DEPARTMENT OF THE AIR FORCE
HEADQUARTERS UNITED STATES AIR FORCE
WASHINGTON DC

(22 May 03)

MEMORANDUM FOR SEE DISTRIBUTION

FROM: HQ USAF/SG
110 Luke Avenue, Room 400
Bolling AFB, DC 20032-7050

SUBJECT: Medical Procedures for Deployment Health Surveillance

It is of paramount importance that we accomplish required pre-, during and post-deployment health surveillance procedures for all personnel who deploy to ensure any health conditions and concerns they may have are evaluated, treated and recorded. Our comprehensive surveillance program includes procedures such as health and hazard assessments, preventive countermeasures, needed medical care, placement of deployment records in permanent medical records, and a quality assurance program. This policy directs immediate implementation of requirements outlined in Under Secretary of Defense (Personnel and Readiness (USD(P&R)) memo, *Enhanced Post-Deployment Health Assessments*, 22 Apr 03 (Attachment 1). Air Force Medical Service Deployment Health Surveillance Implementation Instructions (Attachment 2) provide guidance for the new requirements and for the pre-, during and post-deployment health surveillance requirements mandated in DoD instructions, Joint Chief of Staff memoranda, and public law.

Requirements outlined in this policy apply to active duty and Air Reserve Component (ARC) personnel and must be completed in a timely manner to support operational needs. Most requirements will be accomplished for ARC personnel by members' Guard or Reserve medical units. However, to avoid delaying deployments or demobilization of ARC members, military treatment facilities (MTFs) may be called upon to support medical processing of ARC members. Of note, ARC personnel returning from deployments of 30 days or more must complete medical processing before being released from active duty. MTFs must support Guard and Reserve units by promptly completing medical assessments and other services for ARC members who present for care.

In addition to requirements in attachments 1 and 2, post-deployment serum samples will be collected and quality assurance procedures will be completed retroactively for personnel who have already returned, since 1 Mar 03, from deployments supporting OPERATION IRAQI FREEDOM. For personnel who may have already redeployed and processed at home station, serum samples should be collected as soon as practicable but need not be done in an urgent manner. ARC members may use the next UTA, if possible. Verify that personnel who have previously redeployed have completed post-deployment health assessments using either the May 99 or the Apr 03 version of DD Form 2796 and that forms are filed in the permanent medical record and submitted to the Army Medical Surveillance Activity. Retroactive quality assurance checks and serum collection for these individuals should be completed within 60 days of the date of this policy.

Air Force and OSD(HA) are developing metrics for reporting compliance with deployment health surveillance policies. MTFs and ARC medical units are responsible for completion of medical requirements and can expect new reporting requirements to begin within 1 month of this memorandum. We are working to automate tracking and reporting of requirements wherever possible but, in the meantime, manual methods may be required.

My POC for this issue is Lt Col Kelly Woodward, AFMOA/SGZP, 110 Luke Avenue, Room 405, Bolling AFB, DC 20032-7050, DSN 297-4268, e-mail: Kelly.woodward@pentagon.af.mil.

GEORGE PEACH TAYLOR, JR.
Lieutenant General, USAF, MC, CFS
Surgeon General

Attachments:
1. USD(P&D) memo 22 Apr 03
2. AF Medical Service Deployment Health Surveillance Implementation Instruction

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THE ASSISTANT SECRETARY OF DEFENSE

WASHINGTON, D. C 20301-1200

HEALTH AFFAIRS

ACTION MEMO

FOR: UNDER SECRETARY OF DEFENSE (PERSONNEL AND READINESS)

FROM: William Winkenwerder, Jr., MD, ASD (Health Affairs) by [illegible] 4/21/03

SUBJECT: Enhanced Post-Deployment Health Assessments

- Attached at TAB A is a memorandum to be signed by the Under Secretary of Defense for Personnel and Readiness.

- This memorandum provides additional guidance for enhanced post-deployment health assessments of individuals returning from current and future deployments. It clarifies and expands upon current policy detailed in the cited references. It specifies that:

  a) Sea-based personnel in theater supporting combat operations for Operations Iraqi Freedom and Enduring Freedom will be included.
  b) Health assessments will be conducted face-to-face with trained health care providers; the assessment form is expanded from two to four pages.
  c) Blood samples will be obtained and archived for all returning personnel.
  d) Deployment health records will be placed into the permanent health record.
  e) Individuals with indicated referrals will obtain appropriate medical follow-up.
  f) Commanders have responsibility for post-deployment health assessments.
  g) Implementation (include quality assurance programs) is directed within 30 days.
  h) Implementation/QA plans will be provided to ASD (HA) within 15 days.

- Coordination and comments were solicited by ASD (HA) memo of 11 April 2003 (at TAB B), due 18 April. Formal coordination has not yet been received; comments are included at TAB C. The Army, Navy, Joint Staff, and Marine Corps non-concurred; the Air Force and Reserve Affairs concurred. Concerns involved the timing, scope, and usefulness of expanded assessments. Some revisions were made based on concerns/comments.

RECOMMENDATION: The USD (P&R) sign the memorandum at TAB A

UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, D.C 20301-4000

APR 22 2003

PERSONNEL AND
READINESS

MEMORANDUM FOR SECRETARIES OF THE MILITARY DEPARTMENTS
COMBATANT COMMANDERS
DIRECTOR OF THE JOINT STAFF

SUBJECT: Enhanced Post-Deployment Health Assessments

In response to national interest in the health of deployed personnel, combined with the timing and scope of current deployments, I am directing enhancements to our current post-deployment health assessment program.

The attachment to this memorandum provides additional policy guidance for accomplishing enhanced post-deployment health assessments for all current and future deployments. Military Departments will update their procedures for implementation and monitoring of this guidance, including a quality assurance program to ensure each redeploying servicemember receives a thorough post-deployment health assessment and related health care.

This is a commander's program. Commanders are responsible for ensuring complete redeployment processing of their personnel and helping each individual to make a smooth post-deployment transition. Since deployment health concerns often evolve over time, commanders must facilitate and encourage returning servicemembers to visit with health care providers to ensure that all deployment-related health concerns are properly addressed.

The attached policy guidance will be implemented within 30 days of the date of this memorandum. Please provide a copy of your implementation plans and quality assurance procedures to the Assistant Secretary of Defense for Health Affairs within 15 days.

