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PREVENTIVE HEALTH ASSESSMENT

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This instruction implements Air Force Policy Directive (AFPD) 44-1, *Medical Operations*; AFPD 10-2, *Readiness*; AFPD 40-1, *Health Promotion*; and Health Affairs Policy Memo 06-006, *Periodic Health Assessment for Active Duty and Selected Reserve Members*. This instruction augments Air Force Instruction (AFI) 10-250, *Individual Medical Readiness*; AFI 40-102, *Tobacco Use in the Air Force*; and AFI 48-123, *Medical Examinations and Standards*. It establishes procedures, requirements, recording of medical standards for Air Force (AF) periodic/preventive health assessments (PHAs), and applies to all active duty (AD) Airmen, Air National Guard (ANG) members, and AF Reserve (AFR). (**Note:** ANG and AFR will be collectively referred to as Air Reserve Component (ARC)). This publication requires the collection and maintenance of information protected by the Privacy Act (PA) of 1974 (Title 5 United States Code Section 552a), Title 10 United States Code Sections 8013 and 8067(d), and Executive Order 9397, *Numbering System for Federal Accounts Relating to Individual Persons*, as amended by Executive Order 13478, *Amendments to Executive Order 9397, Relating to Federal Agency Use of Social Security Numbers*, authorize the collection and maintenance of records prescribed in this publication. Forms affected by the PA must have an appropriate PA statement. System of records notice F044 AF SG E, Medical Record System, applies. Ensure that all records created as a result of processes prescribed in this publication are maintained in accordance with (IAW) AF Manual (AFMAN) 33-363, *Management of Records*, and disposed of IAW AF Records Information Management System (AFRIMS) Records Disposition Schedule (RDS). All records should also be maintained IAW AFI 41-210, *Patient Administration Functions*. Refer recommended changes and questions about this publication to the Office of Primary Responsibility (OPR) using the AF Form 847, *Recommendation for Change of Publication*; route AF Forms 847 from the field through the appropriate functional chain of

command. This publication may be supplemented at any level, but all direct supplements must be routed to the OPR of this publication for coordination prior to certification and approval. The authorities to waive wing/unit level requirements in this publication are identified with a Tier (“T-0, T-1, T-2, T-3”) number following the compliance statement. See AFI 33-360, *Publications and Forms Management*, for a description of the authorities associated with the Tier numbers. Submit requests for waivers through the chain of command to the appropriate Tier waiver approval authority, or alternatively, to the Publication OPR for non-tiered compliance items.

SUMMARY OF CHANGES

This document has been substantially revised and must be completely reviewed. Tiers have been added to wing-level and below directives, which indicate waiver authority. “How to” information has been removed from this instruction and added to the PHA Guide found on the Knowledge Exchange (Kx) website.

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Chapter 1

OVERVIEW, ROLES, AND RESPONSIBILITIES

1.1. Overview. This instruction provides guidance and procedures for the AF Preventive Health Assessment (PHA) program, also known as the Periodic Health Assessment (PHA) program in the ARC. The intent of the PHA program is two-fold: to recommend evidence-based, cost-effective preventive health services, and to identify and document potential duty-limiting conditions. Force Health Management Element (FHME) PHA Cell (hereafter referred to as PHA Cell) will perform all non-flyer PHAs; Flight and Operational Medicine Clinic (FOMC) will perform all PHAs for its empanelment (not applicable to ARC); and PHAs for Personnel Reliability, Biological Personnel Reliability, or Presidential Support Programs (PRP/BPRP/PSP) personnel will be performed by those designated IAW local business rules.

1.2. Roles and Responsibilities.

1.2.1. AF Surgeon General (AF/SG). The OPR for the AF PHA program. Ensures medical resources are planned, programmed, and budgeted to meet PHA requirements.

1.2.2. Assistant Surgeon General for Healthcare Operations (AF/SG3). OPR for instructions and guidance for PHA program policy.

1.2.2.1. Provides instructions and guidance ensuring Airmen meet Department of Defense (DoD) PHA requirements.

1.2.2.2. Represents the AF at the DoD Force Health Protection Council and Defense Health Board who advise the Service Surgeons General and DoD on PHA instructions and guidance.

1.2.2.3. Approval authority for Major Command (MAJCOM), Direct Reporting Unit (DRU), and Air Reserve Component variations to this instruction.

1.2.3. Air Force Medical Support Agency (AFMSA). Develops and updates PHA instructions and guidance in coordination with Medical Treatment Facilities (MTFs), MAJCOMs, and the AF/SG.

1.2.4. Air Force Medical Operations Agency (AFMOA).

1.2.4.1. Reviews/updates the PHA Guide and PHA business rule algorithms contained within Aeromedical Services Information Management System (ASIMS) and the AF Web-based Health Assessment (Web HA) at least yearly.

1.2.4.2. Approves and, when necessary, develops PHA-related patient education materials.

1.2.4.3. Maintains and updates the PHA Kx website <https://kx2.afms.mil/kj/kx1/PHA/Pages/home.aspx>.

1.2.4.4. Identifies and defines clinical requirements to enhance information management tool functionality in support of annual PHA process.

1.2.5. Air Force Surgeon General's Office of Chief Information Officer (AF/SG6). Develops, deploys, maintains, and updates clinical support tools including the ASIMS application and the AF Web HA.

1.2.6. MAJCOM or DRU Commander.

1.2.6.1. OPR for developing instructions and processes to ensure Airmen assigned to geographically separated units (GSUs) meet PHA requirements as defined in 2.4.

1.2.6.1.1. Coordinates the implementation of instructions and publications with AF/SG3.

1.2.6.1.2. For the purposes of this AFI, a GSU is broadly defined as any organization (military installation, embassy, university, etc.) in which Airmen assigned to that organization are not in close proximity with the PHA Cell/FOMC responsible for administering their PHAs. What entails "close proximity" shall be locally defined.

1.2.6.2. Monitors and reviews the PHA status of geographically separated Airmen or delegates this responsibility to the GSU Commander (CC).

1.2.6.3. Appoints Unit Health Monitors (UHMs) at GSUs or delegates this responsibility to the GSU/CC.

1.2.6.4. Ensures subordinate GSU/CCs comply with delegated duties and requirements in 1.2.9.

1.2.7. Air Reserve Component (ARC).

1.2.7.1. The AF Reserve Command Surgeon (AFRC/SG) is the OPR for PHA instructions and guidance for the Air Reserve including Individual Ready Reservists and Individual Mobility Augmentees (IMAs). AFRC/SG will maintain and update the AFRC PHA Guide and modify AFMOA-developed PHA business rules to meet AFRC-specific requirements as needed and permitted by this AFI. AFRC variations to this AFI must be approved by SG3 (see 1.2.2.3.).

