

USCENTCOM 021502Z DEC 13 MOD TWELVE TO USCENTCOM INDIVIDUAL PROTECTION AND INDIVIDUAL-UNIT DEPLOYMENT POLICY

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AMPN/DODI 6025.19/INDIVIDUAL MEDICAL READINESS//
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AMPN/AFI 48-123/MEDICAL EXAMINATIONS AND STANDARDS, VOLUME 4 - SPECIAL STANDARDS AND REQUIREMENTS//
REF/G/ DOC/HQDA/14DEC2007//
AMPN/AR 40-501/STANDARDS OF MEDICAL FITNESS//
REF/H/ DOC/BUMED/14JAN2009//
AMPN/NAVMED P-117/MANUAL OF THE MEDICAL DEPARTMENT//
REF/I/DOC/ASD (HA)/20JUN2009//
AMPN/ASSISTANT SECRETARY OF DEFENSE MEMO/REVISED SERVICE GUIDELINES FOR REPORTABLE MEDICAL EVENTS//
REF/J/DOC/USD (P AND R)/03OCT2005//
AMPN/DODI 3020.41/CONTRACTOR PERSONNEL AUTHORIZED TO ACCOMPANY THE U.S. ARMED FORCES//
REF/K/ ORD/CFC/010458ZJUL2006//
AMPN/CFC FRAGO 09-1038/CONTRACTOR CARE IN THE USCENTCOM AOR//
REF/L/DOC/USD (P AND R)/23JAN2009//
AMPN/DODD 1401.10/DOD CIVILIAN EXPEDITIONARY WORKFORCE//
REF/M/DOC/ASD (FMP)/11MAR2006//
AMPN/DODI 1100.21/VOLUNTARY SERVICES IN THE DEPARTMENT OF DEFENSE//
REF/N/ DOC/DEPSECDEF/12OCT2006//
AMPN/DEPUTY SECRETARY OF DEFENSE MEMO/ANTHRAX VACCINE IMMUNIZATION PROGRAM//
REF/O/DOC/USD (P AND R)/09FEB2006//
AMPN/UNDER SECRETARY OF DEFENSE MEMO/POLICY GUIDANCE FOR MEDICAL DEFERRAL PENDING DEPLOYMENT TO THEATERS OF OPERATION//
REF/P/DODI 6490.12/26FEB2013//
MENTAL HEALTH ASSESSMENT FOR SERVICE MEMBERS DEPLOYED IN CONNECTION WITH A CONTINGENCY OPERATION//
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AMPN/DODI 6490.07/DEPLOYMENT-LIMITING MEDICAL CONDITIONS FOR SERVICE MEMBERS AND DOD CIVILIAN EMPLOYEES//
REF/R/DOC/ASD (HA)/26JUL2012//
AMPN/ASSISTANT SECRETARY OF DEFENSE MEMO/IMPLEMENTATION OF REVISED DEPARTMENT OF DEFENSE FORMS 2795, 2796 AND 2900//
REF/S/DOC/HQDA/BUMED/SECAF/07OCT2013//
AMPN/AR 40-562, BUMEDINST 6230.15B, AFI 48-110 IP, CG COMDTINST M6230.4G/ IMMUNIZATIONS AND CHEMOPROPHYLAXIS FOR THE PREVENTION OF INFECTIOUS DISEASES//
REF/T/DOC/DEPSECDEF/28JUN2004//
AMPN/DEPUTY SECRETARY OF DEFENSE MEMO/EXPANSION OF FORCE HEALTH PROTECTION ANTHRAX AND SMALLPOX IMMUNIZATION PROGRAMS FOR DOD PERSONNEL//
REF/U/DOC/USD (P AND R)/22SEP2004//
AMPN/UNDER SECRETARY OF DEFENSE MEMO/EXPANSION OF FORCE HEALTH PROTECTION ANTHRAX AND SMALLPOX IMMUNIZATION PROGRAMS FOR EMERGENCY-ESSENTIAL AND EQUIVALENT DEPARTMENT OF DEFENSE CIVILIAN EMPLOYEES//
REF/V/DOC/USD (P AND R)/6DEC2006//
AMPN/UNDER SECRETARY OF DEFENSE MEMO/IMPLEMENTATION OF THE ANTHRAX VACCINE IMMUNIZATION PROGRAM (AVIP)//
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AMPN/ASSISTANT SECRETARY OF DEFENSE MEMO/UPDATE TO CLINICAL POLICY FOR THE DEPARTMENT OF DEFENSE SMALLPOX VACCINATION PROGRAM//
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AMPN/UNDER SECRETARY OF DEFENSE MEMO/CHANGE IN POLICY FOR PRE-DEPLOYMENT ADMINISTRATION OF ANTHRAX AND SMALLPOX VACCINES//
REF/Y/DOC/USD (P AND R)/17OCT2006//
AMPN/DODI 6485.01/HUMAN IMMUNODEFICIENCY VIRUS//
REF/Z/DOC/ASD (HA)/14MAR2006//
AMPN/ASSISTANT SECRETARY OF DEFENSE MEMO/POLICY FOR PRE AND POST DEPLOYMENT SERUM COLLECTION//
REF/AA/DOC/ASD(HA)/29JUL1981//
AMPN/DODI 6465.1/HEMOGLOBIN S AND ERYTHROCYTE GLUCOSE-6-PHOSPHATE DEHYDROGENASE DEFICIENCY TESTING PROGRAM//
REF/BB/DOC/ASD (HA)/18MAR2003//
AMPN/DODI 5154.30/ARMED FORCES INSTITUTE OF PATHOLOGY OPERATIONS//
REF/CC/DOC/ASD (HA)/18MAY2007//
AMPN/ASSISTANT SECRETARY OF DEFENSE MEMO/UPDATED POLICY FOR PREVENTION OF ARTHROPOD-BORNE DISEASES AMONG DEPARTMENT OF DEFENSE PERSONNEL DEPLOYED TO ENDEMIC AREAS//
REF/DD/USD(I)/20MAR2009//
AMPN/DODI 6420.01/NATIONAL CENTER MEDICAL INTELLIGENCE (NCMI)
REF/EE/ASD (HA)/04SEP2009//
AMPN/ASSISTANT SECRETARY OF DEFENSE MEMO/POLICY MEMORANDUM ON THE USE OF MEFLUQUIN (LARIAM®) IN MALARIA PROPHYLAXIS//
REF/FF/DOC/DOD USD (P AND R)/04JUN2013//
AMPN/DODI 6490.13/COMPREHENSIVE POLICY ON NEUROCOGNITIVE ASSESSMENTS BY THE MILITARY SERVICES//
REF/GG/DOC/J4/02NOV2007//
AMPN/MCM-0028-07/PROCEDURES FOR DEPLOYMENT HEALTH SURVEILLANCE//
REF/HH/DOC/ASD(HA)/07OCT2013//