Thank you for your personal involvement in these important initiatives, as well as your continuing support of our collective efforts to protect the health of our deployed forces.

David S. C. Chu

Attachment:
As stated

ATTACHMENT
Enhanced Post-Deployment Health Assessments

References:

(a) DoD Instruction 6490.3 "Implementation and Application of Joint Medical Surveillance for Deployments," 7 August 1997

(b) 10 USC 1074f, "Medical tracking system for members deployed overseas," 18 November 1997

(c) ASD(HA) Memorandum, "Policy for Pre- and Post-Deployment Health Assessments and Blood Samples," 6 October 1998 (HA Policy 99-002)

(d) ASD(HA) Memorandum, "Updated Policy for Pre- and Post-Deployment Health Assessments and Blood Samples," 25 October 2001 (HA Policy 01-017)

(e) JCS Memorandum, "Updated Procedures for Deployment Health Surveillance and Readiness," 1 February 2002 (MCM-0006-02)

(f) DoD Instruction 1241.2, "Reserve Component Incapacitation System Management," 30 May 2001

The above references detail current policies, which shall be implemented with the following additional guidance in accomplishing enhanced post-deployment health assessments for all personnel returning from deployments, as defined in reference (e). These policies also apply to all sea-based personnel in theater supporting combat operations for Operations Iraqi Freedom and Enduring Freedom. The revised DD Form 2796 is attached.

During the redeployment process, the Military Departments shall ensure that each returning individual has a face-to-face health assessment with a trained health care provider (physician, physician assistant, nurse practitioner, independent duty corpsman, independent duty medical technician). This assessment will include discussion of: (1) the individual's responses to the health assessment questions on the revised DD Form 2796; (2) mental health or psychosocial issues commonly associated with deployments; (3) special medications taken during the deployment; and (4) concerns about possible environmental or occupational exposures. Positive responses require use of supplemental assessment tools (available at http://www.pdhealth.mil/) and/or referrals for medical consultation. The provider will document concerns and referral needs and discuss resources available to help resolve any post-deployment health issues, both near-term and in the future, based upon DoD guidance such as that reflected in the Post-Deployment Health Clinical Practice Guideline (PDH CPG). The original completed DD Form 2796 will be maintained in the individual's permanent medical record. Copies (paper or electronic) will be sent to the Army Medical Surveillance Activity.

In addition, as a part of the redeployment process, a blood sample will be obtained from each individual no later than 30 days after arrival at a demobilization site or home station and forwarded to the DoD Serum Repository using the existing trans-shipment centers. Blood samples for individuals separating from active duty (including National Guard and Reserve members who are demobilizing) should be obtained during demobilization. The blood sample is generally accomplished as an HIV test, but it may be sent to the Repository with the same processing and documentation without HIV testing if not clinically indicated. Other post-deployment testing, treatment, and medical threat de-briefings will be accomplished as required according to current policies, such as in reference (e).

Within 30 days of returning to a demobilization site or home station for all redeploying individuals, the Military Departments shall ensure that copies of pre- and post-deployment health assessment forms (DD Forms 2795 and 2796), documentation of theater health care encounters, and any indications of significant theater environmental and occupational exposures are incorporated into the individual's permanent medical record. Each individual with indicated health referrals or concerns should meet with a health care provider for evaluation of deployment-related health issues using the tools and protocols of the PDH CPG (see http://www.pdhealth.mil/). This evaluation will ideally be conducted by the individual's primary care manager/team (or other authorized provider) and should be documented using the PDH CPG diagnostic ICD code V70.5__6.

Post-deployment follow-up care for National Guard and Reserve members should be coordinated through their reserve unit. Reserve members no longer on active duty who have deployment-related health concerns, should initiate contact with their reserve unit or a Department of Veterans Affairs medical facility. Members requiring a more detailed medical evaluation or treatment shall (with the member's consent) be retained on active duty pending resolution of their medical condition, or may be ordered to active duty (with the member's consent) in accordance with reference (f).

This policy does not change medical evaluation requirements for National Guard and Reserve members being released from active duty. Upon their release from active duty, all reserve component members must have copies of completed DD Forms 214, 2697, and 2796. Also, since most redeploying National Guard and Reserve members will be released from active duty, it is critical that documentation of deployment health care encounters be placed in each member's permanent medical record, and that they be made aware of how to access follow-up care for service-connected health issues.

33348

POST-DEPLOYMENT Health Assessment

Authority: 10 U.S.C. 136 Chapter 55. 1074f, 3013, 5013, 8013 and E.O. 9397

Principal Purpose: To assess your state of health after deployment outside the United States in support of military operations and to assist military healthcare providers in identifying and providing present and future medical care to you.

Routine Use: To other Federal and State agencies and civilian healthcare providers, as necessary, in order to provide necessary medical care and treatment.

Disclosure: (Military personnal and DoD civilian Employees Only) Voluntary. If not provided, healthcare WILL BE furnished, but comprehensive care may not be possible.

INSTRUCTIONS: Please read each question completely and carefully before marking your selections. Provide a response for each question. If you do not understand a question, ask the administrator.

Demographics

Last Name

First Name **MI**

Name of Your Unit or Ship during this Deployment

Today's Date (dd/mm/yyyy) / /

Social Security Number — —

DOB (dd/mm/yyyy) / /

Date of arrival in theater (dd/mm/yyyy) / /

Date of departure from theater (dd/mm/yyyy) / /

Gender
- O Male
- O Female

Service Branch
- O Air Force
- O Army
- O Coast Guard
- O Marine Corps
- O Navy
- O Other

Component
- O Active Duty
- O National Guard
- O Reserves
- O Civilian Government Employee

Pay Grade

O E1	O 001	O W1
O E2	O 002	O W2
O E3	O 003	O W3
O E4	O 004	O W4
O E5	O 005	O W5
O E6	O 006	
O E7	O 007	O Other
O E8	O 008	
O E9	O 009	
	O 010	

Location of Operation
- O Europe
- O SW Asia
- O SE Asia
- O Asia (Other)
- O Australia
- O Africa
- O Central America
- O Unknown
- O South America
- O North America
- O Other

