

My name is Larry Mullen. I am the Deputy Director, DoDMERB. DoDMERB is the Department of Defense Medical Examination Review Board. DoDMERB wants to make your medical exam experience as “hassle free” as possible. While most questions should go to: [usaf.usafa.dodmerb.mbx.helpdesk@mail.mil](mailto:usaf.usafa.dodmerb.mbx.helpdesk@mail.mil), you may also feel free to email me [Lawrence.E.Mullen.civ@mail.mil](mailto:Lawrence.E.Mullen.civ@mail.mil)

The identification of paragraphs below are from A-K and then 5-16.

- A. Many of you don't have ties to the military, so this process maybe somewhat daunting. **We'll help you** 😊
- B. Many of you and/or your parents do have ties to the military. The standards and process have changed over the years and we don't want you to be confused by the way it “used to be.” **We'll help you** 😊 If you have any questions regarding the process; your case specifically; the standards; etc; please email: [usaf.usafa.dodmerb.mbx.helpdesk@mail.mil](mailto:usaf.usafa.dodmerb.mbx.helpdesk@mail.mil).
- C. While this is an Applicant-(Parent) Reference Guide, the operative word is “applicant.” **We'll help you** 😊

**D. APPLICANTS ONLY (If your parents read this part, you'll know why I wrote it this way 😊) – This is YOUR future, YOUR application, and it needs to be YOUR decision. Parents are very useful in providing YOU sage advice and counsel...in the background...say again, IN THE BACKGROUND. YOU should take all actions regarding YOUR application. If YOU are offered an appointment to one/more Service Academy and/or are awarded a scholarship to an ROTC Program(s), guess what? Your parents do NOT get to attend with YOU 😊 Therefore, this process begins that transition of YOUR independence. Again, they can assist YOU, but YOU should be the lead on all application actions. They should be like the military guidon bearer --- YOU are the Commander and they should be one step to the right and one step behind YOU. Go easy on them. This will NOT be an easy thing for them to do...to start to let go 😊**

- E. If you are 18 years or older, DoDMERB is not authorized to release information pertaining to your applicant without an authorized release of personal health information. To authorize this, complete the following form: (Go to: <https://dodmerb.tricare.osd.mil/MiscMenuItems/forms.asp> = [Authorization for DoD to Discuss Medical/Dental Information/Status With Appointed Individual\(s\) -- {Used To Authorize DoD to Discuss Your Information/Status With Specified Individual\(s\)}](#)) and send to [HelpDesk@dodmerb.tma.osd.mil](mailto:HelpDesk@dodmerb.tma.osd.mil) or fax to: 719-333-3578, or mail to: DoDMERB, 8034 Edgerton Drive, Suite 132, USAFA, CO 80840".
- F. This is an applicant (parent-advocate) guide to the DoDMERB process in rendering medical determinations for applicants to the US Service Academies, ROTC programs, USUHS, Army Direct Commissioning Programs, and USMC OCS (where the applicants have utilized DoDMERB for their exams.). If I have sent you this document, it's because you have expressed an interest or have questions. It is all encompassing, to provide

you details and free us up to answer other folks like yourselves. It is written sequentially, in accordance with the process.

- G. DoDMERB's motto is "Leave no applicant behind." One of the ways to do that is to ENSURE you provide us with your current, mailing address, phone number, and email address. This is YOUR responsibility; otherwise, we won't be able to contact you. We will do whatever it takes to ensure applicants receive a comprehensive review in accordance with the DoD medical accession standards outlined in Department of Defense Instruction (DoDI) 6130.03 "Medical Standards for Appointment, Enlistment, or Induction in the Military Services", dated 28 April 2010, *Incorporating Change 1, September 13, 2011*. (<http://www.dtic.mil/whs/directives/corres/pdf/613003p.pdf>)
- H. DoDMERB implements Department of Defense medical policy and standards, but does not have the authority to debate those, enumerated in the DoDI. DoDMERB is very engaged in the process to revise the standards on a regular basis. The goal is to ensure the minimally acceptable standard is applied and to ensure the issues stated in #1 below are enforced. The DoD, Army, Navy, Air Force, and Coast Guard personnel and medical folks are also very involved in this process.

