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DEPLOYMENT HEALTH

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This publication implements AFPD 48-1, *Aerospace and Operational Medicine Enterprise (AOME)*, and is consistent with Department of Defense (DoD) Instruction (DoDI) 6490.03, *Deployment Health*; DoDI 6490.07, *Deployment Limiting Medical Conditions for Service Members and DoD Civilian Employees*; and Defense Health Agency Procedural Instruction (DHA-PI) 6490.03, *Deployment Health Procedures*. It provides guidance and procedures for the Air Force Deployment Health program, primarily focusing on the deployment-related health assessments (DRHA) throughout the Air Force (AF). It applies to Regular Air Force (RegAF), Air Force Reserve (AFR) and Air National Guard (ANG), and Department of the Air Force (DAF) civilians at all levels that deploy (**Note:** ANG and AFR will be collectively referred to as Air Reserve Component (ARC) except where noted otherwise). Except for pre-deployment health-related items provided by the government as specified in DoDI 3020.41, *Operational Contract Support*, this AFI does not apply to employees working under government contract or private contractors performing work under government contracts. This publication requires the collection and maintenance of information protected by the Privacy Act of 1974 (Title 5, United States Code (U.S.C.), Section 552a), and authorized by Title 10, U.S.C., Sections 9013 and 9067(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. Forms affected by the Privacy Act must have an appropriate Privacy Act statement. The applicable System of Records Notice, F044 F AF SG E, Medical Record System, is available at **http://dpclo.defense.gov/Privacy/SORNs.aspx**. The authority to collect DRHA information (including Protected Health Information) is derived from 10 U.S.C. 136, Under Secretary of Defense for Personnel and Readiness; 10 U.S.C. 1074(f), Medical Tracking System for

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SUMMARY OF CHANGES

This rewrite revises AFI 48-122 by updating deployment health activity requirements in accordance with DHA-PI 6490.03 including the addition of comprehensive contraception and menstruation suppression counseling, as applicable; adding guidance for the Base Operational Medicine Clinic (BOMC) to include the introduction of a Deployment Waiver Manager; updating roles and responsibilities, primarily for BOMC and Public Health; and updating references and resource hyperlinks.

Chapter 1

PROGRAM OVERVIEW AND COMPLIANCE AREAS

1.1. Purpose. This instruction provides guidance and procedures for the AF Deployment Health Program, focused on AF specific requirements and the responsibilities of AF personnel, including personnel at Guard medical units (GMUs), Reserve medical units (RMUs) and Category B/E individual mobilization augmentees (IMA). The purpose of the Deployment Health Program is to identify and address the deployment-related health care needs of service members and civilians. DRHAs assist with the early identification and management of deployment-related health concerns and conditions that may surface in the months before or the months to years after deployment. As such, DRHAs are a vital component to provide effective care and treatment for members with deployment-related health concerns. The information provided in DRHAs may result in a referral for additional health care that may include medical, dental, or behavioral health care or diverse community support services.

1.2. Overview. Deployment health requirements span the pre- and post-deployment cycle and include requirements which may vary based on the deployer's component (e.g., RegAF, ARC, DAF civilian, or contractor).

1.2.1. The Medical Treatment Facility (MTF) will not process contractors for deployment, unless the deploying individual's contract specifically states that medical services must be provided at the MTF. **(T-0)**. If the contract obligates the MTF to provide services, expenses related to providing contractually required deployment-related medical clearance services to the deploying contractor should be applied (via journal voucher) to the organization or contingency that funded the contract. **(T-0)**. A copy of the contract containing exact medical specifications must be provided to the Public Health Office prior to initiation of any medical clearance activities or services in accordance with DoDI 3020.41. **(T-0).**

1.2.2. Deployment health threats and countermeasures briefings will be provided to contractors by Public Health to communicate health risks and countermeasures in the designated operational area in accordance with DHA-PI 6490.03. **(T-0)**.

1.3. Compliance Areas.

1.3.1. Deployment health requirements include all medical requirements prescribed for deployments in DoDIs, AFIs, Combatant Command (CCMD) reporting instructions, and other applicable policies. The full range of deployment health activities are required for all deployments greater than 30 days outside the United States as described in DHA-PI 6490.03. **(T-0)**. Minimum deployment health activities described in DHA-PI 6490.03 and any additional, risk-based activities directed by combatant commander (CCDR), service component commander, or commander exercising operational control are required for (1) deployments outside of the United States equal to or less than 30 days, or (2) operations within the United States. Deployment health activities for deployments to enduring locations within operational areas are only required at the direction of the commander exercising operational control. **(T-0)**

1.3.1.1. Deploying individuals will comply with DoD, DHA, and AF deployment health requirements listed in **Attachment 2**, **Attachment 3**, and **Attachment 4**. **(T-0)**. **Note**: Additional information for all deployers and medical personnel regarding medical

clearance is located on the Deployment Health Kx site at **https://kx.health.mil/kj/kx3/DeploymentHealth/Pages/home.aspx** and on the Base Operational Medicine Clinic (BOMC) website at **https://hpws.afrl.af.mil/DHP/HP/AFMHSC/index.cfm**.

1.3.1.2. DoD civilians must comply with the medical, dental, and psychological requirements established by federal law, DoDI and the CCDR responsible for the deployment AOR, both prior to and including the entire period of their deployment. **(T-0)**.

1.3.2. For service members, health assessments related to deployment include the DD Form 2795, *Pre-Deployment Health Assessment* (DRHA 1), DD Form 2796, *Post-Deployment Health Assessment* (DRHA2), DD Form 2900, *Post-Deployment Health Re-Assessment* (DRHA 3), and DD Form 2978, *Deployment Mental Health Assessment* (DRHAs 4 and 5).

1.3.2.1. DRHAs 2 through 5 apply if a Pre-Deployment Health Assessment (DRHA 1) was required during the pre-deployment phase and the service member completed the deployment.

1.3.2.2. DRHAs 2 through 5 may apply based on health risk during deployment per the instructions of the commander exercising operational control.

1.3.3. For DAF civilians, health assessments related to deployment include the DD Form 2795 (DRHA 1), DD Form 2796 (DRHA 2), and DD Form 2900 (DRHA 3). The DD Form 2978 does not apply to DAF civilians.

1.3.4. DRHA completion is defined as: (1) deployer completion of the automated DRHA questionnaire in Aeromedical Services Information Management System (ASIMS) and (2) face-to-face or person-to-person encounter with a DRHA-trained health care provider. Encounters will occur in a private setting to foster trust and openness in discussing sensitive health concerns **(T-3)**.

1.3.5. DRHA findings – identified as "Critical," "Priority," "Routine," "Negative," and "Incomplete" – are tracked in ASIMS and must be reviewed and closed by a credentialed, DRHA trained health care provider within the encounter priority timeframes specified in **Chapter 3**, **paragraph 3.3 (T-2)**.

1.3.6. [ARC Only] ARC members have three options for completing person-to-person encounters: (1) with a credentialed, DRHA-trained ARC health care provider, (2) through an MTF with a credentialed, DRHA-trained health care provider, or (3) through the Reserve Health Readiness Program (RHRP)-contracted call center with a credentialed, DRHA-trained health care provider (for DRHAs 3, 4, 5 only).

1.3.6.1. ARC members are eligible to complete deployment health and medical readiness requirements through MTFs in accordance with DHA-PI 6010.01, *Healthcare Benefit Eligibility Verification and Patient Registration Procedures*. Additionally, ARC members on Title 10 orders for greater than 31 days are eligible for TRICARE. Eligibility begins 180 days prior to deployment once enrollment eligibility has been established in Defense Enrollment Eligibility Reporting System by the tasked Unit.