To what areas were you mainly deployed:
(mark all that apply - list where/date arrived)
- O Kuwait
- O Qatar
- O Afghanistan
- O Bosnia
- O On a ship
- O Iraq
- O Turkey
- O Uzbekistan
- O Kosovo
- O CONUS
- O Other

Name of Operation:

Occupational specialty during this deployment (MOS, NEC or AFSC)

Combat specialty:

Administrator Use Only

Indicate the status of each of the following:

Yes	No	N/A	
O	O	O	Medical threat debriefing completed
O	O	O	Medical information sheet distributed
O	O	O	Post Deployment serum specimen collected

33348

Please answer all questions in relation to THIS deployment

1. Did your health change during this deployment?

- O Health stayed about the same or got better
- O Health got worse

2. How many times were you seen in sick call during this deployment?

No. of times

3. Did you have to spend one or more nights in a hospital as a patient during this deployment?

- O No
- O Yes, reason/dates: _____

4. Did you receive any vaccinations just before or during this deployment?

- O Smallpox (leaves a scar on the arm)
- O Anthrax
- O Botulism
- O Typhoid
- O Meningococcal
- O Other, list: _____
- O Don't know
- O None

5. Did you take any of the following medications during this deployment?
(mark all that apply)

- O PB (pyridostigmine bromide) nerve agent pill
- O Mark-1 antidote kit
- O Anti-malaria pills
- O Pills to stay awake, such as dexedrine
- O Other, please list _____
- O Don't know

6. Do you have any of these symptoms now or did you develop them anytime during this deployment?

No	Yes During	Yes Now	
O	O	O	Chronic cough
O	O	O	Runny nose
O	O	O	Fever
O	O	O	Weakness
O	O	O	Headaches
O	O	O	Swollen, stiff or painful joints
O	O	O	Back pain
O	O	O	Muscle aches
O	O	O	Numbness or tingling in hands or feet
O	O	O	Skin diseases or rashes
O	O	O	Redness of eyes with tearing
O	O	O	Dimming of vision, like the lights were going out

No	Yes During	Yes Now	
O	O	O	Chest pain or pressure
O	O	O	Dizziness, fainting, light headedness
O	O	O	Difficulty breathing
O	O	O	Still feeling tired after sleeping
O	O	O	Difficulty remembering
O	O	O	Diarrhea
O	O	O	Frequent indigestion
O	O	O	Vomiting
O	O	O	Ringing of the ears

7. Did you see anyone wounded, killed or dead during this deployment?
(mark all that apply)

O No O Yes - coalition O Yes - enemy O Yes - civilian

8. Were you engaged in direct combat where you discharged your weapon?

O No O Yes (O land O sea O air)

9. During this deployment, did you ever feel that you were in great danger of being killed?

O No O Yes

10. Are you currently interested in receiving help for a stress, emotional, alcohol or family problem?

O No O Yes

11. Over the LAST 2 WEEKS, how often have you been bothered by any of the following problems?

None	Some	A Lot	
O	O	O	Little interest or pleasure in doing things
O	O	O	Feeling down, depressed, or hopeless
O	O	O	Thoughts that you would be better off dead or hurting yourself in some way

33348

12. Have you ever had any experience that was so frightening, horrible, or upsetting that, IN THE PAST MONTH, you ....

No	Yes	
O	O	Have had any nightmares about it or thought about it when you did not want to?
O	O	Tried hard not to think about it or went out of your way to avoid situations that remind you of it?
O	O	Were constantly on guard, watchful, or easily startled?
O	O	Felt numb or detached from others, activities, or your surroundings?

13. Are you having thoughts or concerns that ...

No	Yes	Unsure	
O	O	O	You may have serious conflicts with your spouse, family members, or close friends?
O	O	O	You might hurt or lose control with someone?

14. While you were deployed, were you exposed to:
(mark all that apply)

No	Sometimes	Often	
O	O	O	DEET insect repellent applied to skin
O	O	O	Pesticide-treated uniforms
O	O	O	Environmental pesticides (like area fogging)
O	O	O	Flea or tick collars
O	O	O	Pesticide strips
O	O	O	Smoke from oil fire
O	O	O	Smoke from burning trash or feces
O	O	O	Vehicle or truck exhaust fumes
O	O	O	Tent heater smoke
O	O	O	JP8 or other fuels
O	O	O	Fog oils (smoke screen)
O	O	O	Solvents
O	O	O	Paints
O	O	O	Ionizing radiation
O	O	O	Radar/microwaves
O	O	O	Lasers
O	O	O	Loud noises
O	O	O	Excessive vibration
O	O	O	Industrial pollution
O	O	O	Sand/dust
O	O	O	Depleted Uranium (If yes, explain) _____
O	O	O	Other exposures _____

15. On how many days did you wear your MOPP over garments?

No. of days

16. How many times did you put on your gas mask because of alerts and NOT because of exercises?

No. of times

17. Were you in or did you enter or closely inspect any destroyed military vehicles?

O No O Yes

18. Do you think you were exposed to any chemical, biological, or radiological warfare agents during this deployment?

O No O Don't know
O Yes, explain with date and location

_____

_____

_____

Health Care Provider Only

SERVICE MEMBER'S SOCIAL SECURITY # ___ — __ — ____

Post-Deployment Health Care Provider Review, Interview, and Assessment

Interview

1. Would you say your health in general is: O Excellent O Very Good O Good O Fair O Poor
2. Do you have any medical or dental problems that developed during this deployment? O Yes O No
3. Are you currently on a profile or light duty? O Yes O No
4. During this deployment have you sought, or do you now intend to seek, counseling or care for your mental health? O Yes O No
5. Do you have concerns about possible exposures or events during this deployment that you feel may affect your health? O Yes O No
   Please list concerns: _____
6. Do you currently have any questions or concerns about your health? O Yes O No
   Please list concerns: _____

Health Assessment

After my interview/exam of the service member and review of this form, there is a need for further evaluation as indicated below. (More than one may be noted for patients with multiple problems. Further documentation of the problem evaluation to be placed in the service member's medical record.)

