, Metal Millwright Toolmaker Turner Vehicle Mechanic Watchmaker Telecommunication Mechanic	3 3 3 2 8 $\frac{8}{3} \times \frac{2}{6}$ 2 2	Dvrs. IC and Tradesmen required to drive 62 Others 60	Dvrs. IC and Tradesmen required to drive 110 Others 100	3 3	(h) (h)
	(b) Blacksmith Striker and Hammerman Carpenter and Joiner Clerk, General Duties Clerk, Technical, REME Coachpainter Coachtrimmer Cycle Repairer Electro Depositor Motor Assembler Moulder Operator (Tyre Repair Plant) Pattern Maker Riveter Saddler and Harness-Maker Sawyer Sheet Metalworker Storeman (REME) Vulcanizer Welder Woodturner and Machinist General Duties	3 3 3 2 8 $\frac{8}{5} \frac{2}{5}$ 2 2	60	100	Coachpainters 3 Others 4	(i)
12	<i>Royal Army Pay Corps</i> All	3 3 3 2 8 $\frac{8}{5} \frac{2}{5}$ 2 2	60	100	4	(i)
13	<i>Royal Army Dental Corps</i> Dental Hygienist Dental Technician Dental Operating Room Assistant	3 3 3 2 8 $\frac{8}{5} \frac{2}{5}$ 2 2	60	100	4	(i)
14	<i>Army Catering Corps</i> Cooks	3 3 3 2 8 $\frac{8}{5} \frac{2}{5}$ 2 2	60	100	3	(e) & (i)
15	<i>Royal Army Veterinary Corps</i> Non Tradesmen (All) Farriers Saddlers Clerks Storemen	2 2 2 2 8 $\frac{8}{3} \frac{2}{3}$ 2 2 3 3 3 2 8 $\frac{8}{5} \frac{2}{5}$ 2 2	60 60	100 100	4 4	(g) (i)
16	<i>Royal Army Education Corps</i> All	3 3 3 2 8 $\frac{8}{5} \frac{2}{5}$ 2 2	60	100	4	(i)
17	<i>Auxiliary Territorial Service</i> All	3 3 3 2 8 $\frac{8}{5} \frac{2}{5}$ 2 2	Motor Cyclists 64 Drivers i/c and Storewomen Tech. (MT) Duties 62 Others 58	115 108 100	3 3 4	(h) (h) (i)

NATIONAL SERVICE INTAKES

The Standards given above are those required for entry to the Army on a Regular Army Engagement. For Army Class Intake the entry standards are the same, except for the following trades in Corps as shown below:

RASC

Clerk GD
Clerk Tech. (MT)
Dipper Checker
Draughtsman Mech.
Storeman (Sup)
Issuer

RAMC

Nursing Orderly
Sanitary Assistant

RAOC

Cutter Line
Photographer (Line and Still)
Photographer Developer
Projectionist Cinema
Saddler
Shoemaker
Tailor
Textile Refitter

RADC

Dental Hygienist
Dental Technician
Dental Operating Room Assistant

REME

Blacksmith Striker and Hammerman
Carpenter and Joiner
Coach Painter
Coach Trimmer
Cycle Repairer
Electro Depositor
Motor Assembler
Moulder
Operator (Tyre Repair Plant)
Pattern Maker
Rivetter
Saddler and Harness Maker
Sawyer
Sheet Metal Worker
Storeman (REME)
Vulcaniser
Welder
Woodturner and Machinist
General Duties

ACC

Cook

The following lower Standards will be accepted in the above trades:

	PULHEEMS	Colour Perception (C.P.)	Notes
	3 3 3 7 8 8 2 3 5 5	4	(i)

The standards required for entry to the Pioneer Corps are as follows:

Pioneer Corps	PULHEEMS	CP	
Armed	3 3 3 7 8 8 3 3 5 5	4	(i)
Unarmed	3 3 3 7 8 8 7 3 5 5	4	(i)

THE SPECIAL ARMS

Serial No.	Classes	PULHEEMS Code Number	CP	Notes	Minimum	
					Height	Weight
1	Army Air Corps (a) Parachute Regiment	ALL 2 1 1 1 3 3 2 2	3	(k), (n) & (o)	62	110
	(b) Glider Pilots	ALL 2 1 1 1 3 3 2 2 1 1	3	(l) & (m)	65	130
2	Intelligence Corps (a) Field Security	ALL 2 2 2 2 8 8 2 2 3 3	4	(g)	Field Security 66	Field Security 123
	(b) Others	ALL 3 3 3 2 8 8 2 3 5 5	4	(i)	Others 60	Others 100
3	APTC	ALL 2 2 2 2 8 8 2 2 3 3	4	(g)	60	100
4	RMP	ALL 2 2 2 2 3 3 2 2	3	(f)	69	140
5	Military Provost Staff Corps	ALL 2 2 2 2 3 3 2 2	4	(f)	60	100