1.2.7.2. The National Guard Bureau Surgeon General (NGB/SG) is the OPR for PHA instructions and guidance for ANG members. ANG/SG oversees the modification of AFMOA-developed PHA business rules to meet ANG-specific requirements as needed and permitted by this AFI. ANG variations to this AFI must be approved by AF/SG3 (see 1.2.2.3.).

1.2.8. Air Force Installation Commander.

1.2.8.1. Establishes a command expectation that unit CCs and individual Airmen will meet PHA requirements IAW HA Policy 06-006, *Periodic Health Assessment Policy for Active Duty and Selected Reserve Members*, DoD Instruction (DoDI) 6025.19, *Individual Medical Readiness*, DoDD 6200.04, *Force Health Protection*, AFI 10-250 and this instruction. (T-0).

1.2.8.2. Directs the AF Military Personnel Flight (MPF) (to include ANG Force Support Squadrons) to add ASIMS/PHA currency status to the virtual MPF permanent change of station (PCS) out-processing checklist. **Note:** Applicable for ARC members transferring to another unit or component. Checking PHA status during out-processing is not required

when PCSing from remote (short tour) AF installations or other geographically separated locations without local AF MTF support. (T-2).

1.2.8.3. In Joint Basing and tenant unit situations where a Sister Service is the lead service, the responsibilities in section 1.2.8. fall to the senior-ranking AF member or his/her delegate. (T-2).

1.2.9. Unit Commander.

1.2.9.1. Establishes a command expectation that individual Airmen will meet PHA requirements IAW HA Policy 06-006, DoDI 6025.19, DoDD 6200.04, AFI 10-250, and this instruction. (T-0).

1.2.9.2. Appoints a UHM in writing and ensures the appointment letter is forwarded to the ASIMS administrator. (T-2).

1.2.10. Unit Health Monitor.

1.2.10.1. Notifies Airmen of due/overdue clinical PHA services, IMR requirements, and Deployment Health Assessments (DHA) completion. (T-2).

1.2.10.2. Monitors compliance status via the ASIMS Web application in coordination with the MTF PHA Cell. Real-time reports are available at <https://imr.afms.mil/imr/LoginUnit.aspx>. See 2.4.2.1. for the definition of “reporting MTF.” (T-2).

1.2.10.3. Assists Airmen with the coordination of follow-up clinical PHA services and IMR requirements. (T-2).

1.2.11. Individual Airman.

1.2.11.1. Will monitor and maintain currency of his/her IMR requirements. IMR status can be monitored using MyIMR at <https://imr.afms.mil/imr/myIMR.aspx> (ARC may also use ARCNet). (T-2).

1.2.11.2. Completes the AF Web HA annually. (T-0).

1.2.11.3. Keeps PHA appointments, follow-up appointments, and other PHA-related suspenses. (T-2).

1.2.11.4. PRP/BPRP/PSP personnel are required to complete the AF Web HA at a MTF (or Guard Medical Unit (GMU) or Reserve Medical Unit (RMU)) computer with results immediately reviewed and addressed by a Competent Medical Authority (CMA) IAW DoD 5210.42-R_AFMAN 10-3902, *Nuclear Weapons Personnel Reliability Program (PRP)*; DoDI 5210.89_AFI 10-3901, *Minimum Security Standards for Safeguarding Biological Select Agents and Toxins*; and AFI 31-501, *Personnel Security Program Management*. (T-0).

1.2.12. Medical Treatment Facility CC (MTF/CC), including ANG Medical Group CC (ANG MDG/CC) and Reserve Medical Unit CC (RMU/CC). OPR for the PHA program at the installation level. The abbreviation “MTF” will be used broadly in this instruction to identify all component medical facilities, groups, and units (e.g., RMUs). (T-2).

- 1.2.12.1. Ensures MTF capabilities and appointment access are adequate to meet PHA requirements and provide sufficient follow-up care IAW TRICARE access standards and other MTF guidance. (T-2).
- 1.2.12.2. Monitors and enforces MTF compliance with this instruction. (T-2).
- 1.2.12.3. Plans, budgets, and procures PHA supplies and equipment. (T-2).
- 1.2.12.4. Maintains and resources the PHA Cell (AD, non-GSU MTFs only). (T-2).
- 1.2.12.5. Ensures MTF AF Web HA computer stations meet patient and information privacy and security requirements. (T-2).
- 1.2.13. Chief of Aerospace Medicine (SGP).
 - 1.2.13.1. MTF OPR for clinical oversight of the PHA program. (T-2).
 - 1.2.13.2. In coordination with the Chief of the Medical Staff (SGH), Chief of Nursing Services, Public Health, and senior enlisted functionals:
 - 1.2.13.2.1. Develops Executive Committee of the Medical Staff (ECOMS)-approved PHA protocols and MTF instructions; (T-2).
 - 1.2.13.2.2. Develops procedures to implement PHA-associated clinical practice guidelines (CPGs) and quality assurance processes through technician level reviews (see PHA guide for further details); and (T-2).
 - 1.2.13.2.3. Develops standing orders to enable clinical support personnel to independently order and schedule clinical preventive services (CPS) on behalf of providers IAW the Career Field Education and Training Plan (CFETP). (T-2).
- 1.2.14. Chief of the Medical Staff (SGH) (For ANG, Chief of Nursing Services).
 - 1.2.14.1. In coordination with the SGP and Public Health, ensures PHA-associated CPS and counseling services are applied consistently and uniformly throughout the MTF. (T-2).
 - 1.2.14.2. Assists the SGP and Public Health in developing MTF instructions, procedures to implement PHA-associated CPGs and quality assurance processes. (T-2).
 - 1.2.14.3. Assists the SGP in developing ECOMS-approved PHA protocols and standing orders to enable clinical support personnel to independently order and schedule CPS on behalf of providers. (T-2).
 - 1.2.14.4. Implements ECOMS-approved processes ensuring appropriate clinical follow-up of PHA-generated laboratory results, consults, and referrals. (T-2).
 - 1.2.14.5. Directs and conducts/delegates the PHA clinical peer-review processes. See PHA guide for further details. (T-2).
- 1.2.15. Group Practice Manager (GPM) and Health Care Integrator (HCI). Support the PHA Cell and patient care teams in managing appointment access and projecting PHA and CPS demand. (T-2). **Note:** Does not apply to ARC units.
- 1.2.16. Patient Care Teams (Patient Centered Medical Home or FOMC).