1.3.6.2. ARC service members separating from Title 10 deployments more than 31 days in support of contingency operations specifically authorized by Presidential Orders are

eligible for Transitional Assistance Management Program (TAMP) 180 days post-deployment. **Note**: TAMP information and benefits can be found at **http://www.tricare.mil/TAMP**.

Chapter 2

ROLES AND RESPONSIBILITIES AND PROCEDURAL GUIDANCE

Section 2A—Roles and Responsibilities

2.1. Air Force Surgeon General (AF/SG). AF/SG is the OPR for the AF Deployment Health Program. The AF/SG will:

2.1.1. Ensure medical resources are planned, programmed, and budgeted to meet deployment health requirements.

2.1.2. Ensure AF-specific DRHA policy is consistent with DoDI 6490.03, and DHA-PI 6490.03.

2.1.3. Ensure health care providers are trained and certified to perform DRHAs and make appropriate clinical referrals in accordance with DHA policies and AFI 44-176, *Access to Care Continuum*.

2.1.4. Ensure all deploying personnel have a medical assessment in accordance with DoDI 6490.03 and DoDI 6490.07, including a medical record review, to evaluate their medical status before deployments. **(T-0).**

2.2. Assistant Surgeon General for Healthcare Operations (AF/SG3). AF/SG3 is the OPR for deployment health policy. AF/SG3 will:

2.2.1. Provide Air Force Medical Service policy and guidance to ensure AF compliance with DoD deployment health requirements.

2.2.2. Act as the approval authority for major command (MAJCOM), direct reporting unit, and ARC variations to this instruction as appropriate in accordance with AFI 33-360.

2.3. Air Force Medical Readiness Agency, Aerospace Medicine Policy and Operations Division (AFMRA/SG3C). AFMRA/SG3C will:

2.3.1. Develop and update deployment health policy in coordination with DHA, AFMRA South, MAJCOMs, the ARC and AF/SG.

2.3.2. Provide criteria, guidance, and instructions to incorporate deployment health requirements into appropriate DoD deployment health policy, program, and budget documents.

2.3.3. Provide a representative to the Deputy Assistant Secretary of Defense for Health Readiness and Policy Oversight (DASD(HRP&O)) Force Health Protection Quality Assurance (FHPQA) Working Group.

2.3.4. Review and approve updates to Deployment Health Kx site.

2.3.5. Conduct staffing analysis to validate deployment health contract support requirements.

2.3.6. Submit the Deployment Health Quality Assurance Compliance Report (as defined by the DASD (HRP&O), Deployment Health Quality Assurance Program Office).

2.3.7. Develop a standardized deployment medical waiver manager training program.

2.4. Air Force Medical Readiness Agency/Deployment-Related Health Assessment Program Office (AFMRA/SG3CF/DRHAPO). AFMRA/SG3CF/DRHAPO is the OPR for the quality and sustainment of the DRHA Program. The AFMRA/SG3CF/DRHAPO will:

2.4.1. Serve as a consultant for the Deployment Health Program and provide programmatic oversight and quality assurance.

2.4.2. Conduct periodic installation-level reviews to verify compliance with DoD and AF policy as outlined in DoDI 6200.05, *Force Health Protection Quality Assurance (FHPQA) Program*.

2.4.3. Assist installation personnel with identifying and correcting deficiencies with the Deployment Health Program and associated processes.

2.4.4. Provide a representative to the FHPQA Working Group.

2.4.5. Coordinate with ARC to compile DRHA quality assurance compliance measures in accordance with DoDI 6200.05.

2.4.6. Conduct periodic quality assurance reviews and on-site visits (as requested, and with ARC representation if applicable) to ensure data quality and compliance with Deployment Health Program requirements.

2.5. HAF/Major Command. HAF/Major Command is the OPR for developing instructions and processes to ensure personnel assigned to geographically separated units (GSUs) meet DRHA Program requirements. HAF/Major Command will:

2.5.1. Coordinate the implementation of instructions and publications with AF/SG3C.

2.5.2. Monitor and assess Manage Internal Control Toolset (MICT) data from units to maintain situational awareness of potential problem areas in accordance with AFI 90-201, *The Air Force Inspection System*.

2.5.3. Monitor and review the DRHA compliance status of geographically separated personnel, or delegate this responsibility to the GSU Commander (CC), to ensure compliance with DRHA program requirements.

2.6. AF Reserve Command Surgeon (AFRC/SG). AFRC/SG is the OPR for DRHA instructions and guidance for the AFR, including Individual Ready Reservists (IRRs) and IMAs. AFRC/SG will:

2.6.1. Designate a program manager to oversee the DRHA Program and to coordinate on quality assurance execution and reporting with AFMRA/SG3C. In coordination with the RHRP, Defense Health Agency (DHA) Public Health Division, Deployment Health Branch, the program manager will ensure DRHA quality assurance and compliance measures are met by the RHRP contractor.

2.6.2. Provide a representative to the FHPQA Working Group.

2.6.3. Determine contract support requirements to execute the RHRP.

2.6.4. Review DRHA contract workload/expenses in coordination with Air Force Reserve Medical (AF/REM). **Note:** AF/REM will coordinate funding requests for contracts that support the DRHA Program with RegAF DRHA Program Manager; AFRC DRHA Program

Manager; ANG, Chief of Aeromedical Services (ANG/SGP); AF/SG Medical Plans, Programs, & Budget (AF/SG8); and the RHRP Program Office.

2.7. National Guard Bureau Surgeon General (NGB/SG). NGB/SG is the OPR for DRHA instructions and guidance for ANG members. NGB/SG will:

2.7.1. Designate a program manager to oversee the DRHA Program and to coordinate on quality assurance execution and reporting with AFMRA/SG3C. **Note**: In coordination with the RHRP, DHA Public Health Division, Deployment Health Branch, the program manager will ensure DRHA quality assurance and compliance measures are met by the contractor.

2.7.2. Provide a representative to the FHPQA Working Group.

2.7.3. Determine contract support requirements to execute the RHRP.

2.7.4. Review DRHA contract workload/expenses in coordination with the ANG Financial Management and the RHRP Program Office to evaluate funding of contracts that support the DRHA Program.

2.8. AF Installation Commander will:

2.8.1. Establish a command expectation that deploying military and civilian personnel will meet deployment health requirements, including DRHA and individual medical readiness (IMR). (T-1).

2.8.2. Establish a leadership forum for all Unit/CCs, to include all tenant units, in which data/trend analysis regarding deployment health requirements and IMR are discussed in accordance with AFI 48-101, *Aerospace Medicine Enterprise*.

2.8.3. Direct the Installation Military Personnel Flight (MPF) (to include ARC Force Support Squadrons) to add IMR/DRHA currency status to the Virtual MPF permanent change of station (PCS) out-processing checklist (applicable for ARC members transferring to another unit or component). (T-2). Note: Checking DRHA status during out-processing is not required when PCSing from remote (short tour) AF installations or other geographically separated locations without local MTF support.

2.8.4. The senior-ranking AF member will fulfill AF Installation Commander responsibilities for deployment health requirements in joint basing and tenant unit situation where a sister service is the lead service. (T-2).

Section 2B—Procedural Guidance

2.9. Unit Commander (or equivalent) will:

2.9.1. Ensure military and DAF civilian personnel deploying or traveling (e.g. TDY, exercise, etc) to an operational AOR complete medical clearance requirements, including DRHAs (for deployments only). **(T-0)**. **Note**: In accordance with AFI 10-403, *Deployment Planning and Execution*, unit commanders must ensure personnel assigned to an Air & Expeditionary Force Indicator maintain currency on all medical requirements and are medically fit to deploy during a rapid response situation.