#### I - WEBSITES:

- 1) If you undergo your exam(s) through our contractor, Concorde, Inc, Philadelphia, PA (215-587-9600), the website is: <https://www.dodmets.com>. Concorde sub-contracts to medical centers around the country. You should schedule your appointments (ensure you log in your appointment dates/times after you have scheduled your appointments); complete your medical history; and track the status of your exams from the time you first log in until the exams are sent to DoDMERB for evaluation. A "CLOSED" status on the DODMETS website means they have FedEx the exam/history results to DoDMERB. A "COMPLETE HOLD" status means that Concorde is working with the examiners to obtain additional information. Upon receipt, Concorde will forward exam results to DoDMERB.
- 2) "If" you take your exams at a Military Treatment Facility (MTF), it is your responsibility to ensure the results are forwarded to DoDMERB, either by the MTF or yourself.
- 3) AFTER you've taken the exam through Concorde or an MTF, you may log onto <https://dodmerb.tricare.osd.mil> (this log on will ONLY be permitted AFTER the initial review of your case has been accomplished. So, if your exam were only taken recently, you will not be able to log in. Try again later.)
- 4) On the DoDMERB website you can track:
  - a. The status of your medical evaluation
  - b. Any "remedials" (AMI-additional medical information)- (additional test(s); eval(s)/consult(s); medical records requests; information; and/or questionnaires) DoDMERB may request;
  - c. Final status of MEETS or does NOT MEET medical accession standard determinations; and waiver status (though you will be sent a letter by each individual program for your official waiver notification decision, except USMMA.

USMMA does NOT send a waiver granted letter. They only post their decision to their admissions and DoDMERB website.)

## J - WHY DOES DOD HAVE A MEDICAL REQUIREMENT?

1) The rigors and stressors of military training and missions, requires the Department of Defense (the Presidential cabinet level organization that oversees the personnel and operations of the Armed Forces, including for these purposes, applicants to the US Coast Guard Academy and US Merchant Marine Academy) ensure all applicants meet the following (extract from <http://www.dtic.mil/whs/directives/corres/pdf/613003p.pdf>):

**“4c. Ensure that individuals under consideration for appointment, enlistment, or induction into the United States Armed Forces are, as follows:**

**(1) Free of contagious diseases that probably will endanger the health of other personnel.**

**(2) Free of medical conditions or physical defects that may require excessive time lost from duty for necessary treatment or hospitalization or probably will result in separation from the Service for medical unfitness.**

**(3) Medically capable of satisfactorily completing required training.**

**(4) Medically adaptable to the military environment without the necessity of geographical area limitations.**

**(5) Medically capable of performing duties without aggravation of existing physical defects or medical conditions.”**

2) DoDMERB performs a medical screening mission by reviewing the medical history and examination. We evaluate those documents, in accordance with the medical accession standards listed in DoDI 6130.3, to render a determination if an applicant **MEETS** (commonly referred to as “qualified”) or does **NOT MEET** (commonly referred to as “disqualified”) medical accession standards (The medical aspect for applicants to gain admission INTO these US Service Academies and ROTC programs). It is possible, we may request additional test(s), evaluation(s), and/or information (these requests are called remedials or AMI {additional medical information}) to assist in reaching our final determination. If an applicant is being considered for a medical waiver (see paragraphs 5-12), the waiver authority may also ask for these items for the same reason, prior to rendering, their waiver decisions. **DoDMERB will accept any documentation an applicant wishes to submit for consideration...at any time.** The waiver authorities ALL use DoDMERB as their conduit of information. So, anything requested by DoDMERB or the waiver authorities will be submitted to DoDMERB. Do not send it twice (e.g. fax and hard copies) or to the Academy or ROTC program. It is noted that both DoDMERB and the waiver authorities are NOT reluctant to ask for something specific, when required.

- a. Remedial letters will be sent via letter to the applicant at their home address for Service Academy/ROTC 4 Year applicants.
- b. Remedial letters will be sent to your Battalion/Detachment for campus based ROTC applicants.
- c. Three choices are provided for the medical remedial requiring a consult and/or lab/medical test.