1.2.16.1. Offer indicated CPS, provide and document all counseling, screening 12-lead electrocardiograms, and follow-up care for enrolled Airmen and other service members who receive clinical PHA services from the patient care team IAW HA Policy 06-006 and DoDD 6200.04. (T-0).

1.2.16.2. Clinically manage laboratory results of enrolled Airmen and other service members who receive clinical PHA services from the patient care team. (T-1).

1.2.17. Public Health Flight Commander (For ANG, Chief of Nursing Services).

1.2.17.1. Supervises the PHA program within the PHA Cell. (T-2).

1.2.17.2. Ensures personnel involved in PHA Cell processes are adequately trained, appropriately oriented, and task certified. (T-1).

1.2.17.3. Monitors and tracks administrative performance measures (e.g., timely notification to patient care team of critical/priority findings, close out of PHAs). (T-2).

1.2.18. PHA Cell. **Note:** Health Technician Teams (HTTs) for ANG and Air Reserve Technician (ART) Teams for AFR. (T-1).

1.2.18.1. Acts as the MTF OPR for the administrative management of the PHA program.

1.2.18.2. Manages the administrative tracking, scheduling through UHM (as locally applicable), processing, and quality control of PHAs through technician level reviews (see PHA guide for further details). (T-2). PHA Cell is not required to track ARC or Sister Service PHAs or notify these members that PHAs are due unless specific local processes to conduct these functions are set up with the ARC or Sister Services.

1.2.18.3. Generates a patient listing each duty day and addresses findings IAW this AFI, clinical circumstances, AFMOA and/or locally developed PHA business rules. (T-1).

1.2.18.4. Based on PHA business rules, schedules required appointments with patient care teams and directs patient to ancillary services (e.g., Health and Wellness Center, lab, immunizations). **Exception:** The FOMC will schedule required appointments for its empanelment, HTTs for ANG members and ARTs for AFR members. (T-1).

1.2.18.5. Orders necessary PHA and IMR labs as directed by IMR guidance, PHA business rules, and ECOMS-approved business rule modifications. Patient care clinics are responsible for follow-up of lab results. HTTs/ARTs are responsible to ensure proper follow-up of ARC-ordered labs. **Exception:** The FOMC will order all necessary labs for its empanelment. (T-2).

1.2.18.6. Clinical interventions within the PHA Cell will be limited to directing follow-up care (to the provider, nurse, Health and Wellness Center, etc.); brief counseling and education; distributing AFMOA- or ECOMS-approved, PHA-related, patient education handouts; and weight, height, blood pressure and any other required measurements as prescribed by the 4E CFETP and AFMOA-/ECOMS-approved protocols. **Note:** For ARC, requirements prescribed by 4N CFETP. (T-2).

1.2.18.7. Documents all patient interventions and brief counseling, including attempts to contact member, in the medical record (e.g., the DoD electronic medical record, Armed Forces Health Longitudinal Technology Application (AHLTA) or hard copy if AHLTA not available). (T-2).

1.2.18.8. At in-processing, conducts an initial medical records review (includes ASIMS, hard copy records and AHLTA) to ensure IMR requirements are up-to-date and to identify possible mobility or duty restricting limitations. (T-2). The PHA Cell will forward records requiring further evaluation (e.g., possible AF Form 469, *Duty Limiting Conditions Report*, actions) to the Medical Standards Management Element (MSME). **Exception:** FOMC will conduct medical records review for its empanelment, HTTs for ANG members and ARTs for AFR members. (T-2).

1.2.18.9. At out-processing, forwards records requiring further medical clearance action to the MSME (ref. 1.2.19.). (T-1).

1.2.19. MSME. **Note:** HTTs will perform these tasks for the ANG and ARTs for the AFR.

1.2.19.1. As part of the medical clearance processes IAW 48-149, *Flight and Operational Medicine Program*, ensures PHA currency at the time of the clearance and ensures PHAs will be current throughout professional military education (PME), training/retraining assignments, and during projected overseas PCS transitions. (T-1).

1.2.19.2. Should the member require a PHA, MSME will send the member either to PHA Cell or FOMC to complete. In some cases, PHAs earlier than normally scheduled may be necessary (ref. 2.1.5. and 2.1.7.). (T-1).

Chapter 2

PHA PROGRAM OPERATIONS

2.1. Periodicity of the PHA.

2.1.1. IAW Health Affairs Policy Memo 06-006, the PHA is required annually. This is distinct from IMR policy as it applies to all Airmen, including those who are non-deployable and may be exempt from IMR standards. (T-0).

2.1.2. PHAs become due (turn “yellow”) 12 months (366 days) from the last PHA completion date. Once the PHA becomes due, there is a 90-day “yellow” window to accomplish the PHA before the PHA “goes red” and the unit is penalized on their PHA IMR (i.e., the PHA is green for 365 days; turns yellow (due) on day 366, and turns red (overdue) 90 days later on day 456). **Note:** It is not the intent of the 90-day yellow period to establish a de facto 15-month PHA requirement. PHAs performed just prior to the 15-month cut-off should be the rare exception and not the rule. (T-0).

2.1.3. An AF Form 1042, *Medical Recommendation for Flying or Special Operational Duty*, for personnel in special operational duty status, issued in conjunction with PHAs will be valid for the entire green and yellow periods (12 months plus 90 days; 455 days total). (T-2). Reference paragraph 2.1.4.1. for undergraduate pilot training (UPT).

2.1.4. Newly accessed Airmen will have their first PHA accomplished during the first 180 days of their first permanent duty assignment. Upon in-processing, their PHA will be considered to be in a “yellow” status and turn “red” on day 181 if the PHA is not completed. (T-1).

2.1.4.1. A member’s PHA should be current prior to beginning active UPT and remain current throughout.

2.1.4.2. If a member was not on AD (e.g., AFROTC/OTS candidates) prior to arrival at UPT or is otherwise not PHA current, then the member will have a PHA accomplished during their in-processing at the UPT base. (T-2).

2.1.5. PHAs will not routinely be completed earlier than 30 days prior to due date (60 days for ARC Airmen) except to accommodate circumstances specified below. **Note:** The element (FHME, FOMC or MSME) servicing the patient will identify the need for an early PHA. (T-1). Reference paragraphs 1.2.19.1., 2.1.6.4., 2.1.7., 2.1.8., or 2.2.10. for specifics regarding these exceptions:

2.1.5.1. As required to coordinate with attending in-residence PME, retraining/training assignments, PCS to remote locations and GSUs (as defined in 1.2.6.2.), and prolonged temporary duties (TDYs); (T-1).