2.9.2. Ensure deploying military and DAF civilian personnel with deployment-limiting conditions obtain an approved deployment medical waiver prior to departure from home station. (T-0).

2.9.3. Designate unit Points of Contact (POCs) in writing (e.g., unit deployment manager (UDM)) to manage deployment health actions for unit personnel. (T-2). Send an authorization letter to request ASIMS access (for unit POCs) from the ASIMS administrator and update as necessary. (T-2). Designees should be limited in number, and designee authorization letters must be for a specified period of time and for a specified and directed purpose.

2.9.4. Notify ASIMS Administrator immediately when a Unit POC no longer requires ASIMS access for the unit (e.g. PCS, reassignment, etc). (T-2).

2.9.5. Ensure re-deploying personnel (including DAF civilians) promptly complete all post-deployment health requirements identified by Public Health (e.g. post-deployment health assessments, serum draws, and turn-in of Force Health Protection Prescription Products (FHPPPs) (if issued) immediately upon return from deployment, and prior to release for rest and recuperation, leave, or demobilization. (T-0).

2.9.6. Ensure DRHA due/overdue status of unit personnel is monitored using ASIMS. (T-1).

2.10. MTF Commander (including ANG GMU/CC and RMU/CC). The MTF/CC is the OPR for the Deployment Health Program at the installation level. The MTF/CC will:

2.10.1. Ensure pre- and post-deployment related medical services are provided to deploying personnel in accordance with DoDIs, DHA-PIs, CCMD reporting instructions, and this instruction. **(T-0)**.

2.10.2. Monitor and enforce MTF compliance with applicable DoD, DHA, and AF instructions. **(T-0)**.

2.10.3. Ensure MTF capabilities and appointment access are adequate to meet deployment health requirements and to provide sufficient follow-up care in accordance with TRICARE access standards and other MTF guidance. **(T-2)**. **Note**: When ARC medical resources necessary to complete deployment-related medical services are inadequate or unavailable, ARC members are eligible to complete deployment health and medical readiness requirements through TRICARE or at other MTF locations.

2.10.4. Ensure DRHAs are completed using ASIMS and documented in the DoD Electronic Health Record (EHR) if available. **(T-1)**.

2.10.5. Ensure expedited care for patients with "Critical" or "Priority" DRHA findings, or recommended medical referrals. **(T-2)**.

2.10.6. Provide pre- and post-deployment medical support to deploying and re-deploying ARC members in accordance with applicable DoD/AF policy and the Intraservice Support Agreement between the host RegAF Installation and tenant Reserve Wing. **(T-1)**.

2.10.7. Appoint a Deployment Medical Waiver Manager (e.g. 4A0X1, 4N0X1, 4N0XF1, Physical Evaluation Board Liaison Officer, civilian equivalent, or contract personnel) to facilitate, coordinate, and track waivers for deployment-limiting conditions. **(T-3)**.

2.11. The Chief of Aeromedical Services (SGP). The SGP is the OPR for administrative-support oversight of the Deployment Health Program. The SGP will:

2.11.1. Report DRHA compliance and provide programmatic updates to medical and wing leadership to ensure continuity and success of the DRHA Program in accordance with AFI 48-101 and AFI 10-403.

2.11.2. Advise appropriate Unit/CC on adequate BOMC resources and staffing required for administration of the DRHA program. **(T-2)**.

2.11.3. Advise appropriate Unit/CC on adequate Public Health resources and staffing required for coordination of the deployment medical clearance and post-deployment medical reintegration processes. **(T-2)**.

2.11.4. Review, validate, and sign medical waiver packages for deployment-limiting conditions as dictated by BOMC standard work processes. **(T-2)**.

2.11.5. Develop and execute a Deployment Waiver Quality Assurance Program to ensure waiver packages are standardized, accurate, complete, and timely. **(T-2)**.

2.12. Public Health (Air Reserve Technician/Active Guard and Reserve [ART/AGR] at ground RMUs and Deployment Health Manager [DHM] for ANG) will:

2.12.1. Coordinate pre-deployment and pre-travel medical clearances to an operational AOR. **(T-1)**. **Note**: Personnel scheduled for official travel to an operational AOR or to a country with potential health hazards require travel medicine support/clearance.

2.12.1.1. Initiate medical clearance process for deployer (within 120 days before the estimated deployment date or date of first movement) in accordance with DoD and CCDR/component reporting instructions. **(T-0)**.

2.12.1.2. Create deployment records in the ASIMS Deployment Medical Clearance (DMC) module. **(T-2)**. Deployment records shall not be created in conjunction with leisure travel medicine patient encounters. **(T-2)**.

2.12.1.3. Monitor and update the overall medical clearance status of deploying members in DMC. **(T-2)**. **Note:** BOMC, Dental, Mental Health, Pharmacy, and Primary Care Managers (PCMs) will update the medical clearance status of deploying members for their respective clinics.

2.12.1.4. Close the ASIMS deployment record using the "Deployment Canceled," "Did Not Deploy," or "Other" options, as appropriate, when informed by a unit/organization that a deployment has been canceled. **(T-2)**.

2.12.1.5. Monitor the ASIMS civilian Deployer List and create ASIMS deployment records for all personnel on this list. **(T-2)**.

2.12.1.6. Verify all pre-deployment health requirements and reviews are complete in accordance with DHA-PI 6490.03, CCMD/component reporting instructions, the DoD Foreign Clearance Guide, and AF guidance before documenting medical clearance for deploying individuals. **(T-0)**. **Note**: DoD and AF pre-deployment health requirements are listed in **Attachment 2**.

2.12.1.7. Verify IMR, medical profile (AF Form 469, *Duty Limiting Condition Report*), and medical waiver approval status of member, as applicable. **(T-0)**.

2.12.1.8. Ensure all deployment-specific medical requirements are included on the ASIMS-generated DD Form 2766, *Adult Preventive and Chronic Care Flowsheet*. **(T-0)**.

2.12.1.9. Provide medical threat briefing to deploying member(s) in accordance with DHA-PI 6490.03 and CCMD/component reporting instructions. **(T-0)**. (ARC only**)** The Bioenvironmental Engineering/Public Health Office at AFR stand-alone installations will perform this requirement. **(T-1)**.

2.12.1.10. Verify electronic completion of DRHA 1 (DD Form 2795). **(T-1)**.

2.12.1.11. Verify all pre-deployment medical clearance information is accurate and complete in the ASIMS deployment record. **(T-1)**.

2.12.2. Provide information to unit leadership (annually) and UDM (semi-annually) to ensure unit personnel are informed on deployment health program requirements and local deployment medical clearance procedures. **(T-2)**.

2.12.3. Support Installation Reintegration Program, as required. **(T-2)**.

2.12.4. Ensure completion of post-deployment health requirements listed in **Attachment 4** and DHA-PI 6490.03. **(T-0)**.

2.12.5. Conduct tuberculosis risk assessment and ensure follow-up screening is accomplished if applicable. **(T-0)**.

2.12.6. Ensure member has a post-deployment serum drawn. **(T-0)**.

2.12.7. Sign member's Installation Redeployment/In-Processing Checklist. **(T-2)**.

2.12.8. Maintain updated deployment records and ensure that cancellations, modifications, and actual deployment dates are updated in the ASIMS deployment record correctly and in a timely manner. **(T-2)**. Close members' deployment records in ASIMS, once all initial post-deployment health requirements have been completed. **(T-2)**.

2.12.9. For AFR, the full-time ART/AGR assigned to ground RMU will assist the Designated Senior Physician to ensure a credentialed, DRHA-trained health care provider reviews and completes the required provider portions of the DRHA within the specified timeframe. **(T-2)**. The full-time ART/AGR also tracks, facilitates, and ensures member receives referral medical management as recommended by the credentialed health care provider in provider portions of the DRHA. **(T-2)**.