- 1) You can have the government pay for the consult/test (preferred), but you **MUST** go to our designated contracted medical provider.
- 2) You may pay for the remedial yourself, unless DoDMERB specifically requires it be accomplished at a military treatment facility. This option prohibits any reimbursement to the applicant for any costs.
- 3) You can go to a military treatment facility, provided they have the specialty required for the consult and/or the service provided for the test. DoDMERB is unable to support you for this option. It will be totally arranged by you.

d. If you are determined to **MEET** or **NOT** meet medical standards (commonly referred to as qualified/disqualified), you will be notified via letter from DoDMERB **AND** the programs to which you have applied, will be notified of this status by DoDMERB, via a secure electronic transfer of data---from DoDMERB to that/those programs (Academies, ROTC, etc.).

e. If your medical waiver has been denied or granted, you will be notified via letter from the medical waiver authority for that particular program, with the previously mention exception for the USMMA cited in 4c above.

3) The authority to accomplish this mission and the standards DoDMERB apply are contained in the Medical Standards for Appointment, Enlistment, and Induction located at <http://www.dtic.mil/whs/directives/corres/pdf/613003p.pdf>.

k. "If" DoDMERB renders a determination of "**does NOT meet medical accession standards**," the DoDI permits the Service Secretaries (Army, Navy, Air Force) to authorize waivers in individual cases.

1) In the case of the Coast Guard Academy, HQs, US Coast Guard render waivers for their own applicants, under the same concept.

2) The United States Merchant Marine Academy utilizes the Navy's authority to render waiver decisions, in light of the Naval Reserve Commission that each graduate receives.

3) The US Marine Corps is the other uniformed Service in the Department of the Navy. While the medical recommendations for the Navy ROTC (Marine Corps option) come from the Navy, the Marine Corps issues the final decisions on applicants to that program.

**(The identification of paragraphs will now change to numbers and will begin with the number 5)**

5. **Service Academies** = If you are determined to be "competitive for an offer of appointment" (determined by the Offices of Admissions), medical waiver consideration will be automatically requested on your behalf. You are **NOT** required to request a medical waiver. Conversely, if you are not competitive for an offer of appointment, either after evaluation or because enough of the application has **NOT** been completed, there will be no medical waiver consideration. There may be periods in between, where the Admissions office has **NOT** made this determination yet.

a. Keep in mind that all US Services Academies, require 4 non-negotiable items for admission

- 1) Selection by Admissions {Academics, College Test scores, extracurricular activities, etc., are considered};
- 2) Successful passing of the Candidate Fitness Assessment {CFA};
- 3) Medical qualification by DoDMERB or receipt of a medical waiver by the Academy
- 4) {Except for the USCGA} a nomination from Member of Congress, the Vice President or the President. So, depending on where you are in the timeline, prior to 31 Jan of the year you are to be admitted, you must have items 1, 2, and 4 above, completed.

- b. No applicant, say again, **NO APPLICANT**, will ever be denied admission from a US Service Academy because they receive a DoDMERB determination of did NOT meet DoD medical accession standards (particularly, West Point). “IF” you meet 1, 2, and 4 in paragraph 5a above, but receive a DoDMERB determination of “does NOT meet medical accession standards,” Admissions will automatically request medical waiver consideration to begin for you.

6. **4 year ROTC programs** = In most cases, you “may” have already been awarded a scholarship...“contingent” upon obtaining a DoDMERB MEETS medical standards determination or a medical waiver from the specific ROTC program. If you have been awarded an ROTC scholarship(s), you will be automatically considered for a medical waiver; you are NOT required to submit a letter or a request. The medical waiver authority will have all the records that DoDMERB possessed to render our decision.

7. **“In-college” ROTC applicants** = Commanders will determine if you will be processed for medical waiver consideration, after a DoDMERB determination of does NOT meet medical accession standards. This is if you are in any Service ROTC program and were recruited “in college/on campus” by that specific ROTC Battalion or Detachment.