AMPN/ASSISTANT SECRETARY OF DEFENSE MEMO/CLINICAL PRACTICE GUIDELINES FOR DEPLOYMENT LIMITING MENTAL DISORDERS AND PSYCHOTROPIC MEDICATIONS//
REF/II/DOC/ASD (HA)/15OCT2008//

AMPN/ASSISTANT SECRETARY OF DEFENSE MEMO/GUIDANCE FOR CONTAINMENT OF VARICELLA OUTBREAKS//
REF/JJ/DOC/CC/05JUN2012//

AMPN/CCR 220-1/DEPLOYMENT HEALTH SURVEILLANCE AND FORCE HEALTH PROTECTION//
REF/KK/DOC/CENTCOM/OCT2012//

AMPN/UNITED STATES CENTRAL COMMAND HEALTHCARE INFORMATION SYSTEM USE POLICY//
REF/LL/DOC/ASD (HA)/15APR2013//

AMPN/ASSISTANT SECRETARY OF DEFENSE MEMO/GUIDANCE ON MEDICATIONS FOR THE PROPHYLAXIS OF MALARIA//
REF/MM/DOC/ASD (HA)/12AUG2013//

AMPN/ASSISTANT SECRETARY OF DEFENSE MEMO/NOTIFICATION FOR HEALTHCARE PROVIDERS OF MEFLOQUINE BOX WARNING//
REF/NN/DOC/DOD USD (P AND R)/18SEP2012//

AMPN/DODI 6490.11/DOD POLICY GUIDANCE FOR MANAGEMENT OF MILD TRAUMATIC BRAIN INJURY AND CONCUSSION IN THE DEPLOYED SETTING//

RMKS/1. (U) THIS IS MODIFICATION TWELVE TO USCENTCOM INDIVIDUAL PROTECTION AND INDIVIDUAL, UNIT DEPLOYMENT POLICY. IN SUMMARY, MODIFICATIONS HAVE BEEN MADE TO PARAGRAPH 15 FROM MOD ELEVEN, REF B.

1.A. PARAGRAPH 15 REQUIRED NUMEROUS CHANGES; THEREFORE, IT IS BEING REPUBLISHED IN ITS ENTIRETY. MOD 12 SUPERSEDES ALL PREVIOUS VERSIONS.

1.B. PARAGRAPH 15 OF REF A HAS BEEN TOTALLY REWRITTEN AS FOLLOWS:

15.A. DEFINITIONS.

15.A.1. DEPLOYMENT. FOR MEDICAL PURPOSES, THE DEFINITION OF DEPLOYMENT IS TRAVEL TO OR THROUGH THE USCENTCOM AREA OF RESPONSIBILITY (AOR), WITH EXPECTED OR ACTUAL TIME IN COUNTRY (AKA "BOOTS ON GROUND") FOR A PERIOD OF GREATER THAN 30 DAYS, EXCLUDING SHIPBOARD OPERATIONS, AS DEFINED IN REF C.

15.A.2. TEMPORARY DUTY (TDY). MISSIONS WITH TIME IN COUNTRY (BOOTS ON GROUND) OF 30 DAYS OR LESS,

15.A.3. PERMANENT CHANGE OF STATION (PCS). PCS PERSONNEL, INCLUDING EMBASSY PERSONNEL, WILL COORDINATE WITH THEIR RESPECTIVE SERVICE COMPONENT MEDICAL PERSONNEL FOR MEDICAL GUIDANCE AND REQUIREMENTS FOR PCS TO SPECIFIC COUNTRIES IN THE USCENTCOM AOR. AUTHORIZED DEPENDENTS MUST PROCESS THROUGH THE EXCEPTIONAL FAMILY MEMBER PROGRAM (EFMP) AND COMPLY WITH HOST NATION IMMUNIZATION AND MEDICAL SCREENING REQUIREMENTS. WHILE MOD 12 IN ITS ENTIRETY DOES NOT APPLY TO PCS PERSONNEL, CERTAIN PORTIONS OF MOD 12 WILL APPLY AS DELINIATED IN TAB B.

15.A.4. SHIPBOARD PERSONNEL. ALL SHIPBOARD PERSONNEL WHO DEPLOY INTO THE AOR MUST HAVE CURRENT SEA DUTY SCREENING, REMAIN FULLY MEDICALLY READY FOLLOWING ANNUAL PERIODIC HEALTH ASSESSMENT (PHA), BUT DO NOT NECESSARILY REQUIRE DEPLOYMENT HEALTH ASSESSMENT IN 15.H – UNLESS ENTERING A COUNTRY WITH ACTIVE COMBAT FOR GREATER THAN 30 DAYS.