2.12.10. [ARC only] Guidance on the collection of required records to support medical unit processing of required line of duty (LOD) determinations and requests for Pre-MEDCON or MEDCON orders is provided in AFI 36-2910, *Line of Duty (LOD) Determination, Medical Continuation (MEDCON), and Incapacitation (INCAP) Pay*.

2.12.11. [ARC only] Coordinate completion of the Separation Health and Physical Exam (SHPE), for returning deployers that were in a qualifying status, prior to completion of deployment orders. (**T-0**). Guidance on this required coordination is provided in AFI 48-123, *Medical Examinations and Standards,* DoDI 6040.46, *The Separation History and Physical*

Examination (SHPE) for the DoD Separation Health Assessments (SHA) Program, DHA-PI 6490.01, *inTransition Program.*

2.13. Mental Health (Director of Psychological Health for ANG & AFR) will:

2.13.1. Assist in the analysis of negative mental health trends reported through DRHAs (e.g., alcohol/substance abuse, suicidal ideation, Post-Traumatic Stress Disorder, Traumatic Brain Injury, depression, violence) and report to Population Health Working Group and Community Action Board, and Community Action Team, as appropriate. **(T-3)**. **Note:** The Population Health Working Group is not applicable to AFR.

2.13.2. Screen medical records of all deploying personnel for Mental Health, Alcohol and Drug Abuse Prevention and Treatment, and Family Advocacy history prior to deployment. **(T-0)**.

2.13.3. Advise as needed concerning the impact of mental health conditions on individual deployment health and document review/clearance in the ASIMS DMC module. **(T-2)**. **Note**: ASIMS DMC documentation is not applicable to AFR.

2.13.4. Perform post-injury neurocognitive assessment, as indicated, in accordance with AFI 44-172, *Mental Health*. **Note**: This paragraph is not applicable to AFR.

2.14. Healthcare Providers who conduct DRHAs will:

2.14.1. Complete DoD and AF deployment health training requirements and submit training certificate to MTF credentials manager prior to administering DRHAs. **(T-0)**.

2.14.2. Conduct DRHAs, provide health education and information, and recommend medical referrals/follow-up for deployment-related health concerns as indicated and/or aligned with appropriate Clinical Practice Guidelines **(T-0)** available on the BOMC website: **https://hpws.afrl.af.mil/DHP/HP/AFMHSC/**.

    2.14.2.1. All DRHAs must be conducted in a private setting and include a review of available health records for any conditions that may impact deployability. **(T-0)**.

    2.14.2.2. Complete the provider portion of the DRHA in ASIMS. **(T-1)**.

    2.14.2.3. Copy the DRHA text into the EHR or hard copy medical record if EHR is not available, then code and sign the EHR encounter. **(T-0)**.

2.14.3. Ensure service members have access to comprehensive counseling on the full range of methods for contraception, pregnancy prevention, and menstrual suppression, as applicable, as directed by DHA-PI 6490.03 and DHA-PI 6200.02, *Comprehensive Contraception Counseling and Access to the Full Range of Methods of Contraception*. **(T-0)**.

2.14.4. Prescribe FHPPPs as required by DHA-PI 6490.03. **(T-0)**. Guidance for the management of FHPPPs is provided in AFI 44-102, *Medical Care Management* and AFMAN 41-209, *Medical Logistics Support*. **Note**: FHPPPs are comprised of such products as atropine and/or 2-Pam chloride auto-injectors, certain antimicrobials, anti-malarials, and pyridostigmine bromide.

2.14.5. Make deployability determination and indicate clearance status in the ASIMS DMC module. **(T-2)**.

2.14.6. Update the ASIMS DD Form 2766 in accordance with AFMAN 41-210, *TRICARE Operations and Patient Administration*.

2.14.7. Coordinate referrals with deployer's PCM via telephonic consult, as applicable. **(T-1)**. For the ARC, the designated ARC DRHA representative will coordinate and track recommended medical referrals on a DRHA conducted by an RHRP-contracted provider. **(T-1)**.

2.14.8. Capture active component DRHA workload using the provider's Medical Expense and Performance Reporting System code. **(T-2)**.

2.14.9. Complete Health Care Provider portion of medical waiver packages for deployment limiting conditions as dictated by BOMC standard work processes. **(T-2)**.

2.15. BOMC Staff/AFR Aerospace and Operational Medicine RMU Staff will:

2.15.1. Update the ASIMS Deployment Dashboard for each deployer with identified deployment requirements. **(T-1)**.

2.15.2. Monitor the ASIMS Open DRHA List and schedule service members and DAF civilians for DRHA appointments with appropriate BOMC providers according to the required timelines specified in **Chapter 3**, **paragraph 3.3** **(T-1)**.

2.15.3. Inform the service member or DAF civilian and UDM of deployment deficiencies that could limit his/her ability to obtain medical clearance for deployment. **(T-1)**.

2.15.4. Coordinate with BOMC provider or PCM for the deployment medical waiver process, as indicated. **(T-1)**.

   2.15.4.1. Compile required information and medical documentation for deployment waivers. **(T-1)**.

   2.15.4.2. Coordinate with MTF Deployment Medical Waiver Manager. **(T-3)**.

   2.15.4.3. Track deployment limiting condition waiver processing. **Note:** Deployment waiver processing timelines are outlined in AFMAN 41-210. **(T-2)**.

   2.15.4.4. Create deployment waiver requests. **(T-2)**.

   2.15.4.5. Create an AF Form 469 and copy into waiver request. **(T-2)**.

   2.15.4.6. Send waivers to PCM for completion. **(T-2)**.

   2.15.4.7. Refer service member to Airman Medical Readiness Optimization Board (AMRO-B) or DAF civilian to UDM upon receipt of a denied deployment limiting condition waiver. **(T-2)**.

   2.15.4.8. Update the ASIMS DD Form 2766 with waiver disposition. **(T-1)**.

2.15.5. Report DRHA unit compliance metrics to the Aerospace Medicine Council, MTF Executive Committee, and Installation leadership in accordance with AFI 48-101.

2.15.6. Provide DRHA training and information to unit leadership (annually) and UDM (semi-annually) to ensure unit personnel are informed of DRHA requirements. **(T-2)**.

2.15.7. Review status of individuals out-processing the installation to ensure currency of IMR and DRHA requirements prior to departure. **(T-2)**.

2.15.8. Review member's deployment medical record and confirm electronic completion of DRHA 2. **(T-0)**. Hardcopy forms must be transcribed into ASIMS, signed by a provider and documented in the EHR. **(T-0)**.

2.15.8.1. Review the completed DRHA 2 for recommended referrals. **(T-0)**. If no referrals are indicated, asks the member if there are any deployment-related health concerns he/she would like to discuss with a provider. **(T-0)**.

2.15.8.2. Coordinate recommended and requested referrals via DoD EHR Telephone Consult (TCON) to the member's PCM. **(T-0)**.

2.15.8.3. Instruct member to complete DRHA 2 electronically within 30 days of return from deployment, if DRHA 2 was not completed in theater. **(T-0)**.

2.15.9. Act as ASIMS Administrator for local MTF. **(T-2)**.

2.15.9.1. Maintain a current Unit POC roster in ASIMS "Unit POC Table." **(T-2)**.

2.15.9.2. Enable access to ASIMS for clinic staff as required. **(T-2)**.

2.15.9.3. Verify providers have completed DoD and AF training requirements prior to granting access to complete deployment forms in ASIMS. **(T-2)**.

2.16. Primary Care Manager (PCM) will:

2.16.1. Manage recommended and requested referrals generated by DRHAs in accordance with DHA PI 6490.03 and AFI 44-176. **(T-0)**.