2.1.5.2. Every effort will be made to synchronize the timing of DHA 4 and DHA 5 with a member's PHA IAW NDAA 2010, Sec 708, DoDI 6490.03, *Deployment Health*, and DoDI 6490.12, *Mental Health Assessments for Service Members Deployed in Connection with a Contingency Operation*. A complete DHA Program Guide, with additional information on timing and other requirements can be found on the Kx at <https://kx2.afms.mil/kj/kx3/deploymenthealth/Pages/home.aspx>. (T-0).

2.1.5.3. As permitted by MAJCOM/SGP or AFMSA/SG3PF AF Form 1042 waivers; (T-1).

2.1.5.4. In cases of ANG general officer promotions; and (T-1).

2.1.5.5. As needed to accommodate mandatory occupational and environmental health medical surveillance exams (OEH MSE). (T-1).

2.1.6. Face-to-face provider PHA appointment criteria.

2.1.6.1. Airmen will have a face-to-face preventive health visit with a credentialed provider at least once every three years (ANG every 5 years). Face-to-face provider PHA visits, as well as any non-dental visits, which have an age-, gender-, and risk-based prevention-focused piece, will satisfy this requirement (see PHA guide for further details). Providers are strongly encouraged to accurately code preventive visits with appropriate codes. When such preventive services are provided, patient care teams should also update ASIMS reflecting that a face-to-face prevention visit has occurred. **Note:** ARC medical units are not required to code PHA visits. (T-2).

2.1.6.2. Additional face-to-face provider PHA appointments may be necessary under the following circumstances:

2.1.6.2.1. A patient may request a provider appointment in conjunction with their PHA visit. (T-2).

2.1.6.2.2. As required per PHA business rules. (T-2).

2.1.6.2.3. A provider appointment may be directed by the Airman's patient care team (or surrogate) after AF Web HA, health record review, AHLTA and ASIMS review. The patient care team, led by the provider, will review and document critical/priority/routine health risk assessment findings, and assess if further evaluation is required. (T-1).

2.1.6.3. MAJCOMs and MTFs may modify business rules to require more frequent provider PHA visits; however, ASIMS and AF Web HA software will not be modified to accommodate MAJCOM-specific or MTF-specific business rules. (T-1).

2.1.6.4. PHAs for Airmen requiring an AF Form 1042 will be accomplished as part of their annual face-to-face Flight and Operational Medicine Examination (FOME) (i.e., flying/special duty physical). (T-1). **Note:** The approval authority for extensions or waivers for FOMEs or PHAs is the MAJCOM/SGP or AFMSA/SG3PF.

2.1.7. Airmen PCSing from an AF installation to a remote location or another location without local AF MTF FHME support will have a PHA within 60 days of PCS even if this means accomplishing a PHA earlier than the originally scheduled due date. (T-1). This is necessary to minimize the administrative and logistical burden of performing PHAs at locations without local AF MTF FHME assets.

2.1.8. PHA and deployments. PHAs do not need to be accomplished on deploying Airmen as long as the PHA is current (within 365 days of the last recorded PHA) on the projected deploy date. (T-1).

2.1.8.1. During deployments, Airmen will not be monitored for PHA currency and will be considered exempt from PHA requirements. (T-2).

- 2.1.8.1.1. Although Airmen will not be monitored for PHA/OEH MSE/FOMEs while deployed, Airmen should not deploy with due/overdue examinations, IMR requirements, or other requirements for these programs. Every effort will be made to conduct prior to deployment. (T-2).
- 2.1.8.1.2. Upon redeployment, Airmen will be required to update their due/overdue PHA/OEH MSE/FOMEs within 90 days of return. (T-2).
- 2.1.8.2. If the AF Form 1042 is due to expire during the deployment, the home station FOMC will accomplish a new AF Form 1042 with the extended expiration date (redeployment date plus 90 days). (T-2).
- 2.1.8.2.1. If the AF Form 1042 holders have a waiver that will expire during the deployment, the home station FOMC will request a waiver extension through the granting waiver authority. ANG members will ensure fly waivers are current throughout the deployment. (T-2). **Note:** The waiver authority may grant the waiver extension to be concurrent with the AF Form 1042 (redeployment date plus 90 days) unless health, safety and/or mission completion would be compromised.
- 2.1.8.3. For OEH MSEs that will become due or overdue during deployment, FHME will make every effort to conduct prior to deployment IAW AFI 48-145, *Occupational and Environmental Health Program*. If not completed, document the reason why it was not accomplished in the medical record (AHLTA preferably). (T-1). **Exception:** IAW OSHA standards OEH MSEs must be current throughout the deployment for civilian deployers. (T-0).

2.2. PHA Requirements.

- 2.2.1. IAW HA Policy Memo 06-006 completion of the AF Web HA, a self-report health status tool. (T-0).
- 2.2.1.1. For deployers, DHA 1, DHA 2, and/or DHA 3 could be used in place of the AF Web HA as the patient self-report health status tool if completed within 60 days of the PHA Cell appointment. **Note:** An interval history will still need to be accomplished and ASIMS updated. (T-2).
- 2.2.1.2. The AF Web HA must be completed no earlier than 60 days prior to the PHA Cell/FOMC appointment. ARC members will have the Web HA complete prior to PHA appointment. **Note:** PRP/BPRP/PSP personnel are required to complete the AF Web HA at an MTF computer with results immediately reviewed and addressed by a CMA. All other Airmen are strongly encouraged to complete the AF Web HA prior to coming to the MTF for their PHA appointment. (T-1).
- 2.2.1.3. PHA Cell/FOMC technicians (hereafter referred to collectively as technicians) will check the AF Web HA "Multiple Patient Report" throughout the duty day for all Critical, Priority, and Routine findings from their respective empaneled population. (T-1). These findings will be managed in the following manner: **Note:** See 2.3.9. for ARC members.
- 2.2.1.3.1. All Critical findings must be addressed within one duty day. All Priority findings must be addressed within three duty days. (T-1).

2.2.1.3.2. Technicians will initiate the telephone consult in AHLTA for Critical and Priority findings; flag it as “high priority” and immediately forward it to the members’ patient care team for review. (T-1).