15.B. APPLICABILITY. THIS MOD APPLIES TO MILITARY PERSONNEL, DOD CIVILIANS, DOD CONTRACTORS, DOD SUB-CONTRACTORS, VOLUNTEERS AND THIRD COUNTRY NATIONALS (TCN) TRAVELING OR DEPLOYING TO THE CENTCOM AOR AND WORKING UNDER THE AUSPICES OF THE DOD. LOCAL NATIONALS SHOULD MEET THE MINIMAL MEDICAL STANDARDS ADDRESSED IN SECTION 15.C.1.F.

15.C. MEDICAL DEPLOYABILITY. DEPLOYED HEALTH SERVICE SUPPORT INFRASTRUCTURE PROVIDES ONLY LIMITED MEDICAL CARE. ALL PERSONNEL (UNIFORMED SERVICE MEMBERS, GOVERNMENT CIVILIAN EMPLOYEES, VOLUNTEERS, DOD CONTRACTOR EMPLOYEES) TRAVELING TO THEATER MUST BE MEDICALLY, DENTALLY AND PSYCHOLOGICALLY FIT FOR DEPLOYMENT. INDIVIDUALS DEEMED UNABLE TO COMPLY WITH CENTCOM DEPLOYMENT REQUIREMENTS WILL BE DISQUALIFIED FOR DEPLOYMENT IAW SERVICE POLICY AND MOD 12. PERSONNEL FOUND NON-DEPLOYABLE WHILE OUTSIDE OF THE CENTCOM AOR WILL NOT ENTER OR RE-ENTER THE THEATER. FOR EXAMPLE, ANY PERSONNEL WHO BECOME MEDICALLY NON-DEPLOYABLE WHILE IN ANY LEAVE OR OTHER STATUS WILL NOT RE-ENTER THE AOR UNTIL THE NON-DEPLOYABLE CONDITION IS CLEARED OR A WAIVER FOR THE NON-DEPLOYABLE CONDITION IS APPROVED BY A CENTCOM WAIVER AUTHORITY. SEE REF D, E, F, G AND H. DOD CIVILIAN EMPLOYEES ARE COVERED BY THE REHABILITATION ACT OF 1973. AS SUCH, AN APPARENTLY DISQUALIFYING MEDICAL CONDITION NEVERTHELESS REQUIRES THAT AN INDIVIDUALIZED ASSESSMENT BE MADE TO DETERMINE WHETHER THE EMPLOYEE CAN PERFORM THE ESSENTIAL FUNCTIONS OF HIS/HER POSITION IN THE DEPLOYED ENVIRONMENT, WITH OR WITHOUT A REASONABLE ACCOMMODATION, WITHOUT CAUSING UNDUE HARDSHIP. IN EVALUATING UNDUE HARDSHIP, THE NATURE OF THE ACCOMMODATION AND THE LOCATION OF THE DEPLOYMENT MUST BE CONSIDERED. FURTHER, THE EMPLOYEE'S MEDICAL CONDITION MUST NOT POSE A SUBSTANTIAL RISK OF SIGNIFICANT HARM TO THE EMPLOYEE OR OTHERS WHEN TAKING INTO ACCOUNT THE CONDITIONS OF THE RELEVANT DEPLOYED ENVIRONMENT. SEE REF Q. THE FINAL AUTHORITY OF WHO MAY DEPLOY TO THE CENTCOM AOR RESTS WITH THE CENTCOM SURGEON AND/OR THE SERVICE COMPONENT SURGEON'S WAIVER AUTHORITY, NOT THE INDIVIDUAL'S MEDICAL EVALUATING ENTITY OR DEPLOYING PLATFORM.

15.C.1. MEDICAL FITNESS, INITIAL AND ANNUAL SCREENING.

15.C.1.A. MEDICAL READINESS PROCESSING. THE MEDICAL SECTION OF THE DEPLOYMENT SCREENING SITE MAY PUBLISH GUIDANCE, IAW MOD12 AND SERVICE STANDARDS, TO ASSIST IN DETERMINING MEDICAL DEPLOYMENT FITNESS. DEPLOYING PERSONNEL WITH POTENTIALLY DISQUALIFYING MEDICAL CONDITIONS NEED TO MEET THE FOLLOWING TWO CRITERIA FOR DEPLOYMENT: AN EVALUATION BY A PROVIDER TO DETERMINE IF THEY CAN SAFELY DEPLOY AND AN APPROVED WAIVER BY THE COMPONENT SURGEON OR CENTCOM SURGEON FOR THE POTENTIALLY DISQUALIFYING MEDICAL CONDITION(S).

15.C.1.B. FITNESS INCLUDES, BUT IS NOT LIMITED TO, THE ABILITY TO ACCOMPLISH THE TASKS AND DUTIES UNIQUE TO A PARTICULAR OPERATION AND THE ABILITY TO TOLERATE THE ENVIRONMENTAL AND OPERATIONAL CONDITIONS OF THE DEPLOYED LOCATION. MINIMUM STANDARDS OF FITNESS INCLUDE, BUT ARE NOT LIMITED TO, THE ABILITY TO WEAR BALLISTIC, RESPIRATORY, CHEMICAL AND BIOLOGICAL PERSONAL PROTECTIVE EQUIPMENT, USE OF REQUIRED PROPHYLACTIC MEDICATIONS AND THE ABILITY TO INGRESS/EGRESS IN EMERGENCY SITUATIONS WITH MINIMAL RISK TO THEMSELVES OR OTHERS.