REFERRAL INDICATED FOR:

- O None
- O Cardiac
- O Combat/Operational Stress Reaction
- O Dental
- O Dermatologic
- O ENT
- O Eye
- O Family Problems
- O Fatigue, Malaise, Multisystem complaint
- O Audiology
- O GI
- O GU
- O GYN
- O Mental Health
- O Neurologic
- O Orthopedic
- O Pregnancy
- O Pulmonary
- O Other _____

EXPOSURE CONCERNS (During deployment):

- O Environmental
- O Occupational
- O Combat or mission related
- O None

Comments: _____

I certify that this review process has been completed.
Provider's signature and stamp:

This visit is coded by V70.5 _ _ 6

Date (dd/mm/yyyy) __ / __ / ____

End of Health Review

AFMS Deployment Health Surveillance Implementation Instructions
May 2003

I. REFERENCES

1. USD (P&R) Memorandum, 22 Apr 03, Enhanced Post-Deployment Health Assessments

2. DoDI 6490.3, 7 Aug 97, Implementation and Application of Joint Medical Surveillance for Deployments

3. JCS Memorandum, 1 Feb 02, Updated Procedures for Deployment Health Surveillance and Readiness

4. AFMOA Memorandum, 19 Jun 02, Demobilization of Air Reserve Component (ARC) Members

5. AF/SG Memorandum, 21 Jun 02, Implementation of the Post-Deployment Health Clinical Practice Guidelines and Realignment of the Comprehensive Clinical Evaluation Program (CCEP)

6. USD(P&R) Memorandum, 27 Mar 03, Requirements Associated with the Food and Drug Administration Approval of Pyridostigmine Bromide Tablets as Nerve Agent Pretreatment

7. ASD(HA) Memorandum, 24 Apr 03, Policy for Use of Force Health Protection Prescription Products

8. AFI 47-101, 5 May 2000, Managing Air Force Dental Services

9. ASD(HA) Memorandum, 6 Oct 98, Policy for Pre and Post Deployment Health Assessment and Blood Samples

10. AFI 41-210, 1 Oct 00, Patient Administration Functions

II. INTRODUCTION: This guidance provides implementation instructions for all deployment health surveillance requirements as mandated in above references. Unit commanders are responsible for ensuring all deployment processing requirements are met. Military Treatment Facility (MTF) commanders and deployed medical commanders are responsible for implementing all necessary medical procedures to meet DoD and AF policies and Public Law. This instruction applies to all deployments, unless otherwise specified. The deployment health surveillance requirements apply to all deploying active duty and Air Reserve Component personnel, including personnel returning in a patient or other status.

III. QUALITY ASSURANCE: AD Public Health and Reserve Medical Units (RMUs) will track compliance with all deployment health surveillance requirements for each member who deploys. Efforts are underway to automate tracking, reporting, and completion of deployment health surveillance procedures by individual, in the Preventive Health Assessment and Individual Medical Readiness (PIMR) or Air Reserve Component (ARC) specific software. Until such automated capability is in place, MTFs and ARC medical units should use the pre- and post-deployment checklists at Appendices 1 and 2, and maintain logs (preferably electronic) of

deploying, deployed and returned personnel (by name, SSN and unit) to facilitate tracking and reporting of compliance. MTF's and ARC medical units should request from the Military Personnel Flight (MPF) a list of personnel who have deployed and/or returned in the past 30 days. MTFs should compare their rosters with the MPF roster of personnel who have deployed/returned and follow-up as necessary to complete deployment health surveillance requirements. Expect to be required to submit periodic reports to commanders and higher headquarters.

IV. REQUIREMENTS

1. Pre-deployment Requirements at Home Station

a. Active Duty and ARC unit commanders are responsible for identifying to the Medical Treatment Facility (MTF) or ARC medical units all deployers prior to deployment. (NOTE: An effort is on-going to automate identification of deployers, but in the meantime, a local system should be developed to ensure all deployers are identified and tracked to meet processing requirements.) The MTF Force Health Management (FHM) section and ARC medical units function should develop a close working relationship with the Installation Deployment Officer (IDO), Personnel Readiness Unit (PRU), and Unit Deployment Managers (UDM), especially with the UDMs from units that cut their own orders, to ensure personnel complete deployment health surveillance requirements prior to deployment.

b. The MTF or ARC medical unit will complete the following items prior to deployment:

1) Individual Medical Readiness (IMR) or Reserve Component Preventive Health Assessment (RCPHA) Review. Review IMR requirements using the current PIMR computer program for AD members or the RCPHA for ARC members and add any location-specific medical requirements to include potential exposures, environmental considerations and other requirements derived from Air Staff, Joint Chief of Staff (JCS), or Combatant Command (COCOM) specific directives or rules. At a minimum, IMR requirements include:

a) Current PHA for active duty members or RCHRA for ARC members (The clinical preventive services (CPS) portion of the PHA/RCPHA should be reviewed and if due, and time and resources permit, should be completed before the member deploys. However, completion of CPS is not required for deployment.)

b) Lab tests

(1) One-time requirements: G6PD, sickledex, DNA, blood-type (verify accuracy)

(2) HIV screening IAW AFI 48-135 unless more recent screening required by theater command or host country.

c) Medical records review at time of processing, to include updating the DD Form 2766 or AF Form 1480A, Adult Preventive and Chronic Care Flow Sheet, to identify any potential disqualifying conditions or psychological conditions that may need referral or clearance from the Mental Health Flight Commander (see para IV.1.b.2)a)).

d) Dental Status is confirmed Dental Class I or II IAW reference 8.

e) Review and update immunizations.

NOTE: Currently, there is no AF mobility requirement for a pre-deployment tuberculin skin test (TST) but personnel should meet any other TST requirements (i.e. medical personnel, emergency response personnel, etc. per applicable AFIs).

f) Identify and review any duty limiting profiles and assignment limitations (remember that these are recommendations and need to be reviewed before recommending disqualification. The unit commander has the final decision).

2) Other preparations

a) Mental health review- During the records review, the reviewer will check for mental health related notes and consult the Mental Health Flight if a note is identified. In addition, FHM will provide the Mental Health Flight with a list of deployers. The Mental Health Flight will coordinate with Life Skills, ADAPT, and Substance Abuse elements to determine deployability. ARC members who have family members in the Exceptional Family Member program are required to have a completed DD Form 2792, Exceptional Family Member Medical and Educational Summary.

b) DD 2795, Pre-Deployment Health Assessment Questionnaire:

(1) DD Form 2795 will be completed for all troop movements resulting from a JCS/combatant command deployment for 30 continuous days or more to a location outside the United States where there is not a fixed US military MTF (reference 3). NOTE: The DD Form 2795 is currently being automated. Once automated, the member and provider should complete the form electronically.