2.2.1.3.3. The patient care team nurse (or ARC health technician) will review all “high priority” flagged PHA telephone consults, contact the member within in the specified timeframe to obtain clinically relevant information via either telephone or an in-person visit, as well as document the encounter in AHLTA or paper record if AHLTA is unavailable. All attempts at patient contact will be documented in AHLTA or paper record if AHLTA is unavailable. The patient care team nurse will forward telephone consults to the provider (or surrogate) for final review, disposition, and signature. **Note:** The date/time the Airman electronically submits his/her AF Web HA and the date/time the patient care team provider signs the “high priority” PHA telephone consult will be used to determine one- and three-duty day suspense compliances for Critical and Priority findings respectfully. (T-1).

2.2.1.3.4. Once Critical and Priority findings have been appropriately addressed, the balance of AF Web HA results and the other PHA (or FOME) requirements may be accomplished at that time (or an appointment made) and completed at a later time. Future follow up appointments should not preclude the closing out of the member’s PHA.

2.2.1.3.5. PHAs with Routine AF Web HA findings will undergo a records review to determine the need for further follow up/tests and referral to the members’ respective patient care team via standard appointing systems. (T-1).

2.2.2. Technicians will review ASIMS for all due or overdue IMR requirements and direct the member to the appropriate clinic/laboratory to complete any requirements. (T-2).

2.2.3. Technicians will conduct a thorough health record review using the medical record (AHLTA and paper record if AHLTA is not available) for interval medical and surgical history, family history, and currency of clinical preventive services since the members’ last PHA. (T-2).

2.2.4. Technicians will identify age and gender specific CPS as directed by the PHA business rules, and document the recommended offerings on the appropriate PHA AHLTA template or paper record if AHLTA is not available. (T-2).

2.2.4.1. The patient care team is responsible for follow-up of any PHA Cell scheduled services.

2.2.4.2. The *United States Preventive Services Task Force (USPSTF) Guide to Clinical Preventive Services* is the main source of guidance for CPS and located at <http://www.uspreventiveservicestaskforce.org/>.

2.2.5. Technicians will ensure there has been an officially measured blood pressure (i.e., medical or dental clinic) within the last 12 months (ANG, within 5 years and AFR, every 3 years). As needed, the technician will accomplish and record blood pressure measurements. (T-1). **Note:** Business rules for blood pressure screening and managing elevated blood pressures are based on the most recent Joint National Committee on Prevention, Detection,

Evaluation, and Treatment of High Blood Pressure Report (<http://www.nhlbi.nih.gov/guidelines/hypertension/index.htm>).

2.2.6. Technicians will ensure there has been an officially measured weight and officially measured height within the last 12 months (ANG, within 5 years and AFR, every 3 years). Official measurements are limited to clinic- and fitness assessment cell-obtained measurements. Self-reported heights and weights will not be used. As required, technicians will measure and record the Airman's height and/or weight. (T-1).

2.2.7. Body Mass Index (BMI) is automatically calculated in ASIMS and results will be manually transcribed into AHLTA. BMIs will be managed according to PHA business rules. (T-2).

2.2.8. For all ANG members, visual acuity is required every year for flyers and every five years for non-flyers. (T-2).

2.2.9. Technicians will, regarding identified health risks, recommend clinical services, IMR requirements, DLC actions, Review in Lieu of (RILO) actions, Fit for Duty (FFD) determinations, and/or appropriate clinical follow-ups IAW ASIMS/AF Web HA guidance, the *PHA Guide*, and other relevant instructions. (T-2). Note: Records requiring further evaluation for mobility or duty restricting limitations (e.g., duty-limiting conditions >365 days that do not affect mobility) will be referred to the MSME. Duties in this regard will be limited to distributing AFMOA- or ECOMS-approved, PHA-related, patient education handouts. The "Full Patient Report" generated at the end of the AF Web HA will provide Airmen with health education for specific identified risks.

2.2.10. When annual OEH MSE requirements are conducted in conjunction with the PHA (as locally determined), technicians will review ASIMS as part of the PHA health records review. (T-2). If OEH MSEs are to be performed in conjunction with PHAs and OEH MSE requirements preclude PHA intervals greater than 12 months then PHAs may be performed earlier than prescribed to accommodate these requirements.

2.2.11. The PHA portion of the FOME for aviators, Airmen on aeronautical orders, and special operational duty personnel must include an in-person interview with a credentialed military flight surgeon with privileges in the FOMC. (T-1). If the PHA is performed by a non-AF flight surgeon (e.g., Navy, Army, or Coast Guard flight surgeons), it requires review and certification by a base-, GMU-, or RMU-level SGP or, if unavailable, parent MAJCOM/SGP.

2.2.12. The patient care team will use ASIMS and the AF Web HA "AHLTA Copy and Paste report" (or paper copy if AHLTA unavailable) to assess cardiovascular risk in Airmen and counsel them, as needed, to minimize this risk. (T-1). This assessment will be documented by the patient care team in the medical record (paper copy or AHLTA). The Cardiovascular Risk Assessment and Management (CRAM) site (<https://kx2.afms.mil/kj/kx8/CRAM/Pages/home.aspx>) can assist providers in appropriately assessing and calculating cardiac risk. **Note:** Not applicable for the ANG.

2.2.13. The patient care teams (or their surrogates) must re-validate and renew or revise, as appropriate, the AF Form 469 at each PHA at a minimum IAW AFI10-203. (T-1). The medical record and interval history must be reviewed for conditions that may require an AF Form 469. This review will be documented in the medical record.

2.2.14. As part of the PHA, Airmen will be medically evaluated for clearance to participate in a physical fitness-training program to meet fitness requirements IAW AFI 36-2905, *Fitness Program*. This does not replace screening requirements prior to official fitness assessments. Airmen unable to participate in physical activity sufficient to train to meet fitness requirements should be issued an AF Form 469, with activity restrictions. (T-2).

2.2.15. Airmen who have had an MEB (or FFD) and require subsequent RILOs will have their RILO timelines reviewed by their patient care team during their PHA and as a part of the health records review. While annual RILOs should be coordinated (synchronized) with the annual PHA, the patient care team (or surrogate) must ensure that RILO suspenses are met regardless of an Airman's PHA timeline. Annual RILOs will be coordinated with the MTF Physical Evaluation Board Liaison Officer (PEBLO) and forwarded to AFPC or ARC HQ IAW AFI 41-210. (T-2).

2.2.16. The PHA is “complete” for reporting purposes when the following are accomplished:

2.2.16.1. AHLTA and/or paper medical record review have been completed.

2.2.16.2. The Airman's patient care team (or surrogate) has addressed AF Web HA results including all Critical and Priority findings, and has made definitive care plans and dispositions (referral, appointment, etc.) pertaining to these responses. (T-1).