15.C.1.C. EXAMINATION INTERVALS. AN EXAMINATION WITH ALL MEDICAL ISSUES AND REQUIREMENTS ADDRESSED WILL REMAIN VALID FOR A MAXIMUM OF 15 MONTHS FROM THE DATE OF THE PHYSICAL. SEE TAB A AND REF D, J, K, L AND M FOR FURTHER GUIDANCE. THIS ALLOWS FOR EXAMINATION TO BE VALID FOR UP TO 90 DAYS BEFORE THE DEPLOYMENT DATE. ONCE A DEPLOYMENT BEGINS, THE EXAMINATION WILL ONLY BE GOOD FOR A MAXIMUM OF 12 MONTHS. GOVERNMENT CIVILIAN EMPLOYEES, VOLUNTEERS, AND DOD CONTRACTOR PERSONNEL, WHO DEPLOY FOR MULTIPLE TOURS OF MORE THAN 12 MONTHS TOTAL, MUST BE RE-EVALUATED FOR FITNESS TO STAY DEPLOYED. ANNUAL IN-THEATER RESCREENING MAY BE FOCUSED ON HEALTH CHANGES, VACCINATION CURRENCY AND MONITORING OF EXISTING CONDITIONS, BUT SHOULD CONTINUE TO MEET ALL MEDICAL GUIDANCE AS

PRESCRIBED IN MOD 12. IF INDIVIDUALS ARE UNABLE TO ADEQUATELY COMPLETE THEIR MEDICAL SCREENING EVALUATION IN THE AOR, THEY SHOULD BE REDEPLOYED TO ACCOMPLISH THIS YEARLY REQUIREMENT. PERIODIC HEALTH SURVEILLANCE REQUIREMENTS AND PRESCRIPTION NEEDS ASSESSMENTS SHOULD BE RECENT ENOUGH SO AS TO REMAIN CURRENT THROUGH THE DEPLOYMENT PERIOD.

15.C.1.D. SPECIALIZED GOVERNMENT CIVILIAN EMPLOYEES WHO MUST MEET SPECIFIC PHYSICAL STANDARDS (E.G., FIREFIGHTERS, SECURITY GUARDS AND POLICE, AVIATORS, AVIATION CREW MEMBERS AND AIR TRAFFIC CONTROLLERS, DIVERS, MARINE CRAFT OPERATORS AND COMMERCIAL DRIVERS) MUST MEET THOSE STANDARDS WITHOUT EXCEPTION, IN ADDITION TO BEING FOUND FIT FOR THE SPECIFIC DEPLOYMENT BY A MEDICAL AND DENTAL EVALUATION PRIOR TO DEPLOYMENT IAW MOD 12. CERTIFICATIONS WILL REMAIN VALID THROUGHOUT THE ENTIRETY OF THE DEPLOYMENT. IF CERTIFICATIONS WILL EXPIRE DURING THE DEPLOYMENT, IT IS UP TO THE INDIVIDUAL TO PLAN FOR AND RECERTIFY THEIR RESPECTIVE REQUIREMENTS (I.E. MID TOUR LEAVE, ETC.).

15.C.1.E. DOD CONTRACTOR EMPLOYEES. MUST MEET SIMILAR STANDARDS OF FITNESS AS OTHER MILITARY AND DOD CIVILIAN PERSONNEL AND IT MUST BE DOCUMENTED THEY ARE FIT FOR THE PERFORMANCE OF THEIR DUTIES WITHOUT LIMITATIONS BY A MEDICAL AND DENTAL EVALUATION PRIOR TO DEPLOYMENT IAW MOD 12. CONTRACTORS MUST COMPLY WITH REF J AND SPECIFICALLY ENCLOSURE 3 FOR MEDICAL REQUIREMENTS AND EVALUATIONS SHOULD BE COMPLETE PRIOR TO ARRIVAL AT THE DEPLOYMENT PLATFORM. ENSURE COMPLIANCE WITH IMMUNIZATION, DNA AND PANOGRAPH REQUIREMENTS. PREDEPLOYMENT AND/OR TRAVEL MEDICINE SERVICES FOR CONTRACTOR EMPLOYEES, INCLUDING IMMUNIZATIONS, EVALUATION OF FITNESS AND ANNUAL SCREENING. THESE ITEMS ARE THE RESPONSIBILITY OF THE CONTRACTING AGENCY PER THE CONTRACTUAL REQUIREMENTS. QUESTIONS SHOULD BE SUBMITTED TO THE SUPPORTED COMMAND'S CONTRACTING AND MEDICAL AUTHORITY. SEE TAB A AND REF J FOR FURTHER GUIDANCE.

15.C.1.E.1. ALL CONTRACTING AGENCIES ARE RESPONSIBLE FOR PROVIDING THE APPROPRIATE LEVEL OF MEDICAL SCREENING FOR THEIR EMPLOYEES BASED ON THE JOB THEY ARE HIRED TO PERFORM. THE SCREENING MUST BE COMPLETED BY A LICENSED MEDICAL PROVIDER (LICENCED IN A COUNTRY WITH OVERSIGHT AND ACCOUNTABILITY OF THE MEDICAL PROFESSION) AND A COPY OF THE COMPLETED MEDICAL SCREENING DOCUMENTATION, IN ENGLISH, MUST BE MAINTAINED BY THE CONTRACTOR. SUCH DOCUMENTATION MAY BE REQUESTED BY BASE OPERATIONS CENTER PERSONNEL PRIOR TO ISSUANCE OF ACCESS BADGES AS WELL AS BY MEDICAL PERSONNEL FOR COMPLIANCE REVIEWS. INSTALLATION COMMANDERS, IN CONCERT WITH THEIR LOCAL MEDICAL ASSETS AND CONTRACTING REPRESENTATIVES, MAY CONDUCT QUALITY ASSURANCE AUDITS TO VERIFY THE VALIDITY OF MEDICAL SCREENINGS.