NOTES

- (a) Maximum height for RAC is 72 inches.
- (b) Persons who have one eye enucleated, or who have two eyes, but whose vision in one eye is lost, will not be accepted for enlistment.
- (c) Men who habitually wear spectacles, or whose unaided vision is shown as less than $6/12$ in each eye, will not be accepted for Foot Guards.
- (d) Men who wear spectacles will not be accepted as Firemen (Fire Fighting duties). Vision without glasses must be not less than $6/18$ in each eye; i.e.
- | | |
|---|---|
| E | E |
| 4 | 4 |
- (e) (i) A high standard of oral hygiene is essential.
- (ii) Candidates whose medical history discloses a recent history of sore throat will not be accepted unless and until the underlying cause has been effectively treated.
- (iii) Candidates whose medical history discloses a previous history of dysentery and who have recurrent symptoms of this disease will not be accepted until shown to be free from active infection by six bacteriological examinations carried out over a period of one month.
- (iv) No individual will be accepted who has suffered from the enteric group of fevers.

Vision

- (f) Vision unaided must be not less than $6/12$ in either eye, or not less than $6/6$ in the Right Eye and $6/36$ in the Left Eye, i.e.:

E	E		E	E
3	3	or	1	6

- (g) Vision unaided must be correctable to at least $6/12$ in each eye, or not less than $6/6$ right eye and $6/36$ left eye, i.e.:

E	E		E	E
8	8	or	8	8
3	3		1	6

- (h) Vision unaided must be correctable to at least $6/12$ in the better eye and not less than $6/36$ in the worse eye, i.e.:

E	E		E	E
8	8	or	8	8
3	6		6	3

- (i) Vision unaided must be correctable to at least $6/24$ in each eye, or at least $6/12$ in the better eye and $6/60$ in the worse eye, i.e.:

E	E		E	E		E	E
8	8	or	8	8	or	8	8
5	5		3	7		7	3

- (j) Enlistment into the Special Arms is from serving soldiers of the following Arms:

RA, RE, Royal Signals, Foot Guards, Infantry of the Line, RASC, RAMC, RAOC, REME, RADC and ACC.

- (k) Vision in each eye *unaided* must not be less than 6/12.

$$\begin{array}{r} E \quad E \\ 3 \quad 3 \\ \hline \end{array}$$

- (l) Vision in each eye *unaided* must not be less than 6/12, and each eye must be correctable to 6/6, i.e.:

$$\begin{array}{r} E \quad E \\ 3 \quad 3 \\ \hline 1 \quad 1 \end{array}$$

In addition, Eye Muscle Balance Tests must be within the following limits:

Esophoria less than 6

Exophoria less than 6

Hyperphoria less than 1+

Hypermetropia less than 1.5

Convergence 10 cms.

- (m) Personnel for Glider Pilot duties must have a minimum leg length of 39 inches (to be measured by sitting the candidate on the floor with his legs outstretched and his back flush against a wall, measurements being taken from the base of the wall to the base of the candidate's heels).

- (n) Maximum height for a Parachutist is 73 inches.

- (o) Maximum weight for a Parachutist is 182 lb.

- (p) Personnel of any other arm attached to Parachute Regiment or Glider Pilot Regiment must conform to the Medical Standards of Fitness required for entry to the Parachute Regiment or Glider Pilot Regiment.

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TABLE 2—continued

PULHEEMS EMPLOYMENT STANDARD		FE (FT)								LE (LT)								BE (BT)								HO							
SE- RIAL	ARM	P	U	L	H	E	E	M	S	P	U	L	H	E	E	M	S	P	U	L	H	E	E	M	S	P	U	L	H	E	E	M	S
16	Pioneer Corps	2 (5)	2	2	3	8	3	2	2	3 (6)	3	3	3	8	8	2 5	3 (6)																
17	Corps Royal Military Police	2 (5)	2	2	2	3	3	2	2																								
18	Military Provost Staff Corps	2 (5)	2	2	2	3	3	2	2																								
19	Intelligence Corps	2 (5)	2	2	2	8	3	2	2	3 (6)	3	3	3	8	8	2 3	2 6	3 (6)	7	7	7	8	8	2	3 (6)	7	7	7	8	8	2	7	
20	Army Physical Training Corps	2 (5)	2	2	2	8	3	2	2																								
21	Army Air Corps (a) Glider Pilot Regiment (b) Parachute Regiment	2 (5)	1	1	1	3	3	2	2																								

This is the minimum assessment permissible for retention overseas. Assessments for specific employments in the base area are used by personnel selection officers when re-allocating by selection procedure.

This is the minimum assessment permissible for retention in the Army. Assessments for specific employments are used by personnel selection officers when re-allocating by selection procedure.