2.2.16.3. Face-to-face provider visit, if required by 2.1.6., has occurred.

2.2.16.4. CPSs recommended and offered, education and counseling have been scheduled, and referrals placed (e.g., referral to non-military provider, specialty clinic, HAWC, etc.). ARC medical components will document when ARC Airmen are advised to see their non-military patient care team for CPS (ref. 2.3.2.2.). (T-2).

2.2.16.5. Required documentation accomplished by technician and the patient care team (ref. 2.2.16.).

2.2.16.6. The provider has reviewed and signed the PHA, including the PHA AHLTA note. For ANG, qualified health technicians can sign the Web HA with no critical/priority findings and the member has no other PHA requirements. (T-2).

2.2.16.7. The PHA AHLTA note has been accurately coded. PHAs not requiring a face-to-face provider visit should normally be coded with evaluation and management (E/M) code 99420 (0.24 relative value units). PHAs in conjunction with MEBs and RILOs may require E/M disability exam codes. ARC medical units are not required to code PHA visits. (T-2).

2.2.16.8. For personnel requiring the AF Form 1042, it has been completed and recorded in ASIMS at the same time as the PHA.

2.2.16.9. Provider has made a DLC determination, or initiated a diagnostic work-up, if appropriate and/or RILO or FFD actions have been completed. (T-2).

2.2.16.10. The PHA completion date has been recorded in ASIMS by the patient care team, if completing the PHA, or PHA Cell, if completing the PHA. (T-2).

2.2.16.11. CPS results, including laboratory results and completed educational/counseling programs (e.g., tobacco cessation programs), are not required to complete a PHA for ASIMS and unit reporting purposes.

2.2.16.12. Concerns regarding worldwide duty qualifications should be addressed with an AF Form 469 and not delay PHA completion.

2.2.17. Required PHA Documentation.

2.2.17.1. Summary of care note in AHLTA using AFMOA-approved templates (e.g., Tri-Service Workflow AIM) or paper record if AHLTA is unavailable, appropriately coded (if applicable), and signed/co-signed by the Patient Care provider (or surrogate).

2.2.17.2. PHA completion date and provider visit date (if applicable) recorded in ASIMS by PHA Cell or the patient care team, if completing the PHA. (T-2).

2.2.17.3. Completed AF Form 1042 (for personnel who require it).

2.2.17.4. Signed AF Form 469, if renewed, modified, or initiated during the PHA. The AF Form 422, *Notification of Air Force Member's Qualification Status*, is only accomplished when needed (overseas clearance, AFSC retraining, etc.). Refer to AFI 10-203 for further guidance.

2.2.17.5. Documentation in AHLTA of clearance to begin or continue exercise program and/or completed AF Form 469.

2.2.17.6. The section conducting the PHA (i.e., PHA Cell or patient care team) will update the electronic DD Form 2766, *Adult Preventive and Chronic Care Flowsheet*, IAW AFI 41-210. This update to the DD Form 2766 should include previously undocumented significant medical events, allergies, and surgeries in addition to the current PHA activities. (T-2).

2.2.17.7. For ARC, Web HA will be documented in AHLTA or paper record if AHLTA is not available. (T-2).

2.3. ARC.

2.3.1. Reservists and Air Guard members assigned to units with sufficient medical assets will receive their PHAs within their own Reserve or Guard units. (T-2).

2.3.2. When ARC medical resources necessary to complete PHAs are inadequate or unavailable, ARC members are eligible for PHAs and other readiness-related evaluations at other AF MTFs. (T-2).

2.3.2.1. ARC members need not be in military status to schedule MTF appointments, but must be in military status (active, inactive, or points-only) at the time of the medical service. (T-2).

2.3.2.2. ARC members are instructed to see their non-military patient care team for clinical services not covered under these provisions. (T-2).

2.3.3. ARC members assigned to units without local AF MTF support will complete the AF Web HA, will have their responses reviewed by a provider (or a nurse or trained health technician for the ANG) and will, at a minimum, be personally contacted to complete the PHA process. (T-2).

2.3.3.1. The person who contacts the Airman (trained health technician, nurse, or provider) will be determined by the expertise required by AF Web HA responses.

Positive AF Web HA responses may require additional documentation from their non-military patient care team. (T-2).

2.3.3.2. The ART Team or Health Technicians will oversee the completion of PHAs. (T-2).

2.3.4. The Reserve Health Readiness Program (RHRP) may be used to provide PHA services for ARC GSUs and/or units who lack unit medical resources. The RHRP can provide these services through a nationwide network of non-military providers. Email rhrp@tma.osd.mil or see either <http://rhrp.fhpr.osd.mil/home.aspx> or http://www.pdhealth.mil/hss/healthcare_services.asp for further information about the RHRP. Note: Group events must be requested and approved through ARC Surgeons General OPRs.

2.3.5. ARC members will have annual PHAs conducted using AFMOA-developed business rules. As required, these business rules will be modified to meet special AFR and ANG requirements (1.2.7.1.). (T-1).

2.3.5.1. Reservists will receive PHAs per the latest AFRC/SGP consolidated program memorandum located at <https://kx2.afms.mil/kj/kx/AFRCAerospaceMed/Pages/home.aspx>. (T-2).

2.3.6. ARC units will process PHAs using FHME surrogates detailed in 1.2.18.1. (T-2).

2.3.7. ARC members not requiring AF Form 1042 will have a face-to-face provider PHA appointment at the following minimum frequency: ANG at least every 5 years and AFR at least every 3 years. **Note:** ARC members requiring AF Form 1042 will have a face-to-face provider PHA annually in conjunction with their FOME (i.e., flying/special duty physical). (T-2).

2.3.8. ANG officers being considered for promotion to general officer or promotion within the general officer ranks must undergo a PHA within 6 months of the recognition board. Forward copy of the PHA to: NGB/SGPF GO EAD REVIEW at ngb.sggocadreview@ang.af.mil. (T-1).

2.3.9. ARC members will be notified of any critical or priority findings at the end of their AF Web HA session and will be directed to seek civilian medical care as appropriate. (T-1).

2.3.9.1. Designated ANG medical personnel will follow-up critical and priority AF Web HA results no later than the next Unit Training Assembly (UTA). (T-1).

2.3.9.2. ART Team will follow up critical findings immediately (until the Reservist is contacted) and priority findings within one week (until the Reservist is contacted). All attempts to contact the member shall be documented. (T-1).

2.3.10. The Readiness Management Group (RMG) has administrative control over IMAs and compliance oversight. The MTF supporting the IMA's AD unit of attachment is the provider for PHA services and shares responsibility with the RMG for tracking, data entry, and compliance. (T-2).