15.C.1.E.2. CONTRACTOR EXPENSE. IAW REF J, CONTRACTORS WILL PROVIDE THE PREDEPLOYMENT MEDICAL AND DENTAL EVALUATIONS, AND ANNUAL IN THEATER RESCREENING WILL BE AT CONTRACTOR EXPENSE. THESE EVALUATIONS FOR DOD CONTRACTORS SHALL OCCUR PRIOR TO ARRIVAL AT THE DEPLOYMENT CENTER/PLATFORM. ALL REQUIRED IMMUNIZATIONS OUTLINED IN THE FOREIGN CLEARANCE GUIDE ([HTTPS://WWW.FCG.PENTAGON.MIL](https://www.fcg.pentagon.mil)) FOR THE COUNTRIES TO BE VISITED, AS WELL AS THOSE OUTLINED IN PARAGRAPH 15.F. OF THIS MOD, WILL BE DONE AT CONTRACTOR EXPENSE. A DISQUALIFYING MEDICAL CONDITION, AS DETERMINED BY AN IN-THEATER COMPETENT MEDICAL AUTHORITY, WILL BE IMMEDIATELY REPORTED TO THE CONTRACTOR EMPLOYEE'S CONTRACTING OFFICER WITH A RECOMMENDATION THAT THE CONTRACTOR BE IMMEDIATELY REDEPLOYED AND REPLACED AT CONTRACTOR EXPENSE. ALL THE ABOVE EXPENSES WILL BE COVERED BY THE CONTRACTOR UNLESS OTHERWISE SPECIFIED IN THE CONTRACT.

15.C.1.E.3. MILITARY EXPENSE. THE MILITARY WILL PROVIDE THEATER SPECIFIC ANTHRAX AND SMALLPOX VACCINES. SEE REF C, J AND N.

15.C.1.F. LN AND TCN EMPLOYEES. MINIMUM SCREENING REQUIREMENTS FOR LN AND TCN EMPLOYEES FOLLOW.

15.C.1.F.1. PRE-EMPLOYMENT AND ANNUAL MEDICAL SCREENING OF LN AND TCN EMPLOYEES IS NOT TO BE PERFORMED IN MILITARY MTFs. LOCAL CONTRACTING AGENCIES MUST KEEP DOCUMENTATION IAW PARA. 15.C.1.E.1.

15.C.1.F.2. ALL LN AND TCN EMPLOYEES WHOSE JOB REQUIRES CLOSE OR FREQUENT CONTACT WITH NON-LN/TCN PERSONNEL (E.G., DINING FACILITY WORKERS, SECURITY PERSONNEL, INTERPRETERS, ETC.) MUST BE SCREENED FOR TUBERCULOSIS (TB) USING AN ANNUAL SYMPTOM SCREEN LOCATED AT [HTTP://APPS.WHO.INT/IRIS/BITSTREAM/10665/84971/1/9789241548601_ENG.PDF](http://apps.who.int/iris/bitstream/10665/84971/1/9789241548601_eng.pdf) (ANNEX III, ALGORITHM 1C, PAGE 115). A TUBERCULIN SKIN TEST (TST) IS UNRELIABLE AS A STAND-ALONE SCREENING TEST FOR TB DISEASE IN LN/TCN PERSONNEL AND SHOULD NOT BE USED. SPECIFIC QUESTIONS REGARDING APPROPRIATE SCREENING OF DETAINEES, PRISON GUARDS AND OTHER HIGHER RISK POPULATIONS SHOULD BE REFERRED TO THE THEATER PREVENTIVE MEDICINE CONSULTANT THROUGH THE UNITS MEDICAL PERSONNEL.

15.C.1.F.3. LN AND TCN EMPLOYEES INVOLVED IN FOOD SERVICE, WATER AND ICE PRODUCTION MUST BE SCREENED ANNUALLY FOR SIGNS AND SYMPTOMS OF INFECTIOUS DISEASES. CONTRACTORS MUST ENSURE EMPLOYEES RECEIVE TYPHOID AND HEPATITIS A VACCINATIONS AND THIS INFORMATION MUST BE DOCUMENTED IN THE EMPLOYEES MEDICAL RECORD / SCREENING DOCUMENTATION.

15.C.1.F.4. FURTHER GUIDANCE OF MEDICAL SUITABILITY REGARDING FORCE HEALTH PROTECTION MAY BE PROVIDED BY THE LOCAL TASK FORCE COMMANDER OR EQUIVALENT IN CONSULTATION WITH THEIR MILITARY MEDICAL ASSETS.

15.C.2. UNFIT PERSONNEL. CASES OF IN-THEATER/DEPLOYED PERSONNEL IDENTIFIED AS UNFIT IAW THIS MOD 12, DUE TO CONDITIONS THAT EXISTED PRIOR TO DEPLOYMENT, WILL BE FORWARDED TO THE COMPONENT SURGEON (THE APPROPRIATE SURGEON WHO WOULD HAVE RECEIVED A WAIVER REQUEST HAD ONE BEEN SUBMITTED) FOR INVESTIGATION AND POTENTIAL REDEPLOYMENT DETERMINATION. FINDINGS/ACTIONS WILL BE FORWARDED AFTER COMPLETION TO THE CENTCOM SURGEON AT EMAIL: CCSG-WAIVER@CENTCOM.MIL. IN ORDER TO COMPLY WITH REPORTABLE MEDICAL EVENT (RME) REPORTING CRITERIA AS REQUIRED. SEE REF I.

15.C.3. MEDICAL WAIVERS.

15.C.3.A. MEDICAL WAIVER APPROVAL AUTHORITY.

15.C.3.A.1. MEDICAL WAIVER APPROVAL AUTHORITY LIES AT THE COMBATANT COMMAND SURGEON LEVEL IAW REF S, O AND Q.