(2) When required per above, the DD Form 2795 will be administered within 30 days prior to deployment and immediately reviewed by a technician. Members who respond positively to questions 2-4 or 7-8 must be referred to a physician, PA, nurse practitioner or IDMT for review and final disposition. IDMTs may only complete the provider assessment when working as an IDMT with appropriate preceptor and IAW AFI 44-103. They can perform this function as part of required quarterly patient care for skills sustainment. Upon completion of review of positive responses, if no referral is indicated,

the provider must complete the comments section and sign the form. Provider evaluation of individuals with positive responses should be recorded on SF 600. Members with positive responses on DD Form 2795 should not be cleared for deployment until all positive responses have been reviewed and cleared by appropriate medical personnel. Immediately notify the PRU when disqualification for deployment is recommended. If the encounter meets the criteria for a patient visit, enter the appropriate visit codes in automated software (see Appendix 5).

(3) The original or printed version of the electronic form DD Form 2795 will be signed and placed in the member's permanent medical record. File in Section 1 of the AF Form 2100A series, 4-part outpatient folder, after the DD Form 2766, Adult Preventive and Chronic Care Flowsheet, and before the Health Enrollment Assessment Review (HEAR) form. In the AF Form 2100 series (two-part outpatient folder), file the documentation on the left side after the DD Form 2766 and before the HEAR. Mail forms completed by Reserve Individual Mobilization Augmentees (IMA) to HQ ARPC/SGP. A copy will be attached to the deployed DD Form 2766 or AF Form 1480A and another copy mailed or electronically transferred via software to the Army Medical Surveillance Activity (AMSA), Building T-20, Room 213 (ATTN: Deployment Forms), 6900 Georgia Ave NW, Washington, DC, 20307-5001, voice DSN 662-0471 or commercial 202-782-0471.

c) Ensure member has personal medical equipment as needed to include two pair of prescription glasses, gas mask inserts, hearing aids, and orthodontic equipment.

d) Advise member to take personal protective equipment (PPE). PPE includes:

(1) Personal safety equipment required for the performance of duties such as respiratory and hearing protection and personal exposure dosimeters, as necessary.

(2) Gas Mask: Ensure quantitative fit testing of gas masks has been accomplished for all deploying personnel in accordance with AFMAN 32-4006, Nuclear, Biological, and Chemical (NBC) Mask Fit and Liquid Hazard Simulant Training.

(3) Arthropod countermeasures required for personnel deploying to areas where there is a risk of arthropod-borne disease or where they may be redeployed to an area where there is a risk. Examples of these diseases include malaria, yellow fever, dengue, and leishmaniasis. MTFs should work with Wing PRUs, IDO, and/or UDMs to develop local policies and procedures to ensure personnel are issued the appropriate equipment to include bed nets, permethrin, DEET (IDA kits), insect parkas/hoods, etc.).

e) The Health and Wellness Center (HAWC) will provide location specific diet and exercise information for members enrolled in mandatory fitness or Weight and Body Fat Management Programs (WBFMP) and document enrollment on the DD Form 2766 or AF Form 1480A.

f) PH or appropriate ARC medical unit personnel will provide a location specific threat briefing and will recommend appropriate countermeasures for each deploying member. This briefing should summarize any preventive medicine threats at the deployment location. Threats should be validated by the Pre-Deployment Vulnerability Assessment (VA) Medical Team member, if available, IAW AFI 10-245, Air Force Antiterrorism (AT) Standards, para 2.27.2. This mandated pre-deployment VA also validates AFMIC-identified medical threats at the deployment location IAW Reference 3, para 4.a.(9).

g) Countermeasures. Ensure deploying personnel have received or have immediate access to required medical countermeasures including immunizations; sunscreen; lip balm; force health protection prescription products (FHPPP) which include malaria prophylaxis, atropine/2-Pam chloride autoinjectors, pyridostigmine bromide (PB) tablets, and CANA. Document any FHPPP dispensed/prescribed in the comments section of the DD Form 2795 (or SF 600 if DD Form 2795 is not required) and in PIMR when this application is available. Ensure all FHPPP are issued IAW reference 7.

h) Ensure personal have a sufficient supply of medications for duration of orders (at least a 90-day supply). AD MTFs will satisfy medication requirements that cover the period of the active duty orders for deploying ARC members. If the deployment is for 60 days or more, at a minimum a 90-day supply will be provided. AD MTFs will ensure ARC members presenting to fill prescription requirements have been medically cleared by their ARC medical unit for deployment prior to filling the prescription request.

i) Ensure a serum sample has been collected within the past 12 months and forwarded to the DoD Serum Repository for all deployment that meet the JCS definition of deployment as defined in reference 3. This may be done in conjunction with the HIV test or, if no HIV test is required, drawn independently by following the instructions in Appendix 3.

j) DD Form 2766 or AF Form 1480A, Adult Preventive and Chronic Care Flow Sheet: The original DD Form 2766 or AF Form 1480A serves as the deployed medical record and is critical to provide a medical summary for the deployed individual and to capture individual medical history during deployment.

(1) The DD Form 2766 or AF Form 1480A accompanying the deploying member must contain:

(a) Blood type and Rh factor
(b) Current medications and allergies, to include any FHPPP
(c) Special duty qualifications
(d) Corrective lens prescription
(e) Copy of DD Form 2795
(f) Copy of AF Form 2766C, Computerized Immunization Record
(g) Medical summary sheet identifying medical conditions
(h) Smallpox screening questionnaire (if required)

(2) The original DD Form 2766 or AF Form 1480A will be hand-carried to the deployed location. Place each member's documents in a separately sealed envelope, labeled with the member's name, rank, and home installation. If the member is deploying with medical support, the deploying medical team will carry the records. If no medical team is deploying with the member, place all envelopes in an appropriately sized container labeled with the name of the unit being deployed. The container of envelopes will be hand-carried by the senior member deploying or the troop commander. If the member is deploying alone, the member will hand-carry his/her DD Form 2766 or AF Form 1480A. Follow instructions in AFI 41-210, Patient Administration Functions, for maintenance of deployed records.