2.3.10.1. The AD MTF is responsible for AF Form 469/422 actions associated with the PHA and the RMG/SG should be notified of all AF Form 469/422 actions through secure e-mail (i.e., ASIMS generated or MiCare) at afrc.rmgs@afrc.af.mil. (T-2).

2.3.11. Expired PHAs in ARC members.

2.3.11.1. Reservists with expired PHAs will be referred to their CCs IAW AFI 36-2254 Vol.1, *Reserve Personnel Participation*, and processed IAW AFI 36-3209, *Separation and Retirement Procedures for Air National Guard and Air Force Reserve Members*, or involuntary transferred to the Individual Ready Reserve in accordance with AFI 36-2115, *Assignments Within the Reserve Components*. (T-2).

2.3.11.2. ANG members with expired PHAs will be referred to their CC and processed IAW AFI 36-3209. (T-2).

2.3.11.3. ARC members involuntarily ordered to AD will not delay such action because of an expired PHA. For those ARC personnel with expired PHAs, PHAs will be accomplished within the first 60 days of AD. Members will not deploy with expired PHA or IMR requirements per 2.1.8.1.1. (T-2).

2.3.12. Service members must have a current PHA prior to transfer to an ARC unit. The PHA must remain current for the first 90 days upon accession to the ARC unit. Prior to accession to ARC, service members with potentially disqualifying conditions IAW 48-123, must be evaluated for fitness for duty (IRILO or MEB). (T-2).

2.4. PHAs for Geographically Separated Airmen.

2.4.1. Geographically separated Airmen are Airmen not collocated on the same installation nor enrolled to the MTF that administers their PHA (the “Reporting MTF”, see 2.4.2.1. below). MAJCOM/DRU CCs and unit CCs (if applicable) must ensure their geographically separated Airmen receive an annual PHA. (T-1).

2.4.2. Definitions of Reporting and Supporting MTFs.

2.4.2.1. “Reporting” MTFs are the MTFs accountable to MAJCOM/DRUs for PHA reporting and tracking purposes, and are usually collocated on the same installation as the MAJCOM/DRU. Reporting MTFs provide due/overdue PHA rosters to MAJCOM/DRU CCs and oversee PHA processing for geographically separated Airmen.

2.4.2.2. “Supporting” MTFs are DoD and non-DoD MTFs providing healthcare services to geographically separated Airmen. These supporting MTFs include, but are not limited to, DoD MTFs (AF, Army, or Navy), and, where no DoD MTF exists, approved TRICARE service providers such as U.S. State Department medical facilities and non-military providers.

2.4.3. Geographically separated Airmen with local supporting AF MTFs.

2.4.3.1. Geographically separated Airmen collocated with or near supporting AF MTFs (as determined by MAJCOM/DRU and supporting MTFs) will follow standard PHA instructions and procedures, and receive PHAs and follow-up care at these MTFs. (T-1).

2.4.3.2. Reporting MTF PHA Cells/FOMCs will coordinate with supporting AF MTF PHA Cells/FOMCs to administer and execute PHAs for geographically separated Airmen. (T-1).

2.4.4. Geographically separated Airmen at locations without local AF MTF support but supported by Independent Duty Medical Technicians (IDMTs). (T-1).

2.4.4.1. PHA processes shall be directed by the designated IDMT physician preceptor and administered by the technician at the physician preceptor's assigned MTF. (T-1).

2.4.4.2. PRP/BPRP/PSP at IDMT-staffed GSUs.

2.4.4.2.1. At GSUs with a PRP/BPRP/PSP mission where the medical support is provided by AD IDMTs, the IDMTs may facilitate the gathering of PHA information but the PHA provider for PRP/BPRP/PSP personnel will be a CMA. (T-1).

2.4.4.2.2. At GSUs where the CMA is not collocated with the PRP/BPRP/PSP personnel, the CMA will remotely review PHA results while the Airman waits at the GSU medical facility. (T-1).

2.4.4.2.3. If the remote CMA review cannot be accomplished at the time of the Airman's PHA appointment, the Airman will be suspended from their PRP/BPRP/PSP duties until PHA results are reviewed by the CMA. (T-1).

2.4.5. Geographically separated Airmen at locations without local AF MTF or IDMT support.

2.4.5.1. PHA completion will be monitored and overseen by the GSU AF CC (or equivalent) in coordination with the reporting MTF PHA Cell/FOMC. In situations where no GSU AF CC (or equivalent) exists, the reporting MTF PHA Cell/FOMC will monitor and oversee PHA completion. (T-1).

2.4.5.2. After completing the AF Web HA, geographically separated Airmen without local AF MTF or IDMT support will, at a minimum, be contacted (preferably by phone or video link) by the reporting MTF to review AF Web HA responses, and provide and document appropriate counseling and education. The MTF should develop a process to maximize efficiency in facilitating GSU PHA completion to reduce repeat phone calls. The SGP and SGH shall identify workflow processes to complete GSU PHAs at the appropriate level of care based on ASIMS and AF Web HA reports (e.g., critical and priority responses will be addressed by a credentialed privileged provider, and preventive counseling based on AFMOA- and ECOMS-approved patient education IAW CFETP). (T-1).

2.4.5.3. Clinical PHA services, counseling, and follow-up care will be scheduled by the member or their appointed UHM and be performed at the local supporting non-AF MTF. Some cases (e.g., critical and priority results) will require the reporting MTF PHA personnel to confer directly with medical personnel at the supporting MTF to appropriately transfer care and schedule needed services. The reporting MTF SGP will ensure all care provided by the supporting MTF involving critical and priority AF Web HA responses is reviewed with supporting non-AF MTF personnel within the required time suspenses to ensure appropriateness of care and disposition. See paragraph 2.3.9. for ARC management of critical and priority responses. (T-1).

2.4.5.4. FFD and other military-related medical determinations will be made remotely by the reporting MTF SGP as clinically and administratively appropriate. If this cannot be done, the reporting MTF SGP, with cooperation and assistance of supporting MAJCOM assets (e.g., PACAF, USAFE), will arrange for this determination to be made at a regional DoD MTF. (T-1).

2.4.5.5. The Airman will request that documentation of services provided by the supporting MTF be forwarded (faxed, emailed, or mailed) to the reporting MTF PHA Cell/FOMC for entry into AHLTA and ASIMS. Additionally, upon PCS from a geographically separated location to an AF installation, in-processing will involve a thorough health record review to ensure pertinent interval care (including PHAs and related services) is entered into AHLTA and ASIMS. (T-1).