15.C.3.A.2. DELEGATION TO COMPONENTS. WAIVER AUTHORITY IS DELEGATED TO THE USCENTCOM COMPONENT SURGEONS FOR ALL DEPLOYING PERSONNEL WITHIN THEIR RESPECTIVE COMPONENT FOR ALL HEALTH CONDITIONS (ARMY, ARMY COMPONENT AGENCIES, AND ARMY CONTRACTORS WILL FIRST CONSULT WITH THE ARCENT SURGEON; AF AND AF ASSOCIATED PERSONNEL WITH THE AFCENT SURGEON, ETC.). CONTRACTORS AND SUB CONTRACTORS RESPECTIVE SERVICE AFFILIATION IS DETERMINED BY THE 'CONTRACTOR ISSUING AGENCY' BLOCK ON THEIR 'LETTER OF AUTHORIZATION' AND WAIVERS SHOULD BE SENT TO THE APPROPRIATE SERVICE COMPONENT WAIVER AUTHORITY. SEE SECTION 15.C.3.C. IF A SERVICE WISHES TO DEPLOY A MEMBER WHO IS DETERMINED UNFIT FOR DEPLOYMENT, THE SERVICE MUST OBTAIN A WAIVER FROM THE CENTCOM COMMAND SURGEON OR CENTCOM COMPONENT SURGEON AS OUTLINED ABOVE. BEHAVIORAL HEALTH WAIVERS WILL INITIALLY BE SENT TO THE RESPECTIVE SERVICE COMPONENT, BUT THE FINAL

DETERMINATION FOR APPROVAL STILL RESIDES WITH THE CENTCOM SURGEON. SENDING UNIT COMMANDERS MUST OBTAIN A MEDICAL WAIVER AND ARE NOT AUTHORIZED TO OVERRIDE THE MEDICAL DEPLOYABILITY DETERMINATION. UNLIKE THE MILITARY PROFILE SYSTEM, UNIT COMMANDERS CANNOT OVERRIDE THE DEPLOYABILITY WAIVER AUTHORITY.

15.C.3.A.3. EXCEPT IN THE CASE OF DOD CIVILIAN EMPLOYEES WHO ARE COVERED BY THE REHABILITATION ACT OF 1973, AN INDIVIDUAL MAY BE DENIED DEPLOYMENT BY THE LOCAL MEDICAL AUTHORITY OR CHAIN OF COMMAND. AN INDIVIDUALIZED ASSESSMENT IS STILL REQUIRED FOR DOD. SEE PARA. 15.C AND REF Q. AUTHORITY TO APPROVE DEPLOYMENT OF ANY PERSON (UNIFORMED OR CIVILIAN) WITH APPARENTLY DISQUALIFYING MEDICAL CONDITIONS OUTLINED IN THIS MODIFICATION AND THE ACCOMPANYING AMPLIFICATION (TAB A) LIES SOLELY WITH THE CENTCOM SURGEON AND THE CENTCOM SERVICE COMPONENT SURGEONS WHO HAVE BEEN DELEGATED THIS AUTHORITY BY THE CENTCOM SURGEON. THEREFORE, IF THE LOCAL COMMAND SUPPORTS THE DEPLOYMENT OF A PERSON WITH AN APPARENTLY DISQUALIFYING CONDITION AS OUTLINED IN THIS MODIFICATION AND AMPLIFICATION, A WAIVER REQUEST MUST STILL BE SUBMITTED TO, AND APPROVED BY, THE APPROPRIATE CENTCOM WAIVER AUTHORITY BEFORE THAT PERSON IS DEPLOYABLE.

15.C.3.A.4. ALL ADJUDICATING SURGEONS WILL MAINTAIN A WAIVER DATABASE AND RECORD ALL WAIVER REQUESTS.

15.C.3.A.5. THE ADJUDICATING SURGEON MAY CONSIDER CONSULTING THE RECEIVING MEDICAL AUTHORITY WITH ANY QUESTIONS REGARDING THE DEPLOYABILITY OF THE SERVICE MEMBER, CIVILIAN OR CONTRACTOR. ADJUDICATION MAY ACCOUNT FOR SPECIFIC MEDICAL SUPPORT CAPABILITIES IN THE LOCAL REGION OF THE AOR. THE COMPONENT SURGEON WILL RETURN THE SIGNED WAIVER FORM TO THE REQUEST ORIGINATOR FOR INCLUSION IN THE PATIENT'S DEPLOYMENT MEDICAL RECORD AND THE ELECTRONIC MEDICAL RECORD (EMR).

15.C.3.B. WAIVER PROCESS. IF A MEDICAL WAIVER IS DESIRED, LOCAL MEDICAL PERSONNEL WILL INFORM THE NON-DEPLOYABLE INDIVIDUAL AND THE UNIT COMMAND/SUPERVISOR ABOUT THE WAIVER PROCESS AS FOLLOWS.

15.C.3.B.1. AUTHORIZED AGENTS (LOCAL MEDICAL PROVIDER, COMMANDER/SUPERVISOR, REPRESENTATIVE OR INDIVIDUAL MEMBER) WILL FORWARD A MEDICAL WAIVER REQUEST FORM (TAB C), TO BE ADJUDICATED BY THE APPROPRIATE SURGEON IAW PARAGRAPH 15.C.3.C. THE CASE SUMMARY PORTION OF THE WAIVER SHOULD INCLUDE A SYNOPSIS OF THE CONCERNING CONDITION(S) AND ALL SUPPORTING DOCUMENTATION TO INCLUDE THE PROVIDERS ASSESSMENT OF ABILITY TO DEPLOY.

15.C.3.B.2. DOCUMENTED DISAPPROVALS FOR VALID CONDITIONS ARE NECESSARY AND SHOULD NOT BE GIVEN TELEPHONICALLY.

15.C.3.B.3. A CENTCOM WAIVER DOES NOT PRECLUDE THE NEED FOR A SERVICE-SPECIFIC PSYCHOTROPIC MEDICATION SMALL ARMS WAIVER (E.G., US NAVY SMALL ARMS WAIVER).