(3) Instruct the individual, whether it is the medical team, senior deploying member, or member himself/herself, to turn-in all DD Form 2766 or AF Form 1480A's to the deployed medical support, and to ensure he/she brings the record(s) back to the MTF immediately upon return to home station.

2. Requirements for Medical Personnel at Deployed Locations:

a. The deployed medical leadership will have a process in place to ensure the following requirements are followed for all personnel:

b. During Deployment:

1) Inprocess personnel at deployed site to:

a) Collect DD Form 2766 or AF Form 1480A which will be used as the deployed medical record.

b) If the deployment meets the definition of a JCS directed deployment as defined in reference 3, check for completion of DD Form 2795. If not completed at home station, accomplish at deployed location per instructions above. Once

automated, facilities will be able to check TRICARE Online or other automated sources for completed forms.

c) Collect any FHPPP that were issued to personnel or troop commanders, which are not needed immediately, for distribution when threat increases. If PB tabs are issued to the individual, ensure procedures are in place to replace them after 90 days. Deployed medical units should develop a process to store and issue these items as needed (see reference 6).

d) Enter personnel into any deployed automated tracking system (GEMS, AFCITA, etc) in use (this may be done via a download from PERSCO).

e) Review immunizations, provide required immunizations and update immunizations information in AFCITA (as applicable).

f) Review record for any health promotion needs (tobacco cessation, fitness improvement/remediation, WBFMP, etc.).

g) Review issuance of prescription medications and follow-up as necessary (storage, supply, etc).

h) Brief personnel on local disease and environmental threats and address individual concerns.

2) Conduct Environmental Baseline Surveillance (EBS) as necessary, keeping in mind this may have been initiated by previous teams or current teams from other services.

3) Conduct ongoing assessments and mitigation of potential environmental and occupational health hazards.

4) Conduct food and water vulnerability assessments.

5) Keep records of all medical encounters (SF 600), environmental and occupational health exposures, known or potential exposure to NBC agents, or other health risk exposures, and file in the DD Form 2766 or AF Form 1480A.

6) Keep records of any medications prescribed or dispensed including FHPPP (see reference 7).

c. Redeploying Personnel From Theatre to Home Station:

1) DD Form 2796, Post-Deployment Health Assessment Questionnaire (Apr 03 or later version or electronic version):

a) If the deployment meets the definition of a JCS directed deployment as defined in reference 3, a DD Form 2796 must be completed for each redeploying member. NOTE: The DD Form 2796 is currently being automated. Once automated, the member and provider should complete the form electronically.

b) The post-deployment health assessment must be completed via a face-to-face encounter with provider (physician, nurse practitioner, physician assistant, or IDMT). IDMTs may only complete the provider assessment when working as an IDMT with appropriate preceptor and IAW AFI 44-103. They can perform this function as part of required quarterly patient care for skills sustainment. When completing the assessment, providers must:

(1) Address all responses entered by member on the DD Form 2796 and complete page 4.

(2) Discuss psychological and mental health issues as appropriate.

(3) Document any FHPPP (e.g., PB tabs, CANA, 2-PAM Chloride autoinjectors, or malaria prophylaxis) the member took, IAW references 6 & 7. Documentation must include amount and date taken, any side effects experience, etc., in the comments section of the DD Form 2796 and in PIMR or RCPHA when application is available. Direct member to return all unused PB tabs, CANA, or 2-PAM Chloride autoinjectors to MTF or ARC medical unit. If a large number of personnel are redeploying to the same unit, package them and give to troop commander to return to MTF or ARC medical unit.

NOTE: Health care providers must record serious adverse events to taking FHPPP in the medical records and shall report serious adverse reaction to the Adverse Events Reporting System of the Department of Health and Human Services using the FDA MEDWATCH or Vaccine Adverse Events Reporting System procedures and forms.

(4) Discuss any concerns member has about potential environmental or occupational exposures and provide an outprocessing brief. Document concerns in the comments section of the DD Form 2796.

(5) Determine if and what type of further evaluation or follow-up is needed in theater or at home station.

(6) Document all of the above. If the encounter meets the criteria for a patient visit, enter the appropriate visit codes in automated software (see Appendix 5).

(7) Sign completed DD Form 2796. NOTE: The DD Form 2796 is currently being automated. Once automated, the member and provider

should complete the form electronically. Once completed, it will be forwarded to AMSA electronically and a signed copy will be placed in the medical record.

2) If a provider determines further medical evaluation or follow-up is needed, arrange for evaluation in theater or annotate need for evaluation upon return to home station, as appropriate.

3) Collect all medical documents and place in the DD form 2766 or AF Form 1480A (deployed medical record) to include:

a) DD Form 2796 (if required be para IV.2.b.1.a) above)

b) Redeployment health provider (face-to-face) assessment documentation (if different than questionnaire)

c) Smallpox vaccination and other screening forms

d) Record of any environmental or occupational health exposures

e) Documentation of any referral actions needed to medically follow-up deployment issues, in theater or at home station

f) Any other documented medical activities performed on members to include copies or originals of all medical encounters (i.e. SF 600)

NOTE: If the deployed location uses an automated system to document any medical activities, all documentation must be printed and put with documents to be forwarded back to the member's home station, until capability is in place to electronically forward deployment records.

g) Place these documents in a sealed envelope labeled with members name, rank and home installation, and give to troop commander (or individual if no troop commander is identified) to be hand-carried back to the member's home station with instructions to deliver the envelope to Public Health for active duty members, or to the supporting ARC medical unit for ARC at their home station immediately upon return to home station and prior to taking leave or down time. After completion of all demobilization requirements, IMA records will be returned to HQ ARPC/SGP.

3. Requirements for Post Deployment Processing at Home Station

a. Public Health or the supporting ARC medical unit for ARC personnel will ensure the following items are accomplished when members return. In addition to these requirements, ARC personnel must complete specific demobilization procedures as outlined in reference 4.

NOTE: These requirements apply to all returning AD and ARC personnel, including those in a patient or other status. MTF's and RMU's must develop procedures to ensure personnel who were evacuated from theatre complete post deployment processing.

1) Immediately upon return to home station and before the member takes leave or downtime or reconstitution, collect the post deployment envelopes that were hand-carried by personnel (or troop commanders) from deployed location.