2.4.5.6. The reporting MTF SGP or designee has final signature authority on PHAs performed at non-AF MTFs. Documentation necessary to complete PHAs for geographically separated Airmen is the same as those listed in 2.2.16. (T-1).

2.4.5.7. In lieu of the remote processes detailed in this section, MTF CCs may choose to periodically send or permanently assign appropriate personnel (providers, technicians, etc.) to larger GSUs to administer PHAs.

2.4.6. In areas where multiple DoD MTFs are located near one another (e.g., the National Capital Region); Airmen may be TRICARE-enrolled at nearby MTFs other than the reporting MTF responsible for administering their PHA. The reporting MTF is still responsible for ensuring these Airmen receive annual PHAs and track compliance. MTFs must develop local instructions and procedures to meet these requirements. Options include, but are not limited to, directing these Airmen back to the reporting MTF to accomplish the PHA, accomplishing these PHAs as “geographically separated PHAs” as defined in this section, or developing other processes and standing agreements with nearby DoD MTFs to accomplish these tasks.

2.5. Support for Sister Service Members’ PHAs.

2.5.1. AF MTFs supporting Army, Navy, Marine Corps, and Coast Guard PHA requirements will coordinate with applicable Sister Services’ unit administrative or personnel support offices to develop standardized PHA processes specifying requirements, notification and scheduling procedures, and required documentation. (T-1).

2.5.2. Sister Service PHAs will be administered by PHA Cell or FOMC, as appropriate. PHAs administered by PHA Cell will be referred to their patient care team (or surrogate) as directed by locally developed processes. (T-1).

2.5.3. AFMOA/SGPM (via the Kx) will serve as a repository for Sister Service-specific forms, instructions, guidance, and expertise. (T-1).

THOMAS W. TRAVIS
Lieutenant General, USAF, MC, CFS
Surgeon General

Attachment 1**GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION*****References***

Title 5, United States Code section 552a, *The Privacy Act of 1974*

Title 10, United States Code section 8013, *Secretary of the Air Force*, 8 January 2008

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National Defense Authorization Act 2012, Sec 702, *Mental Health Assessments*

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AFI 36-2115, *Assignments within the Reserve Components*, CC 2 May 2008

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AFI 36-2905, *Fitness Program*, 21 October 2013

AFI 36-3209, *Separation and Retirement Procedures for Air National Guard and Air Force*

Reserve Members, IC 20 September 2011

AFI 40-101, *Health Promotion*, IC 29 February 2012

AFI 40-102, *Tobacco Use in the Air Force*, 26 March 2012

AFI 41-210, *Tricare Operations and Patient Administration Functions*, 6 June 2012

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AFI 48-123, *Medical Examinations and Standards*, 5 November 2013

AFI 48-145, *Occupational and Environmental Health Program*, 15 September 2011

AFI 48-149, *Flight and Operational Medicine Program (FOMP)*, 29 August 2012

AFMAN 33-363, *Management of Records*, 1 March 2008

United States Preventive Services Task Force Guide to Clinical Preventive Services, available at <http://www.preventiveservices.ahrq.gov>

Adopted Forms

DD Form 2766, *Adult Preventive and Chronic Care Flowsheet*

DD Form 2795, *Pre-deployment Health Assessment*

DD Form 2796, *Post-deployment Health Assessment*

DD Form 2900, *Post-deployment Health Reassessment*

AF Form 422, *Notification of Air Force Member's Qualification Status*

AF Form 469, *Duty Limiting Conditions Report*

AF Form 847, *Recommendation for Change of Publication*

AF Form 1042, *Medical Recommendation for Flying or Special Operational Duty*

Abbreviations and Acronyms

AD—Active Duty

AF—Air Force

AFI—Air Force Instruction

AFMAN—Air Force Manual

AFMOA—Air Force Medical Operations Agency

AFMSA—Air Force Medical Support Agency

AFPAM—Air Force Pamphlet

AFPD—Air Force Policy Directive

AFR—Air Force Reserve

AFRC—Air Force Reserve Command

AHLTA—Armed Forces Health Longitudinal Technology Application, the DoD Electronic Medical Record

ANG—Air National Guard
ARC—Air Reserve Component
ART—Air Reserve Technician
ASIMS—Aeromedical Services Information Management System
BMI—Body Mass Index
BPRP—Biological Personnel Reliability Program
CC—Commander
CFETP—Career Field Education and Training Plan
CMA—Competent Medical Authority
CPG—Clinical Practice Guideline
CPS—Clinical Preventive Services
CRAM—Cardiovascular Risk Assessment and Management
DHA—Deployment Health Assessment
DLC—Duty Limiting Conditions
DoD—Department of Defense
DoDI—Department of Defense Instruction
DRU—Direct Reporting Unit
ECOMS—Executive Committee of the Medical Staff
E/M—Evaluation and Management
FFD—Fit for Duty
FHME—Force Health Management Element
FOMC—Flight and Operational Medicine Clinic
FOME—Flight and Operational Medicine Examination
GMU—Guard Medical Unit
GPM—Group Practice Manager
GSU—Geographically Separated Unit
HAWC—Health and Wellness Center
HCI—Health Care Integrator
HQ—Headquarters
HTT—Health Technician Team
IAW—in accordance with
IMA—Individual Mobility Augmentee

IMR—Individual Medical Readiness
KX—Air Force Medical Service Knowledge Exchange
MAJCOM—Major Command
MDG—Medical Group
MEB—Medical Evaluation Board
MPF—Military Personnel Flight
MSME—Medical Standards Management Element
MTF—Medical Treatment Facility
OEH MSE—Occupational and Environmental Health Medical Surveillance Examination
OPR—Office of Primary Responsibility
PA—Privacy Act
PCS—Permanent Change of Station
PEBLO—Physical Evaluation Board Liaison Officer
PHA—Preventive or Periodic Health Assessment
PME—Professional Military Education
PRP—Personnel Reliability Program
PSP—Presidential Support Program
RHRP—Reserve Health Readiness Program
RILO—Review in Lieu of Medical Evaluation Board
RMG—Readiness Management Group
RMU—Reserve Medical Unit
SG—Surgeon General
SGH—Chief of the Medical Staff
SGP—Chief of Aerospace Medicine
TDY—Temporary Duty
UHM—Unit Health Monitor
UPT—Undergraduate Pilot Training
USPSTF—United States Preventive Services Task Force
UTA—Unit Training Assembly
Web HA—Web-based Health Assessment