15.C.3.B.4. WAIVERS FOR NON-SERVICE AFFILIATED PERSONNEL. THE CENTCOM SURGEON IS THE WAIVER AUTHORITY FOR DOD CIVILIANS, CONTRACTORS AND ORGANIZATIONS SUCH AS DEFENSE INTELLIGENCE AGENCY AND AMERICAN RED CROSS, ETC, WHO ARE NOT DIRECTLY ASSOCIATED WITH A PARTICULAR CENTCOM COMPONENT.

15.C.3.B.5. APPEAL PROCESS. IF THE SENDING UNIT DISAGREES WITH THE COMPONENT SURGEON'S DECISION, AN APPEAL MAY BE SUBMITTED TO THE CENTCOM SURGEON. IF THE DISAGREEMENT IS WITH THE CENTCOM SURGEON'S DECISION, AN APPEAL MAY BE SUBMITTED THROUGH THE CHAIN OF COMMAND TO THE CENTCOM CHIEF OF STAFF.

15.C.3.B.6. WAIVERS ARE APPROVED FOR A MAXIMUM OF 12 MONTHS OR FOR THE TIMEFRAME SPECIFIED ON THE WAIVER (TAB B). WAIVER COVERAGE BEGINS ON THE DATE OF THE INITIAL DEPLOYMENT AND REMAINS IN EFFECT FOR EITHER THE TIME PERIOD SPECIFIED ON THE WAIVER, OR A MAXIMUM TIME OF 12 MONTHS.

15.C.3.C. CONTACTS FOR WAIVERS

15.C.3.C.1. CENTCOM SURGEON. CCSG-WAIVER@CENTCOM.MIL;

CML: 813.529.0345; DSN: 312.529.0345

15.C.3.C.2. AFCENT SURGEON. USCENTAFSG.ORGBOX@AFCENT.AF.MIL;

CML: 803.895.1339; DSN: 312.965.1399 / 4380

15.C.3.C.3. ARCENT SURGEON. USARMY.SHAW.USARCENT.MBX.SURG-WAIVER@MAIL.MIL;

CML: 803.885.7946; DSN: 312.889.7946

15.C.3.C.4. MARCENT SURGEON. FORCE.SURGEON@MARCENT.USMC.MIL;

CML: 813.827.7175; DSN: 312.651.7175

15.C.3.C.5. NAVCENT SURGEON. CUSNC.MEDWAIVERS@ME.NAVY.MIL;

CML: 011.973.1785.4032; DSN: 318.439.4032

15.C.3.C.6. SOCCENT SURGEON. SOCCENT.SG@soccent.centcom.mil;

CML: 813.828.4351; DSN: 312.968.4351

15.D. PHARMACY.

15.D.1. SUPPLY. PERSONNEL WHO REQUIRE MEDICATION AND WHO ARE DEPLOYING TO THE CENTCOM AOR WILL DEPLOY WITH NO LESS THAN A 180 DAY SUPPLY (OR APPROPRIATE AMOUNT FOR SHORTER DEPLOYMENTS) OF THEIR MAINTENANCE MEDICATIONS WITH ARRANGEMENTS TO OBTAIN A SUFFICIENT SUPPLY TO COVER THE REMAINDER OF THE DEPLOYMENT USING A FOLLOW-ON REFILL PRESCRIPTION. TRICARE ELIGIBLE PERSONNEL WILL HAVE A FOLLOW-ON REFILL PRESCRIPTION ENTERED INTO THE TRICARE MAIL ORDER PHARMACY (TMOP) PER THE DEPLOYMENT PRESCRIPTION PROGRAM IAW REF Q.

15.D.2. EXCEPTIONS. EXCEPTIONS TO THE 180 DAY PRESCRIPTION QUANTITY REQUIREMENT INCLUDE:

15.D.2.A. PERSONNEL REQUIRING MALARIA CHEMOPROPHYLACTIC MEDICATIONS (E.G., DOXYCYCLINE, ATOVAQUONE/PROGUANIL, ETC.) WILL DEPLOY WITH EITHER ENOUGH MEDICATION FOR THEIR ENTIRE DEPLOYMENT OR WITH ENOUGH TO COVER APPROXIMATELY HALF OF THE DEPLOYMENT WITH PLANS TO RECEIVE THE REMAINDER OF THEIR MEDICATION IN THEATER (EXCLUDING PRIMAQUINE FOR TERMINAL PROPHYLAXIS) BASED ON UNIT PREFERENCE. UNITS WILL DISTRIBUTE TERMINAL PROPHYLAXIS UPON REDEPLOYMENT. THE DEPLOYMENT PERIOD WILL BE CONSIDERED TO INCLUDE AN ADDITIONAL 28 DAYS AFTER LEAVING THE MALARIA RISK AREA (FOR DOXYCYCLINE) OR 7 DAYS (FOR MALARONE) TO ACCOUNT FOR REQUIRED PRIMARY PROPHYLAXIS. TERMINAL PROPHYLAXIS WITH PRIMAQUINE FOR 14 DAYS SHOULD BEGIN ONCE THE INDIVIDUAL MEMBER HAS LEFT THE AREA OF MALARIA RISK.

15.D.2.B. PSYCHOTROPIC MEDICATION MAY BE DISPENSED FOR UP TO A 180 DAY SUPPLY WITH NO REFILL.

15.D.2.B.1. IF REQUIRED, THE PROVIDER MAY PRESCRIBE A LIMITED QUANTITY (I.E., AT LEAST A 90 DAY SUPPLY) WITH NO REFILLS TO FACILITATE CLINICAL FOLLOW-UP IN THEATER.

15.D.2.B.2. PSYCHOTROPIC MEDICATIONS AUTHORIZED FOR UP TO A 180 DAYS SUPPLY INCLUDE, BUT ARE NOT LIMITED TO; ANTI-DEPRESSANTS, ANTI-ANXIETY (NON CONTROLLED SUBSTANCES), NON-CLASS 2 (CII) STIMULANTS AND ANTI-SEIZURE MEDICATIONS USED FOR MOOD DISORDERS. THIS TERM ALSO ENCOMPASSES THE GENERIC EQUIVALENTS OF THE ABOVE MEDICATION CATEGORIES WHEN USED FOR NON-PSYCHOTROPIC INDICATIONS.

