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.

POST-DEPLOYMENT Health Assessment

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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

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Please answer all questions in relation to THIS deployment

1. Did your health change during this deployment?

- ○ Health stayed about the same or got better
- ○ 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?

- ○ No
- ○ Yes, reason/dates: _____

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

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

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

- ○ PB (pyridostigmine bromide) nerve agent pill
- ○ Mark-1 antidote kit
- ○ Anti-malaria pills
- ○ Pills to stay awake, such as dexedrine
- ○ Other, please list _____
- ○ 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		No	Yes During	Yes Now	
○	○	○	Chronic cough	○	○	○	Chest pain or pressure
○	○	○	Runny nose	○	○	○	Dizziness, fainting, light headedness
○	○	○	Fever	○	○	○	Difficulty breathing
○	○	○	Weakness	○	○	○	Still feeling tired after sleeping
○	○	○	Headaches	○	○	○	Difficulty remembering
○	○	○	Swollen, stiff or painful joints	○	○	○	Diarrhea
○	○	○	Back pain	○	○	○	Frequent indigestion
○	○	○	Muscle aches	○	○	○	Vomiting
○	○	○	Numbness or tingling in hands or feet	○	○	○	Ringing of the ears
○	○	○	Skin diseases or rashes				
○	○	○	Redness of eyes with tearing				
○	○	○	Dimming of vision, like the lights were going out				

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

○ No ○ Yes - coalition ○ Yes - enemy ○ Yes - civilian

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

○ No ○ Yes (○ land ○ sea ○ air)

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

○ No ○ Yes

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

○ No ○ Yes

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

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

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

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

EXPOSURE CONCERNS (During deployment):

- ○ Environmental
- ○ Occupational
- ○ Combat or mission related
- ○ 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