2) Review documents to ensure that all requirements in paragraph IV.2.c were accomplished. Replace the copy of the DD Form 2766 that was put in the medical record during predeployment processing with the original that was returned by the member. File all other medical documentation from the member's deployed medical record (DD Form 2766 or AF Form 1480A) in the member's outpatient medical record (AF Form 2100 or AF Form 2100A). The DD Form 2796 will be filed in Section 1 of the AF Form 2100A series, 4-part outpatient folder after the DD Form 2766, Adult Preventive and Chronic Care Flowsheet, and before the Health Enrollment Assessment Review (HEAR) form. In the AF Form 2100 series (two-part outpatient folder), file the documentation on the left side after the DD Form 2766 and before the HEAR

NOTE: TRICARE ON LINE is working to have all DD forms 2795 and 2796 data available for query and download.

3) DD Form 2796:

a) If the deployment meets the definition of a JCS directed deployment as defined in reference 3, and the DD Form 2796 was not completed in theater, arrange to have member complete the form and see a provider (physician, PA, nurse practitioner, or IDMT) for a face-to-face assessment immediately upon return to home station and before the member takes leave or downtime. IDMTs may only complete the provider assessment when working as an IDMT with appropriate preceptor and IAW AFI 44-103. They can perform this function as part of required quarterly patient care for skills sustainment.

b) Complete all requirements as outlined in para IV.2.c. above. If unable to complete, ARC medical units may refer ARC members to the AD MTF when a face-to-face assessment with a provider is required or positive responses on the DD Form 2796 require provider evaluation. If this process is occurring during a Unit Training Assembly or at non- collocated ARC bases, then ARC physicians will accomplish this review and only refer the member to the AD MTF for treatment or specialty consultation.

NOTE: This may require a provider to be available on short notice to be able to respond to this need if not performed in theater. The provider should complete the post-deployment assessment as close as possible to the time the member completes the questionnaire. AD MTF's and ARC medical units should pre-coordinate their post

deployment processes to ensure seamless management of returning AD and ARC members.

4) Refer member to PCM, or other applicable provider, for any required medical evaluation or follow-up identified through post-deployment health assessment or otherwise annotated in theater or permanent medical records.

5) Check member's medical record for DD form 2795, Pre-Deployment Questionnaire, if it was required, to review if any problems were previously identified. Have this available for PCM or designated provider to review.

6) When accomplished locally, forward hard copies or electronically transfer completed DD form 2796 to the AMSA.

7) Serum Sample: If the deployment meets the definition of a JCS directed deployment as defined in reference 3, ensure member has a serum sample drawn within 30 days of departure from theater. Lab will forward the sample to the DoD Serum Repository (see Appendix 3).

8) Assess the need for specific post deployment requirements such as tuberculosis screening and malaria terminal chemoprophylaxis and ensure members are scheduled to complete these requirements. Use the TB Exposure Risk Assessment worksheet at Appendix 4 as a guide to determine the need for TB screening. If screening is indicated, update members record in AFCITA to indicate requirement for IPPD 3 months after departure from theater.

b. When seeing a patient referred for evaluation after deployment, provider will:

1) Review documentation from the deployment, including environmental/ occupational assessments, DD forms 2795 and 2796 and theater medical encounters.

2) Utilize DoD Post-Deployment CPG website (http://www.pdhealth.mil) and appropriate codes for post-deployment visits as well as for all follow-up evaluations and referrals IAW reference 5. DD Form 2844 (Test), "Post Deployment Medical Assessment," may be used as a guide and to document initial evaluation and follow-up care for individuals with deployment related health concerns. Code visits IAW guidance in Appendix 5.

3) Health care providers shall record serious adverse events related to taking FHPPP in the medical records and shall report serious adverse reaction to the Adverse Events Reporting System of the Department of Health and Human Services using the FDA MEDWATCH or Vaccine Adverse Events Reporting System procedures and forms.

APPENDIX 1 - PRE-DEPLOYMENT MEDICAL CHECKLIST

(IAW AFMS Deployment Health Surveillance Implementation Instructions, May 2003)

NAME	SSAN	RANK	PHONE#	UNIT

PCM TEAM (or RMU)	ESTIMATED DEPLOYMENT DATE	ESTIMATED RETURN DATE

TASK	DATE COMPLETED
1. IMR Review (to include medical records review) (para IV.1.b.1))	
2. Mental Health Review (para IV.1.b.2)a))	
3. Complete predeployment health assessement (DD Form 2795) (required for deployments that meet the Joint Staff definition of deployment); if DD 2795 required, distribute/submit to AMSA (para IV.1.b.2)b))	
4. Personal Medical Equipment (2 pair of glasses, hearing aids, gas mask inserts, orthodontics) (para IV.1.b.2)c))	
5. If gas mask required, ensure QNFT accomplished (para IV.1.b.2)d)(2)	
6. If on mandatory fitness or WBFMP, HAWC provides location specific diet and exercise information (para IV.1.b.2)e))	
7. Medical Threat Briefing (para IV.1.b.2)f))	
8. Medical Countermeasures (lip balm, FHPPP (document on DD 2795 or SF 600 and in PIMR)) (para IV.1.b.2)g))	
9. 90-Day Supply of Prescription Medications (should extend to cover deployment period) (para IV.1.b.2)h))	
10. Serum Sample within last 12 months (for deployments that meet Joint Staff definition of deployment) (para IV.1.b.2)i))	
11. Updated original DD Form 2766 or AF Form 1480A given to member/ troop commander and instructed to turn-in to deployed medical and return after redeployment. (para IV.1.b.2)j))	

APPENDIX 2 - POST-DEPLOYMENT MEDICAL CHECKLIST

(IAW AFMS Deployment Health Surveillance Implementation Instructions, May 2003)

NAME	SSAN	RANK	PHONE#	UNIT

PCM TEAM (or RMU)	DEPLOYMENT DATE	RETURN DATE

TASK	DATE COMPLETED
1. Collect post-deployment envelope (DD Form 2766 or AF Form 1480A, DD Form 2796, vaccination forms, exposure documentation, SF 600) and transfer to the member's outpatient medical record (para IV.3.a.2))	
2. Verify completion of postdeployment health assessment (DD Form 2796) (for deployments that meet the JCS definition of deployment and not completed in theatre). If not done, complete DD Form 2796 and ensure member has face-to-face assessment with provider (para IV.3.a.3))	
3. If further evaluation required, appointment made with PCM, other appropriate provider, or RMU (para IV.3.a.4))	
4. DD Form 2796, if required, forwarded to AMSA (para IV.3.a.6))	
5. Post-deployment serum drawn within 30 days of redeployment (if deployment meets JCS definition) (para IV.3.a.7))	
6. TB assessment and malaria prophylaxis requirements reviewed (para IV.3.a.8))	