2.16.2. Manage deployment medical waivers in accordance with AFI 48-203 and AFMAN 41-210. **(T-1)**.

2.16.3. Communicate deployment limiting condition waiver status with the Deployment Medical Waiver Manager and Public Health upon receipt of disposition. **(T-3)**.

2.16.4. Make final deployability determination and indicate clearance status in the ASIMS DMC module. **(T-2)**.

2.17. Deployment Medical Waiver Manager will:

2.17.1. Coordinate with SGP to submit packages for deployment-limiting condition waivers. **(T-3)**.

2.17.2. Act as MTF point of contact for waiver status inquiries. **(T-3)**.

2.17.3. Coordinate with SGP, Public Health, UDM, PCM, and BOMC upon receipt of waiver disposition. **(T-3)**.

2.17.4. Add the waiver to the service member's EHR. **(T-3)**.

2.17.5. Update the waiver date in ASIMS. **(T-3)**.

2.17.6. Update AF Form 469 note section with waiver disposition. **(T-3)**.

2.18. Independent Duty Medical Technicians (IDMTs) will:

2.18.1. Administer DRHAs for personnel in deployed locations, at GSUs greater than 50 miles from an MTF, and DRHAs 4 or 5 performed with the annual Mental Health

Assessment, provided the IDMTs have been trained and certified to conduct DRHAs. **(T-1)**. ANG IDMTs may conduct DRHAs only in deployed settings.

2.18.2. Document DRHA training for IDMTs in the Total Force Training Record. **(T-0)**.

2.19. Dental Clinic will:

2.19.1. Evaluate deployer dental readiness in accordance with DoDI 1400.32, *DoD Civilian Work Force Contingency and Emergency Planning Guidelines and Procedures*, AFI 10-250, *Individual Medical Readiness,* and AFMAN 47-101, *Managing Air Force Dental Services*. **(T-0).**

2.19.2. Indicate clearance status in the ASIMS DMC module. **(T-2)**.

2.20. Pharmacy will:

2.20.1. Evaluate deployer's maintenance medications and prescribed FHPPPs, as applicable, to ensure sufficient quantity for duration of travel. **(T-1)**.

2.20.2. Educate deploying personnel on enrollment in the TRICARE Deployed Prescription Program, as applicable. **(T-2)**.

2.21. Unit Deployment Manager (UDM) will:

2.21.1. Notify personnel of deployment medical requirements, including DRHA. **(T-2)**.

2.21.1.1. Use ASIMS to access profile information and review AF Form 469 to identify Airmen with mobility restrictions. **(T-1)**.

2.21.1.2. Remove and replace Airmen with deployment-limiting conditions from deployment taskings or coordinate with Deployment Medical Waiver Manager and Unit/CC to request a deployment medical waiver. **(T-1)**. **Note:** The commander should consult the profile officer for further guidance on medical waivers. AFMAN 41-210 describes a commander's mobility waiver recourse in the rare event that the operational necessity justifies the additional risk of deploying Airmen who do not meet medical mobility standards.

2.21.1.2.1. Notify Public Health (or designated MTF POC) of unit personnel tasked to deploy in accordance with AFI 10-403. **(T-1)**. Personnel deploying outside of the United States for greater than 30 days will require the full range of deployment health activities. **(T-0)**.

2.21.1.2.2. Personnel deploying outside of the United States for 30 days or less and in support of operations within the United States of any duration will require the minimum deployment health activities. **(T-0)**. Personnel deploying to enduring locations within an operational area may require deployment health activities at the direction of the commander exercising operational control. Personnel will report to Public Health to ensure minimum deployment health activities are accomplished. **(T-2)**.

2.21.2. Notify Public Health (or designated MTF POC) of cancellations of unit and/or individual deployments. **(T-1)**.

2.21.3. Assist deploying personnel with completion of IMR and DRHA requirements. **(T-2)**.

2.21.4. Use the ASIMS DMC module to assign individual deployment taskings and monitor the overall status of each deployer throughout the medical clearance process. **(T-2)**.

2.21.5. Confirm deployer completed all medical clearance requirements prior to clearing member. **(T-3)**.

2.21.6. Monitor unit IMR and DRHA compliance via ASIMS. Real-time reports are available at **https://asimsimr.health.mil/imr/loginunit.aspx**. **(T-2)**

2.21.7. Brief or present DRHA program purpose, requirements, and processes to unit personnel and DRHA compliance to squadron and group leadership. **(T-3)**.

2.22. Deploying Personnel will:

2.22.1. Monitor and maintain currency of deployment health requirements, including DRHA, and IMR requirements. **(T-0)**. **Note**: Requirements can be monitored using MyIMR at **https://asimsimr.health.mil/imr/myimr.aspx** (ARC may also use ARCNet).

2.22.2. Upon official tasking, and at the direction of the UDM, contact Public Health to initiate and complete deployment medical clearance in accordance with CCMD, DoD, and AF policy. **(T-0)**. Personnel scheduled for official travel to an operational AOR or to a country with potential health hazards will contact Public Health to obtain travel medicine support/clearance. **(T-1)**. When directed, deploying personnel log on to MyIMR at **https://asimsimr.health.mil/imr/myimr.aspx** and complete DRHA electronically. **(T-1)**.

2.22.3. Complete pre- and post-deployment health requirements. **(T-0)**. Complete DRHAs and accomplish DRHA encounters with a trained health care provider within required timeframes, as indicated. **(T-0)**. For AFR, accomplish medical referrals as described in the provider portions of the DRHA and provide documentation of medical management received to the full-time RMU ART/AGR. **(T-1)**.

2.22.4. DAF civilians must meet deployment health requirements prescribed by DoD and AF policy, CCDR or Component Reporting Instructions, and deployment readiness requirements outlined in this document. **(T-0)**.

2.22.4.1. DAF civilians must bring an OF-178, *Certificate of Medical Examination* (with Part B completed by the Appointing Officer); DD Form 2807-1, *Report of Medical History*; DD Form 2813, *Department of Defense Active Duty/Reserve/Guard/Civilian Forces Dental Examination;* and DD Form 771, *Eyewear Prescription* to BOMC. **(T-1)**. **Note:** DAF civilians who report to the MTF without an OF-178 and a completed Part B will be returned to their unit.

2.22.4.2. BOMC will schedule an appointment (same day if available) with an MTF provider to conduct the medical examination and to document any deployment limiting medical conditions. **(T-1)**.

2.22.4.3. Individuals who do not report to BOMC or complete these medical requirements will not be medically cleared to deploy. **(T-0)**.

2.22.4.4. DAF civilians who fail to disclose a diagnosed deployment-limiting condition during the pre-deployment medical clearance process and arrive in theater without a deployment medical waiver will be returned to home station at their own expense. **(T-0)**.

2.22.4.5. For DAF civilians who do not meet medical mobility standards as defined in DODI 6490.07, the commander may request a deployment medical waiver through the servicing MTF. **(T-0)**. **Note**: In certain instances, a waiver will not be possible due to the limited scope of care at a deployed location.

2.22.4.6. DAF civilians who develop a deployment-limiting condition while in theater that will not be resolved must also obtain a deployment medical waiver from the CCDR (or designee) in order to remain in theater. **(T-0)**.

Chapter 3

DEPLOYMENT-RELATED HEALTH ASSESSMENT (DRHA) PROGRAM REQUIREMENTS

3.1. DRHA Timeline.

3.1.1. In accordance with DHA-PI 6490.03, five DRHAs must be completed at specific intervals throughout the deployment cycle. **(T-0)**.

3.1.1.1. DRHA 1 (DD Form 2795) - Within 120 days before the estimated deployment date (i.e., date departing home station for deployment or first movement).