#### 8. **Waivers in general** –

- a. Speculation of potential waiver decisions; percentages of waivers granted for similar conditions by waiver authorities; “what are my chances?”; etc., are all inappropriate and may be misleading. Therefore, DoDMERB does NOT answer these type questions.
- b. Waivers are individually based. A condition, injury, illness, disease, etc., has different effects on a person’s ability to function. This is dependent on severity, frequency, where on the spectrum of the malady the applicant currently may be, etc. So, when the question is asked, “Do they often waive for THIS?” There is NOT going to be a general answer. Also, the Services and programs in that Service, waive to the needs of the Service in terms of their mission to access so many folks. If the specific Service/program is MEETING their manpower requirements, medical waivers will be issued in far fewer cases than if a Service/program is increasing the numbers of personnel in the force. In other words, what may have been waived last year, may not be waived this year, or vice versa.
- c. In lay terms, when there’s a significant medical situation present by examination or history and the standards require a DoDMERB determination of does NOT meet medical accession standards....it does NOT mean that you will NOT be able to receive a medical waiver (From your standpoint only, MEETS medical standards or Medical Waiver Granted, means the same thing...if appointed or selected, you can be admitted to a Service Academy or ROTC program)

- d. Different Services and different programs within the same service “may” render different waiver decisions. Again, waiver decisions are individually based and support the needs of that program and service.
- e. Any Service Academy or ROTC program “may” request remedials or AMI prior to them rendering their waiver decision. If they do this, they will do so thru DoDMERB, who will in turn send directly to the applicant or for campus based ROTC applicants, to their Battalion/Detachment.

9. **Waiver timelines** – The waiver authorities will render their waiver decisions based on: their workload; complexity of the case; whether or not additional consultants are utilized in the decision making process AND the consultant’s ability to be responsive; etc. There is NOT a standard timeline for rendering any waiver decision. All waiver authorities are dedicated to providing a comprehensive evaluation and issuing as timely a decision as possible. This is very important, because I frequently get folks wanting a decision right then and there. That kind of haste will not afford the applicant the appropriate review of their case for an accurate waiver decision. So, while I understand your angst for a quick and favorable decision, please be patient so your case can be reviewed comprehensively. DoDMERB does NOT have any insight as to what the waiver authority will decide. Their decision is totally independent from DoDMERB. **You will be notified via letter by the medical waiver authority of their decision AND you will see the decision on the DoDMERB website (<https://dodmerb.tricare.osd.mil>), with the exception of USMMA as discussed in paragraph 4c above.**

10. **Generalized waiver criteria** – The main focus of all waiver decisions is centered on the ability to safely and successfully train, be commissioned, and be world-wide deployable upon graduation/commission. In applying this objective, a few of the questions that are considered are:

- a) Is the condition progressive?
- b) Is the condition subject to aggravation by military service?
- c) Will the condition preclude satisfactory completion of prescribed training and subsequent military duty?
- d) Will the condition constitute an undue hazard to you or to others you will be charged in leading, particularly under combat conditions?

11. **“What if” type questions** -

- a. In almost all cases, DoDMERB will NOT render a determination off of what you, a parent, an advocate, etc., writes to me.
- b. DoDMERB, the Services nor anyone in DoD are authorized to recommend treatments; therapies; surgeries; medication use/stop use; etc. Those decisions are strictly between the applicants and their physicians. In order to obtain an “official answer (DoDMERB determination/waiver decision),” you must apply and go through the process. This allows the reviewing authorities to review existing records AND to order additional consult(s), test(s), and/or request additional information from the applicant.
- c. The only guarantee is: If there is NO application, you will be guaranteed to NOT receive medical clearance. In all cases, we highly recommend that you apply to more than one Service Academy, ROTC program, and civilian opportunity. While that may require more activity on the applicant’s behalf, it

also broadens the opportunities, should you not be offered your first, second, or subsequent choices.