This is the minimum assessment permissible for retention in the Army. Assessments for specific employment are used by personnel selection officers when re-allocating by selection procedure.

This is the minimum assessment permissible for retention overseas. Assessments for specific employment in the base area are used by personnel selection officers when re-allocating by selection procedure.

THE WOMEN'S SERVICES—OFFICERS ONLY

PULHEEMS EMPLOYMENT STANDARD		FE (FT)						LE (LT)						BE (BT)						HO																			
SE- RIAL	ARM	P		U		L		H		E		E		M		S		P		U		L		H		E		E		M		S							
		2	2	2	2	2	2	8	8	2	2	3	3	3	3	8	8	2	2	3	3	3	3	8	8	2	2	3	3	3	3	7	7	7	8	8	2	7	
22	QAIMNS	(5)						$\frac{8 \times 6}{3}$											(6)																				
23	ATS	(5)	2	2	2	2	2	$\frac{8 \times 5}{5}$											(6)	3	3	3	3	8	8	2	2	3	(6)										

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TABLE 3—continued

TRADE AND EMPLOYMENT	CP	FE (FT)						LE (LT)						BE (BT)						HO										
		P	U	L	H	E	M	S	P	U	L	H	E	M	S	P	U	L	H	E	M	S	P	U	L	H	E	M	S	
17. Cook	3	2 (5)	2	2	3	8	8	2	2	2	3	8	8	2	3 (6)								2	2	3	8	8	2	7	
18. Cook, Hospital, Cls. II and III	3	2 (5)	2	2	3	8	8	2	2	2	3	8	8	2	3 (6)								2	2	3	8	8	2	7	
19. Clerk (Shorthand Writer)	4	2 (5)	2	2	3	8	8	2	2	3	3	8	8	2	3 (6)	3	3	7	3	8	8	2	3	7	3	8	8	2	7	
20. Operator (Keyboard and Cipher) (R Sigs Duties)	3	2 (5)	2	2	3	8	8	2	2	3	3	8	8	2	2	3	3	7	2	8	8	2	2							
21. Operator (Wireless, Line) (R Sigs duties)	3	2 (5)	2	2	2	8	8	2	2	3	3	8	8	2	2	3	3	7	2	8	8	2	2							
22. Operator Special (R Sigs duties)	3	2 (5)	2	2	2	8	8	2	2	3	3	8	8	2	2	3	3	7	2	8	8	2	2							
23. Photographic Developer	4	2 (5)	2	2	3	8	8	2	2	3	3	8	8	2	2	3	3	7	3	8	8	2	3	7	3	8	8	2	7	
24. Postal Worker	4	2 (5)	2	2	2	8	8	2	2	3	3	8	8	2	3 (6)	3	3	2	3	8	8	2	3	6	3	2	8	8	2	7
25. Sheet Metal Worker	4	2 (5)	2	2	2	8	8	2	2	3	3	8	8	2	3 (6)	3	3	3	3	8	8	2	3	6	3	3	8	8	2	7
26. Welder	4	2 (5)	2	2	2	8	8	2	2	3	3	8	8	2	3 (6)	3	3	3	3	8	8	2	3	6	3	3	8	8	2	7

GROUP C

27. Bakeress

28. Clerk (Checking and Coding

Duties)

20. Clerk Orderly (Clinical

RAMC Duties)