3.1.1.2. DRHA 2 (DD Form 2796) - Within 30 days prior to departure from theater or within 30 days after return from theater. **(T-0)**. **Note:** Every effort should be made to accomplish DRHA #2 prior to departing the deployed location.

3.1.1.3. DRHA 3 (DD Form 2900) - Between 90 days and 180 days after return from deployment.

3.1.1.4. DRHA 4 (DD Form 2978) - Between 181 days and 545 days after return from deployment. **Note:** Not required for DAF civilians.

3.1.1.5. DRHA 5 (DD Form 2978) - Between 546 days and 910 days after return from deployment. **Note:** Not required for DAF civilians.

3.1.2. In accordance with DHA-PI 6490.03, individuals who deploy again prior to completing the DRHA cycle, will have the assessment schedule set to the most recent deployment for which the DD Form 2795 was required. **(T- 0)**.

3.1.3. The DD Form 2978 is incorporated into DD Form 3024, *Annual Periodic Health Assessment* (PHA), to streamline administration; therefore, service members who complete the annual PHA during the appropriate timeframe fulfill this requirement. **(T- 0)**.

3.2. DRHA Readiness Activities. DRHAs will be incorporated into the following readiness and deployment health activities:

3.2.1. All deploying personnel (RegAF, ARC, and DAF civilians will accomplish the DRHA 1 with pre-deployment medical out-processing; all personnel must report to Public Health to initiate pre- deployment medical out-processing activities in accordance with DoD, Air Force, and CCMD reporting instructions. **(T-0)**. ARC personnel will perform medical out-processing through their respective RMUs/GMUs for traditional Reserve or Guardsmen. **(T-2)**. IMAs will process through their MTF unit of attachment. **(T-2)**. RMUs/GMUs may enter into agreements for support from a RegAF MTF, where appropriate; however, the RMU/GMU will retain overall responsibility for medical out-processing and tracking of all deployment-related health requirements. ANG providers will review responses with the member to determine deployability. **(T-2)**.

3.2.2. All personnel (RegAF, ARC, and DAF civilians will accomplish the DRHA 2 with pre-reintegration actions and medical-out processing from theater; all personnel will report to the deployed MTF to accomplish medical out-processing activities. **(T-1)**. If the member is unable to accomplish the DRHA 2 in theater prior to re-deployment, the member must

complete the DRHA 2 prior to release for rest and recuperation or within 30 days of return to home station. **(T-0)**.

3.2.3. All personnel (RegAF, ARC, and DAF civilians) will accomplish DRHA 3 between 90 and 180 days after return from deployment. **(T-0)**.

3.2.4. RegAF and ARC personnel will accomplish DRHAs 4 and 5 with the annual PHA (not required for DAF civilians). **(T-0)**. **Note:** RegAF and ARC personnel will accomplish the DRHA 4 or 5 separately if the assessment does not coincide with the member's annual PHA and ensure it occurs within the required time frame.

3.3. Scheduling the DRHA Encounter.

3.3.1. All patients on the ASIMS Open DRHA List require a face-to-face (DRHAs 1 and 2) or person-to-person (DRHA 3, 4, 5) assessment with a trained health care provider. **(T-0)**. The required timeline for patient encounter is dictated by critical, priority, routine, negative, and incomplete findings on the DRHA (see below). **Note:** Adhering to the Critical and Priority timeframe requirements for completing the DRHA 2 encounter may not be possible at every deployed MTF due to computer system limitations. However, every effort should be made by deployed medical personnel to meet the intended timeframes.

3.3.2. Critical findings – A health care provider certified to perform DRHAs or a registered nurse must contact personnel within 1 duty day to assess the need for immediate intervention or urgent care; the encounter with a trained health care provider must be completed within 3 duty days. **(T-1)**.

3.3.3. Priority and Incomplete findings – A trained health care provider must conduct the encounter within 7 calendar days. **(T-1)**.

3.3.4. Routine or Negative findings – A trained health care provider must conduct the encounter within 30 calendar days. **(T-1)**.

3.4. DRHA Completion Requirements.

3.4.1. All deploying personnel (to include other armed forces service members empaneled to joint base MTFs where the AF is the lead agent for medical services) will complete DRHAs online via ASIMS unless otherwise directed by local joint base memorandum of agreement. **(T-0)**. **Note:** During a short-notice contingency operation, in the absence of ASIMS, hard copy and/or hand-written DRHAs may be accepted; however, DRHA hand-written forms must be manually transcribed immediately into ASIMS.

3.4.2. All personnel shall not use DRHA forms (DD Forms 2795, 2796, 2900, and 2978) during exercise scenarios not involving real-world taskings or official issuance of contingency orders. **(T-1)**.

3.4.3. A legible copy of all DRHAs must be documented in the deployer's DoD EHR, if the capability exists. **(T-0)**. Otherwise, a hard copy must be filed in the outpatient medical record. **(T-0)**.

3.4.4. Medical personnel must document all deployment-related visits using appropriate International Classification of Disease codes. **(T-1)**.

DOROTHY A. HOGG
Lieutenant General, USAF, NC
Surgeon General

Attachment 1

GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION

References

AFPD 48-1, *Aerospace & Operational Medicine Enterprise (AOME)*, 7 June 2019

DoDI 6490.03, *Deployment Health*, 19 June 2019

DoDI 6490.07, *Deployment-Limiting Medical Conditions for Service Members and DoD Civilian Employees*, 5 February 2010

DoDI 3020.41, *Operational Contract Support*, 20 December 2011

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

Title 10, United States Code, Section 9013, *Secretary of the Air Force*

Title 10, United States Code, Section 9067(d) *Assistant Surgeon General for Dental Services*

Executive Order No. 9397, *Numbering System for Federal Accounts Related to Individual Persons*

Executive Order No. 13478, *Amendments To Executive Order 9397 Relating To Federal Agency Use of Social Security Numbers*

Title 10, United States Code, Section 136, Under Secretary of Defense for Personnel and Readiness

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45 CFR Part 160, General Administrative Requirements

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AFI 33-322, *Publications and Forms*, 10 March 2020

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DoDI 1400.32, *DoD Civilian Work Force Contingency and Emergency Planning Guidelines and Procedures*, April 24, 1995

AFI 10-250, *Individual Medical Readiness*, 22 July 2020

AFMAN 47-101, *Managing Air Force Dental Services*, 25 July 2018

AFI 48-110-IP, *Immunizations and Chemoprophylaxis for the Prevention of Infectious Diseases*, 7 October 2013

AFI 48-102, *Medical Entomology Program*, 9 September 2019

AFMAN 48-105, *Public Health Surveillance*, 26 June 2020

AFI 48-127, *Occupational Noise and Hearing Conservation Program*, 26 February 2016

AFI 48-137, *Respiratory Protection Program*, 12 September 2018

AFI 48-145, *Occupational and Environmental Health Program*, 11 July 2018

AFMAN 48-146, *Occupational & Environmental Health Program Management*, 15 October 2018

DoDI 6490.13, *Comprehensive Policy on Traumatic Brain Injury-Related Neurocognitive Assessments by the Military Services*, 11 September 2015

AFI 10-203, *Duty Limiting Conditions*, 20 November 2014

AFI 36-3802, *Force Support Readiness Programs*, 9 January 2019

AFI 48-148, *Ionizing Radiation Protection*, 20 November 2014

AFMAN 48-125, *Personnel Ionizing Radiation Dosimetry*, 9 January 2019

DHA-PI 6490.03, *Deployment Health Procedures*, 17 December 2019

AFI 10-403, *Deployment Planning and Execution*, 17 April 2020

Adopted Forms

DD Form 2795, *Pre-Deployment Health Assessment*

DD Form 2796, *Post-Deployment Health Assessment*

DD Form 2900, *Post-Deployment Health Re-Reassessment*

DD Form 2978*, Deployment Mental Health Assessment*

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

OF-178, *Certificate of Medical Examination*

DD Form 771, *Eyewear Prescription*

AF Form 847, *Recommendation for Change of Publication*

AF Form 469, *Duty Limiting Condition Report*

DD Form 2807-1, *Report of Medical History*

DD Form 2813, *Department of Defense Active Duty/Reserve/Guard/Civilian Forces Dental Examination*