- d. The reason we have a requirement for a medical history and exam is for DoDMERB to evaluate those actual results and THEN make determinations of whether more consult(s), test(s), and/or information will be required. We certainly understand the dilemma from your perspective, but please be patient and understand the issue from ours. We need to evaluate the actual history and exam results before rendering any type of determination. More often than not, what applicants, parents, advocates, and friends “think” is the medical issue, is not the “confirmed” medical issue at all.
- e. We also can’t “speculate” what decisions will be rendered by the waiver authorities. They are totally independent from DoDMERB and make decisions based on their Service, program, training, and experience.

12. DoDMERB will accept any documentation you wish to submit for consideration...at any time. Understand that unless specifically requested by DoDMERB or a medical waiver authority, non-medical information doesn’t carry that much weight in the decision making process (e.g. – letters from teachers, trainers, coaches, etc.). So questions of what to submit, if anything is answered best this way:

- a. If it is actual medical test results, physician notes/records, etc., that DoDMERB doesn’t have already and it pertains to your disqualification or medical history you failed to mention, then it’s a good idea to send.
- b. If it is NOT medical and was NOT requested by DoDMERB or the medical waiver authority, then it probably will not have a bearing on your case.

#### MISCELLANEOUS NOTES:

13. **Medications** are NOT a reason for a determination of does NOT meet medical accession standards or waiver denials. It is the underlying condition, illness, or disease that is the issue.

14. **“History of...”** - There are many standards that are NOT related to an applicant’s current medical status, current ability to function, or prognosis for the future. However, these are significant enough to warrant additional scrutiny by the Service where the applicant has applied. Examples regarding knees:

- 1) This refers to current only - “Current or loose foreign body in the knee joint”(does NOT meet medical accession standards).
- 2) This refers to a history of - “History of uncorrected anterior or posterior cruciate ligament injury” (does NOT meet medical accession standards).

15. **VISION ISSUES** – Your Optometrist can assist you in understanding these issues better.

Visual acuity: (The clarity and sharpness of your vision with 20/20 For more see <http://www.aoa.org/x4695.xml>) Effective 1 Jul 2013, DoDMERB will employ the vision standards prescribed by the services.

**Refractive Surgery:** History of any incisional corneal surgery including, but not limited to, partial or full thickness corneal transplant, Radial Keratotomy (RK), Astigmatic Keratotomy (AK), or Corneal Implant (Intacs) is disqualifying. Refractive surgery performed with an Excimer Laser, including but not limited to, Photorefractive Keratectomy (PRK), Laser Epithelial Keratomileusis (LASEK), and Laser-Assisted in situ Keratomileusis (LASIK) is disqualifying if any of the follow conditions are met: the pre-operative refractive error exceeded +8.00 or –8.00 diopters (spherical equivalent) in either eye, pre-surgical astigmatism exceeded 3.00 diopters, at least six month recovery period has not occurred between last refractive surgery or augmenting procedure and DODMERB medical exam, there have been complications and/or medications or ophthalmic solutions required and post-surgical refraction in each eye is not stable. Implantable Collamer Lenses (ICLs) are not an approved form of refractive surgery at this time.

**Refractive Error:** Myopia (Near-Sighted) over -8.00 diopters in spherical equivalent, or hyperopia (Far-Sighted) over +8.00 diopters equivalent is disqualifying. Many times waiver authorities will require a normal dilated retinal exam in order to consider a waiver. This is done on a case by case basis.

**Diplopia (double vision):** Current or recurrent diplopia is disqualifying. A history of Duane’s Syndrome or Brown’s Syndrome is not always disqualifying unless an applicant demonstrates diplopia on ocular motility testing.

**Strabismus (misalignment of the eyes):** The individual Military Services may set their own standards and requirements.

**Color Vision:** The individual Military Services may set their own standards and requirements. Pseudo Isochromatic Plates (PIP) testing is the standard screening test for all programs. Only the 14 plate PIP test is acceptable. There is no color vision standard for accession into the Air Force or Marine Corps. Army programs only require that an applicant pass a Vivid Red – Vivid Green Test. Additional color vision testing may be ordered by the individual Military Service if initial color vision screening results in a failure.

**Rigid Contact Lenses:** Must be removed 21 days prior to the eye examination. This requirement also includes gas permeable lenses. For those applicants undergoing Ortho-Keratotomy or Corneal Refractive Treatment (CRT), rigid lenses need to have been removed for 90 days prior to the eye examination.