APPENDIX 3 - INSTRUCTIONS FOR SUBMITTING PRE AND POST DEPLOYMENT SERUM REPOSITORY SPECIMENS WITH CHCS

1. Recommend Medical Laboratories create a new tests for "Pre Deployment Serum Samples" and "Post Deployment Serum Samples"

2. Public Health or other technician will request pre or post-deployment serum samples using this new test in CHCS .

3. Laboratory personnel will use the ADHOC 981011_B (the same for HIV) to capture the information and produce a log. This has all the info required – Last Name, First Name, MI; SSN with FMP, DOB, Duty Code and Source Code will be "T" – POSTDEPLOYMENT or "N" - PREDEPLDOYMENT. Print a copy.

4. The Medical Laboratory will email this log to HIVDATA@thorin.brooks.af.mil or save it to a 3.5 disk and send it with the specimens.

5. Process specimens and paperwork just like HIV specimens -- use 12x75 mm Polypropylene tubes with plug caps. Place specimens in a biohazard bag with copy of paperwork that corresponds to the specimens in the side pouch of the bag. Label paperwork/bags of specimens – REPOSITORY SPECIMENS ONLY!

6. Send the specimens to:

AFIOH/SDET, Building 930, Room 122
2730 Louis Bauer Drive
BROOKS AFB, TX 78235-5132
Commercial Phone: 210-536-3743

7. Once AFIOH receives the specimens, they will send results for each specimen to the MTF that states "Specimen Received"

8. Laboratory personnel will record the test result in CHCS.

APPENDIX 4 - TUBERCULOSIS (TB) EXPOSURE RISK ASSESSMENT:

1. Please answer the following questions to assist us in determining your risk for TB exposure during this recent deployment.

a. During this deployment, were you exposed to anyone known to have or suspected of having active tuberculosis (TB) (i.e., individuals with persistent cough, weight loss, night sweats and/or fever). YES____ NO____

b. During this deployment, did you have direct and prolonged contact with any individuals of the following groups: Refugees or Displaced Persons; Hospital, Prison, or Homeless Shelter Populations YES____ NO____

c. List the country(ies) where you were deployed to during this recent deployment:_____

During this deployment, did you have direct and prolonged contact with the local population (other than those listed in item *b*)? YES___ NO____

STOP HERE

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2. **For Internal Use Only**: The decision to screen for tuberculosis (TB) is based on individual risk of exposure to TB. Therefore, deployment to high-prevalence* or high disease burden countries for 30 or more consecutive days is not by itself an indication for tuberculin skin testing.

a. Screen all members who answer "yes" to questions *a* or *b*, regardless of TB prevalence. For question *c*, screen if members answer "yes" and deployment was to a high TB prevalence country(ies).*

b. *Air Force Institute of Operational Health ((AFIOH), formerly AFIERA) uses a variety of sources to determine high prevalence. Refer to the AFIOH website for each country's status: https://afioh.brooks.af.mil/pestilence/.

c. Members who require screening must have a tuberculin skin testing requirement entered in the current automated tracking system with a due date of 3 months after deployment and a mechanism must be in place to prompt members to return for testing when due.

APPENDIX 5 - POST DEPLOYMENT HEALTH EVALUATION AND MANAGEMENT CODING GUIDELINES

Privileged provider/patient interactions involving a history, examination and decision making will be coded using the appropriate office visit code (e.g., 99201/2/3 and 99212/3/4). The Post Deployment Health Assessment, DD Form 2796, meets this requirement when general appearance or constitutional remarks are entered in the comments field (e.g., well developed, well nourished, well groomed, appropriately interactive). Office visit codes will generally be used if you treat a problem. Interactions involving risk factor reduction (e.g., counseling) will be coded using the appropriate preventive medicine counseling codes (e.g., 99401/2/3/4). Remarks and counseling in excess of documentation on assessment form could also be documented on the SF 600.

When services are furnished at the same encounter as the assessment, and the assessment was the reason for the member seeking health care, the primary diagnosis of V70.5_ _6, Post Deployment Examination, will be used. When the patient has no issues, and there is documentation of an exam, such as remarks regarding the patient's general appearance, the V70.5_ _ 6 will be the only diagnosis. Any counseling furnished, as well as conditions addressed will be coded as the second, third and fourth diagnoses.

When a patient is treated for deployment-related health concerns at a later encounter (e.g., the next day), the patient is seeking care for the deployment-related concern, not for the deployment screening. Therefore, the concern will be collected as the primary diagnosis. Because the patient believes the concern may be related to the deployment, the second code will be V70.5_ _ 6.

The V70.5_ _ 6 Post Deployment Examination code will continue to be used on every encounter involving a deployment-related health concern as the second diagnosis.

Examples of Common Codes:

Condition/concern	**Diagnosis (V70.5 6 as 1st or 2nd) and**	**Possible E&M**
Counsel, marital/partner problem	V61.10	99401/2/3/4
Counsel, parent-child problem	V61.20	99401/2/3/4
Asymptomatic, feared condition not demonstrated or problem normal state	V65.5	99401/2/3/4 or 99212/3/4
Physical condition/symptom	Code applicable code	99212/3/4
Cough due to smoke inhalation	786.2 (cough) and E891.2 (smoke)	99212/3/4
Rash	782.1	99212/3/4
Weight loss, abnormal	783.21	99212/3/4
Aftercare, healing fracture	See V54.1 codes	99212
Follow-up due to illness or injury during deployment	See V67 codes	99212/3
Medically unexplained physical symptoms, deployment related	799.8 (other ill-defined conditions and unknown causes of morbidity)	99212/3/4

Use of the DoD/VA Clinical Practice Guideline on Post-Deployment Health Evaluation / Management is mandatory and can be accessed at the DoD Deployment Health Clinical Center at http://www.pdhealth.mil/.