DD Form 3024, *Annual Periodic Health Assessment*

DD Form 2341, *Report of Animal Bite – Potential Rabies Exposure*

Abbreviations and Acronyms

AF—Air Force

AFI—Air Force Instruction

AFMRA—Air Force Medical Readiness Agency

AFR—Air Force Reserve

ART/AGR—Air Force Reserve Technician/Active Guard Reserve

ANG—Air National Guard

AOR—Area of Responsibility

ARC—Air Reserve Component

ASIMS—Aeromedical Services Information Management System

BOMC—Base Operational Medicine Clinic

CC—commander

CCDR—combatant commander

CCMD—combatant command

DAF—Department of the Air Force

DHA—Defense Health Agency

DMC—deployment medical clearance

DMSS—Defense Medical Surveillance System

DoD—Department of Defense

DoDI—Department of Defense Instruction

DOEHRS—Defense Occupational and Environmental Health Readiness System

DRHA—Deployment-Related Health Assessment

DRU—direct reporting unit

EHR—electronic health record

FHPPP—force health protection prescription products

EHPQA—force health protection quality assurance

GMU—guard medical unit

GSU—geographically separated units

HIV—Human Immunodeficiency Virus

HRP&O—Health Readiness Policy and Oversight

IDMT—independent duty medical technicians

IMA—individual mobility augmentees

IMR—individual medical readiness

Kx—Knowledge Exchange

MAJCOM—major command

MESL—Minimal Essential Subsystems List

MHA—mental health Assessment

MPF—Military Personnel Flight

MTF—Medical Treatment Facility

OPR—office of primary responsibility

PCM—primary care manager

PCS—permanent change of station

POC—point of contact

PDHA—Post-deployment Health Assessment

PDHRA—Post-deployment Health Reassessment

PHA—Periodic Health Assessment

REGAF—Regular Air Force

RHRP—Reserve Health Readiness Program

RMU—Reserve Medical Unit

SGP—Chief of Aeromedical Services

UDM—Unit Deployment Manager

Terms

Approval Authority (as described in para 2.2.2)—Senior leader responsible for contributing to and implementing policies and guidance/procedures pertaining to his/her functional area(s) (e.g., heads of functional two-letter offices).

Air Reserve Component—The USAF Air Reserve Component consists of the AFR and ANG.

Contingency—A situation requiring military operations in response to natural disasters, terrorists, subversives, or as otherwise directed by appropriate authority to protect US interests.

Deployment—The movement of forces into and out of an operational area.

Geographically Separated Units—Any unit separated from its servicing military personnel flight beyond a reasonable commuting distance. For ANG units, the term GSU is used synonymous with independent unit.

Individual Medical Readiness—A means to assess an individual service member's, or larger cohort's, readiness level against established metrics applied to key elements of health and fitness to determine medical deployability in support of contingency operations.

Medical Treatment Facility—(A) any fixed facility of the Department of Defense that is outside of a deployed environment and used primarily for health care; and (B) any other location used for purposes of providing health care services as designated by the Secretary of Defense.

Person–to–Person encounters—Face-to-face, by telephone, or video teleconference.

Post-Deployment Health Assessment (PDHA)—The PDHA process and screener (DD Form 2796, DRHA 2) are conducted within 30 days prior to departure from theater or within 30 days after return from theater. The DD Form 2796 is required if a DD Form 2795 was required during the pre-deployment phase and is directed at the individual's health status and concerns at redeployment. The screening is also used to document health events and enhance future force health.

Post-Deployment Health Reassessment (PDHRA)—The PDHRA process and screener (DD Form 2900, DRHA 3) are conducted 90-180 days after redeployment. The PDHRA is not a psychological screening, but a health risk appraisal modeled after the existing pre- and post-deployment health assessment.

Pre-Deployment Health Assessment—The Pre-Deployment Health Assessment process and screener (DD Form 2795, DRHA 1) are conducted within 120 days of expected deployment date. This screener allows deploying personnel to record information about their general health and report any concerns they have prior to deployment. It also helps health care providers identify issues and provide medical care before deployment.

Primary Care Manager—A healthcare provider who oversees and coordinates the general preventive, diagnostic and therapeutic care for a particular patient.

Trained Health Care Provider—A physician, physician assistant, or nurse practitioner that is credentialed, trained, and certified to administer DRHAs. Trained IDMTs may conduct DRHAs in deployed settings, for personnel assigned to GSUs located greater than 50 miles from an MTF, and DRHAs 4 or 5 performed with the annual mental health assessment (ANG IDMTs may conduct DRHAs ONLY in deployed settings). An independently-licensed mental health professional may conduct DRHAs 4 and 5, and does not require additional training.

Attachment 2

PRE-DEPLOYMENT HEALTH ACTIVITIES

A2.1. All of the pre-deployment health activities in **Table A2.1** apply for deployments outside of the United States for greater than 30 days. For deployments of less than 30 days or those inside the United States, some of these requirements may not apply. See DHA-PI 6490.03, **Table E4**T1 for identifying the requirements that apply.

Table A2.1. Pre-Deployment Health Activities.

Pre-Deployment Health Activities				
Item	Requirement	System of Record	Reference(s)	OPR(s)
1	Identify deployable personnel.	Aeromedical Services Information Management System (ASIMS)	DHA-PI 6490.03, AFI 10-250, AFI 10-403	CSS
2	Complete all medical clearance requirements prior to deployment or first movement.	Electronic Health Record (EHR) and ASIMS	AFI 10-403	Deployer
3	Verify individual medical readiness status.	ASIMS	DHA-PI 6490.03, AFI 10-250	BOMC
4	Make deployability determination and indicate clearance status in ASIMS DMC.	ASIMS	DoDI 6490.07	BOMC Provider or PCM
5	Ensure comprehensive counseling on the full range of methods of contraception.	(EHR)	DHA-PI 6490.03	BOMC Provider or PCM
6	Prescribe Force Health Protection Prescription Products (FHPPPs) (Anti-Malarials, BW/CW Complement, etc.), as indicated.	EHR	DHA-PI 6490.03, AFI 48-110-IP, AFI 44-102, AFMAN 41-209	BOMC Provider or PCM

7	Administer deployment-specific or occupational-related immunizations, prophylaxis, and any medical countermeasures or protective measures, as indicated.	EHR	DHA-PI 6490.03	Immunizations & Pharmacy
8	Prescribe prescription medications in a quantity sufficient to last for duration of deployment plus transit time, unless otherwise prohibited (e.g., controlled substances and psychotropic medications).	EHR	DHA-PI 6490.03	BOMC Provider or PCM
9	If applicable, conduct tuberculosis risk assessment and ensure follow-up screening is accomplished.	EHR, ASIMS	DHA-PI 6490.03, AFI 48-105	Public Health
10	Ensure medical clearance for wear/use of personal protective equipment and monitoring devices, as required by occupational specialty personnel.	ASIMS	DHA-PI 6490.03, AFI 48-127, AFI 48-145, AFI 48-137	Public Health
11	Verify optical devices and gas mask inserts requirements are met.	ASIMS	AFI 10-250, AFI 10-403	Optometry
12	Verify occupational medical surveillance exam status, as applicable.	EHR	DHA-PI 6490.03, AFI 48-145, AFMAN 48-146	Public Health
13	Conduct pre-deployment health threats and countermeasures briefing.	EHR	DHA-PI 6490.03	Public Health
14	Identify and address deployment limiting medical and mental health conditions and psychotropic medications use.	EHR, ASIMS	DHA-PI 6490.03, DoDI 6490.07, DoDI 1400.32, AFI 10-203,	BOMC Provider or PCM