**Soft Contact lenses:** Must be removed 3 days prior to the eye examination.

**16. “Food allergies.” A lay article (a) and then the referenced abstract (b):**

**a. [Food Allergies Send 50,000 People to ER Annually](#)**

Monday, December 22nd, 2008

A new study published in the December issue of the *Journal of Allergy and Clinical Immunology (JACI)* found a higher likelihood of anaphylaxis, or severe and/or life-threatening allergic reactions than previously reported.

In the study, Wyatt W. Decker, MD, Chief of Emergency Medicine at the Mayo Clinic in Rochester, Minnesota, reported that the incidence rate of food-allergic reactions increased



significantly from 1990 to 2000. Researchers reported about a 10 percent increase in cases of life-threatening allergic reactions over the 10-year period of the study.

Children ages 0 to 19 are at the highest risk for these severe reactions. Based on the new study, it's estimated that food allergies cause 50,000 emergency room visits per year, with overall cases approaching 150,000 annually.

“This study shows anaphylaxis affects significantly more people, many of whom are children, than previously reported,” said Anne Muñoz-Furlong, Founder and CEO of the Food Allergy & Anaphylaxis Network (FAAN).

#### Increased prevalence of peanut and tree nut allergy

Almost every day I am asked by patients, colleagues and the media why there are so many new cases of food allergies — particularly, nuts and peanuts. The prevalence of peanut allergy in the U.S. has been estimated to affect as many as 6 million people. The incidence of peanut allergy is said to have doubled in American children in the five years between 1998 and 2003.

Since there is no treatment or cure for food allergies, avoidance and education are the most important methods of reducing risk. Another important strategy is to become a “label detective.” To better understand food labels, carry a “food allergy identification card” (especially when eating outside of the home), and be prepared to treat severe allergic reactions when they occur.

For more information on food allergy, contact FAAN at (800) 929-4040 or visit [www.foodallergy.org](http://www.foodallergy.org). In addition, see a board certified allergist for testing, and if you or a family member has food allergies, ask for a food allergy action plan!

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b.

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The etiology and incidence of anaphylaxis in Rochester, Minnesota: A report from the Rochester Epidemiology Project

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#### Background

Reported incidences of anaphylaxis range from 3.2 to 20 per 100,000 population. The incidence and trend over time has meaningful public health implications but has not been well characterized because of a lack of a standard definition and deficiencies in reporting of events.

#### Objective

We sought to determine the incidence and cause of anaphylaxis over a 10-year period.

#### Methods

We performed a population-based incidence study that was conducted in Rochester, Minnesota, from 1990 through 2000. Anaphylaxis episodes were identified on the basis of

symptoms and signs of mast cell and basophil mediator release plus mucocutaneous, gastrointestinal tract, respiratory tract, or cardiovascular system involvement.

## Results

Two hundred eleven cases of anaphylaxis were identified (55.9% in female subjects). The mean age was 29.3 years (SD, 18.2 years; range, 0.8-78.2 years). The overall age- and sex-adjusted incidence rate was 49.8 (95% CI, 45.0-54.5) per 100,000 person-years. Age-specific rates were highest for ages 0 to 19 years (70 per 100,000 person-years). Ingested foods accounted for 33.2% (70 cases), insect stings accounted for 18.5% (39 cases), medication accounted for 13.7% (29 cases), radiologic contrast agent accounted for 0.5% (1 case), "other" causes accounted for 9% (19 cases), and "unknown" causes accounted for 25.1% (53 cases). The "other" group included cats, latex, cleaning agents, environmental allergens, and exercise. There was an increase in the annual incidence rate during the study period from 46.9 per 100,000 persons in 1990 to 58.9 per 100,000 persons in 2000 ( $P = .03$ ).

## Conclusion

The overall incidence rate is 49.8 per 100,000 person-years, which is higher than previously reported. The annual incidence rate is also increasing. Food and insect stings continue to be major inciting agents for anaphylaxis.

Key words: Cause, incidence, anaphylaxis

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