30. Clerk, G.D.

31. Clerk, Railway

32. Clerk, RAMC

33. Clerk, RAPC

23. Clerk, RAOC

34. Clerk, RROC

36. Clerk, S.D.

37. Clerk, T.M.T. (RASC Duties)

38. Clerks. REME.

39. Coach Trimmer

40. Operator Dome Teacher

41. Operator Kinetheodolite

42. Operator Office Machine—

(i) Book-keeping

(ii) Calculating

(iii) Tabulator

TABLE 3—continued

TRADE AND EMPLOYMENT	CP	FE (FT)						LE (LT)						BE (BT)						HO													
		P	U	L	H	E	M	S	P	U	L	H	E	M	S	P	U	L	H	E	M	S	P	U	L	H	E	M	S				
43. Dental Operating Room Assistant (RADC Duties)	4	2 (5)	2	2	2	8	$\frac{8}{3 \times 6}$	2	2	3	3	3	8	$\frac{8}{5}$	2	3 (6)	3	3	7	3	8	$\frac{8}{5}$	2	7	3	3	7	3	8	$\frac{8}{5}$	2	7	
44. Orderly Nursing	3	2 (5)	2	2	2	8	$\frac{8}{3 \times 6}$	2	2	2	2	2	2	2	2																		
45. Painter & Decorator	3	2 (5)	2	2	2	3	8	$\frac{8}{5}$	2	2	2	3	3	8	$\frac{8}{5}$	2	3 (6)	3	3	2	3	8	$\frac{8}{5}$	2	7	3	3	2	3	8	$\frac{8}{5}$	2	7
46. Radio Assembler	3	2 (5)	2	2	2	2	8	$\frac{8}{3 \times 6}$	2	2	3	3	3	8	$\frac{8}{3 \times 6}$	2	3 (6)	3	3	7	3	8	$\frac{8}{3 \times 6}$	2	7	3	3	7	3	8	$\frac{8}{3 \times 6}$	2	7
47. Shoe Maker	4	2 (5)	2	2	3	8	$\frac{8}{5}$	2	2	3	3	3	8	$\frac{8}{5}$	2	3 (6)	3	3	7	3	8	$\frac{8}{5}$	2	7	3	3	7	3	8	$\frac{8}{5}$	2	7	
48. Storewoman— (i) Supplies RASC (ii) Tech & Departmental Railway (iii) Technical RAOC (iv) Technical REME (v) Technical, others	3	2 (5)	2	2	2	8	$\frac{8}{5}$	2	2	2	2	2	8	$\frac{8}{5}$	2	3 (6)	3	2	2	3	8	$\frac{8}{5}$	2	7	3	2	2	3	8	$\frac{8}{5}$	2	7	
49. Tailoress	4	2 (5)	2	2	3	8	$\frac{8}{3 \times 6}$	2	2	3	3	3	8	$\frac{8}{3 \times 6}$	2	3 (6)	3	3	7	3	8	$\frac{8}{3 \times 6}$	2	7	3	3	7	3	8	$\frac{8}{3 \times 6}$	2	7	
GROUP D 50. Chiropodist	4	2 (5)	2	2	3	8	$\frac{8}{5}$	2	2	3	3	3	8	$\frac{8}{5}$	2	3 (6)	3	3	7	3	8	$\frac{8}{5}$	2	7	3	3	7	3	8	$\frac{8}{5}$	2	7	

51. Clerk (Key Punch Operator and filing)	4	2	2	2	3	8	8	2	2	3	3	3	3	7	3	3	7	3	3	8	8	2	7
		(5)				5	5													5	5		
52. Driver Mechanic	3	2	2	2	2	8	8	2	2	2	2	2	2	2	2	2	2	2	2	8	8	2	7
		(5)				3	3													3	3		
53. Operator Fire Control	3	1	2	2	2	8	8	2	2	2	2	2	2	2	2	2	2	2	2	8	8	2	7
		(4)				3	3													3	3		
54. Operator Searchlight (AA)	3	1	2	2	2	8	8	2	2	2	2	2	2	2	2	2	2	2	2	8	8	2	7
		(4)				3	3													3	3		
55. Operator Switchboard Telephone (R Sigs Duties)	3	2	2	2	2	8	8	2	2	2	2	2	2	2	2	2	2	2	2	8	8	2	7
		(5)				3	3													3	3		
NON-TRADES																							
56. Admin WOs and NCOs	4	2	2	2	2	8	8	2	2	2	2	2	2	2	2	2	2	2	2	8	8	2	7
		(5)				5	5													5	5		
57. Assistant Cook	4	2	2	2	2	8	8	2	2	2	2	2	2	2	2	2	2	2	2	8	8	2	7
		(5)				5	5													5	5		
58. Cook (non-tradeswoman)	4	2	2	2	2	8	8	2	2	2	2	2	2	2	2	2	2	2	2	8	8	2	7
		(5)				5	5													5	5		
59. Driver I/C	3	1	2	2	2	8	8	2	2	2	2	2	2	2	2	2	2	2	2	8	8	2	7
		(4)				3	3													3	3		
60. EFI Personnel	4	2	2	2	2	8	8	2	2	2	2	2	2	2	2	2	2	2	2	8	8	2	7
		(5)				5	5													5	5		
61. Film Repairer	4	2	2	2	2	8	8	2	2	2	2	2	2	2	2	2	2	2	2	8	8	2	7
		(5)				3	3													3	3		

TABLE 3—continued

TRADE AND EMPLOYMENT	CP	FE (FT)						LE (LT)						BE (BT)						HO												
		P	U	L	H	E	M	S	P	U	L	H	E	M	S	P	U	L	H	E	M	S	P	U	L	H	E	M	S			
85. Plotter	3	2 (5)	2	2	2	8	8	2	2	3 (6)	3	3	2	8	8	2	3 (6)															
86. Provost Duties ATS	3	1 (4)	2	2	2	3	3	2	2																							
87. Recorder	4	2 (5)	2	2	2	3	3	2	2																							
88. Storewoman Non-Technical	4	2 (5)	2	2	2	8	8	2	2	3 (6)	3	3	3	8	8	2	3 (6)	3	3	3	7	8	8	2	3	3	3	7	8	8	2	7
						5	5							5	5		6	3	3	5	8	8	5	6	3	3	5	8	8	5		

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