			AFI 44-172	
15	Complete mental health clearance and indicate status in ASIMS DMC.	ASIMS	DoDI 6490.07, DoDI 1400.32, AFI 44-172	Mental Health
16	Complete dental clearance and indicated status in ASIMS DMC.	ASIMS	DoDI 6490.07, DoDI 1400.32	Dental
17	Ensure approval of deployment limiting condition waiver, as applicable.	ASIMS	DoDI 6490.07, AFI 10-403, AFI 41-210	BOMC Provider or PCM
18	Assess requirement for Red Medical Alert ID (Dog) Tag.	ASIMS	AFI 10-403, AFI 36-3802	BOMC Provider or PCM
19	Verify completion of the following for civilian deployers: (1) OF-178, *Certificate of Medical Examination* (2) DD Form 2807-1, *Report of Medical History* (3) DD Form 2813, *DoD Department of Defense Active Duty/Reserve/Guard/ Civilian Forces Dental Examination* (4) DD Form 771, *Eyewear Prescription*	health record	AFI 10-403, AFMAN 48-146	BOMC
20	Complete or confirm as current DD Form 2795, *Pre-Deployment Health Assessment*, within 120 days of deployment date, as applicable.	Defense Medical Surveillance System (DMSS), EHR, ASIMS	DHA-PI 6490.03	BOMC Provider or PCM
21	Complete the neurocognitive assessment	EHR	DoDI 6490.13, AFI 44-172	Mental Health

	within 12 months prior to deployment.			
22	Collect serum specimen within one year prior to deployment.	DMSS, DoD Serum Repository	DHA-PI 6490.03, AFI 10-250	Laboratory
23	Complete Human Immunodeficiency Virus (HIV) testing, when required.	EHR, DMSS, DoD Serum Repository	DHA-PI 6490.03, DoDI 1400.32, AFI 10-250	Laboratory
24	Ensure a deoxyribonucleic acid (DNA) sample is on file. **Note**: Per DoD policy, civilian deployers shall have panarex or DNA samples taken for identification purposes. Dental x-rays may be substituted when the ability to take panarex or DNA samples is not available.	Armed Forces Medical Examiner System – Armed Forces Repository of Specimen Samples for the Identification of Remains	DHA-PI 6490.03, DoDI 1400.32, AFI 10-250, AFI 10-403	BOMC
25	Compile the deployment EHR, consisting of at least: blood type/rhesus factor, prescribed medications (including FHPPPs) and/or allergies, corrective lens prescription, immunizations record, completed DD Form 2795 (when required), and medical summary sheet. DD Form 2766, *Adult Preventive and Chronic Care Flowsheet*	DD Form 2766, or electronic equivalent	DHA-PI 6490.03, AFMAN 41-210	BOMC
26	Identify deployment medical requirements directed by CCDR or Component Reporting Instructions and confirm all	EHR and ASIMS	DAFI 48-122	Public Health

	were accomplished.			
27	Confirm deployer completed all medical clearance requirements prior to signing installation pre-deploy clearance checklist.	ASIMS	AFI 10-403	CSS

Attachment 3

DURING-DEPLOYMENT HEALTH ACTIVITIES

A3.1. All of the pre-deployment health activities in **Table A2.1** apply for deployments outside of the United States for greater than 30 days. For deployments of less than 30 days or those inside the United States, some of these requirements may not apply. See DHA-PI 6490.03, Table E4T1 for identifying the requirements that apply.

Table A3.1. During-Deployment Health Activities.

During-Deployment Health Activities				
Item	Requirement	System of Record	Reference(s)	OPR(s)
1	Complete DD Form 2796, *Post-Deployment Health Assessment*, within 30 days before return from deployment.	Defense Medical Surveillance System (DMSS), EHR	DHA-PI 6490.03	Deployer and Health Care Provider
2	Record medical encounters in the health record.	Health record or DD Form 2766, or electronic equivalent	DHA-PI 6490.03	Health Care Provider
3	Evaluate and document animal bite reports and, when applicable, submit as a reportable medical event.	Health record, DD Form 2341, *Report of Animal Bite – Potential Rabies Exposure* and, when applicable, DMSS via Defense Reporting System internet (DRSi) and any Command-designated system	DHA-PI 6490.03, AFI 48-105	Health Care Provider and Public Health
4	Evaluate and record individual exposures to OEH hazards and Chemical, Biological,	Health record or DD Form 2766, or	DHA-PI 6490.03, AFI 48-145,	Health Care Provider and Bioenvironmental

	Radiological, and Nuclear agents, including any individual exposure data.	electronic equivalent	AFI 48-148, AFMAN 48-125, AFMAN 48-146	Engineering
5	Communicate health risks.		DHA-PI 6490.03, AFI 48-102, AFI 48-105	Public Health

Attachment 4

POST-DEPLOYMENT HEALTH ACTIVITIES

A4.1. All of the pre-deployment health activities in **Table A2.1** apply for deployments outside of the United States for greater than 30 days. For deployments of less than 30 days or those inside the United States, some of these requirements may not apply. See DHA-PI 6490.03, Table E4T1 for identifying the requirements that apply.

Table A4.1. Post-Deployment Health Activities.

Post-Deployment Health Activities				
Item	Requirement	System of Record	Reference(s)	OPR(s)
1	Complete all post-deployment medical requirements within the required timelines.	Electronic Health Record (EHR), ASIMS	AFI 10-403	Deployer
2	Conduct health risk communication (post-deployment health briefing).		DHA-PI 6490.03	Public Health
3	Incorporate documentation of in theater healthcare encounters into the DoD electronic EHR.	EHR	DHA-PI 6490.03	BOMC
4	Complete medical evaluation and referrals, using medical and exposure documentation.	EHR, Defense Occupational and Environmental Health Readiness System (DOEHRS)-Industrial Hygiene, Minimal Essential Subsystems List (MESL), Secret Internet Protocol	DHA-PI 6490.03, AFI 48-145	PCM

		Router		
5	Complete Separation History and Physical Exam, when required.	EHR, ASIMS	DHA-PI 6040.46, DHA-PI 6490.03, AFI 48-123	BOMC
6	Conduct tuberculosis risk assessment and ensure follow-up screening is accomplished if applicable.	EHR	DHA-PI 6490.03, AFI 48-105	Public Health
7	If not completed in theater, complete DD Form 2796, *Post-Deployment Health Assessment*, within 30 days after return from deployment.	DMSS, EHR	DHA-PI 6490.03	Deployer, BOMC Provider or PCM
8	Complete DD Form 2900, *Post-Deployment Health Re-Assessment*, 90 to 180 days after return from deployment.	DMSS, EHR	DHA-PI 6490.03	Deployer, BOMC Provider or PCM
9	Complete DD Form 2978, *Deployment Mental Health Assessment*, 7-18 months and 18-30 months after return from deployment **Note**: Not required for DAF civilians.	DMSS, EHR	DHA-PI 6490.03	Deployer, BOMC Provider or PCM
10	Collect post-deployment serum specimens, when required.	DMSS, DoD Serum Repository, ASIMS	DHA-PI 6490.03	Laboratory
11	Complete post-deployment audiogram for individuals who required a pre-	EHR, DOEHRS – Hearing Conservation	AFI 48-127	Public Health

	deployment audiogram per CCDR or Component Reporting Instructions.			