15.D.2.C. ALL CONTROLLED SUBSTANCES WITH THE POTENTIAL FOR DIVERSION AND ABUSE AND ANTIPSYCHOTICS (TO INCLUDE QUETIAPINE (SEROQUEL)) ARE LIMITED TO A 90 DAY SUPPLY WITH NO REFILLS. AN APPROVED WAIVER MUST BE OBTAINED FROM THE CENTCOM PROPER WAIVER AUTHORITY PRIOR TO DEPLOYMENT. CLINICAL FOLLOW-UP IN THEATER SHOULD BE SOUGHT AT THE EARLIEST OPPORTUNITY TO OBTAIN MEDICATION RENEWALS.

15.D.3. PRESCRIPTION MEDICATION ANALYSIS AND REPORTING TOOL (PMART). SOLDIER READINESS PROCESSING (SRP) AND OTHER DEPLOYMENT PLATFORM PROVIDER/PHARMACY AND UNIT MEDICAL OFFICER PERSONNEL WILL MAXIMIZE THE USE OF THE PRESCRIPTION MEDICATION ANALYSIS AND REPORTING TOOL (PMART) TO SCREEN DEPLOYING PERSONNEL FOR HIGH-RISK MEDICATIONS, IDENTIFY MEDICATIONS NOT AVAILABLE ON THE CENTCOM FORMULARY, AND OVER-THE-COUNTER AND TEMPERATURE-SENSITIVE MEDICATIONS NOT AVAILABLE THROUGH THE MAIL ORDER PHARMACY. CONTACT THE DOD PHARMACY OPERATIONS CENTER AT 1.866.275.4732 OR USARMY.JBSA.MEDCOM-AMEDDCS.MBX.PHARMACOECONOMIC-CENTER@MAIL.MIL FOR INFORMATION ON HOW TO OBTAIN A PMART REPORT. INFORMATION REGARDING PMART AS WELL AS THE CENTCOM FORMULARY CAN BE FOUND AT THE DOD PHARMACOECONOMIC CENTER WEBSITE AT: [HTTP://PEC.HA.OSD.MIL/PMART/DEFAULT.PHP](http://pec.ha.osd.mil/pmart/default.php).

15.D.4. TRICARE MAIL ORDER PHARMACY (TMOP). PERSONNEL REQUIRING ONGOING PHARMACOTHERAPY WILL MAXIMIZE USE OF THE TRICARE MAIL-ORDER PHARMACY (TMOP) SYSTEM (TO INCLUDE MEDICATIONS LISTED IN 15.D.2.B AND 15.D.2.C) WHEN POSSIBLE. THOSE ELIGIBLE FOR MOP WILL COMPLETE ON-LINE ENROLLMENT AND REGISTRATION PRIOR TO DEPLOYMENT TO THE MAXIMUM EXTENT POSSIBLE. INSTRUCTIONS AND REGISTRATION CAN BE FOUND AT [HTTP://WWW.TRICARE.MIL/PHARMACY.ASPX](http://www.tricare.mil/pharmacy.aspx).

15.E. MEDICAL EQUIPMENT.

15.E.1. PERMITTED EQUIPMENT. PERSONNEL WHO REQUIRE MEDICAL EQUIPMENT (E.G., CORRECTIVE EYEWEAR, HEARING AIDS) MUST DEPLOY WITH ALL REQUIRED ITEMS IN THEIR POSSESSION TO INCLUDE TWO PAIRS OF EYEGLASSES, PROTECTIVE MASK EYEGGLASS INSERTS, BALLISTIC EYEWEAR INSERTS, AND HEARING AID BATTERIES. SEE REF C.

15.E.2. NON-PERMITTED EQUIPMENT. PERSONAL DURABLE MEDICAL EQUIPMENT (NEBULIZERS, SCOOTERS, WHEELCHAIRS, CATHETERS, DIALYSIS MACHINES, ETC) IS NOT PERMITTED. MEDICAL MAINTENANCE, LOGISTICAL SUPPORT, AND INFECTION CONTROL PROTOCOLS FOR PERSONAL MEDICAL EQUIPMENT ARE NOT AVAILABLE AND ELECTRICITY IS OFTEN UNRELIABLE. A WAIVER FOR A MEDICAL CONDITION REQUIRING PERSONAL DURABLE MEDICAL EQUIPMENT WILL ALSO BE CONSIDERED APPLICABLE TO THE EQUIPMENT. DURABLE MEDICAL EQUIPMENT THAT IS NOT MEDICALLY COMPULSORY BUT USED FOR RELIEF OR MAINTENANCE OF A MEDICAL CONDITION WILL REQUIRE A WAIVER. MAINTENANCE AND RESUPPLY OF NON-PERMITTED EQUIPMENT IS THE RESPONSIBILITY OF THE INDIVIDUAL.

15.E.3. CONTACT LENSES.

15.E.3.A. ARMY, NAVY AND MARINE PERSONNEL WILL NOT DEPLOY WITH CONTACT LENSES EXCEPT IAW SERVICE POLICY.

15.E.3.B. AIR FORCE PERSONNEL (NON-AIRCREW) WILL NOT DEPLOY WITH CONTACT LENSES UNLESS WRITTEN AUTHORIZATION IS PROVIDED BY THE DEPLOYING UNIT COMMANDER. CONTACT LENSES ARE LIFE SUPPORT EQUIPMENT FOR USAF AIRCREWS AND THEREFORE ARE EXEMPT IAW SERVICE GUIDELINES. AIR FORCE PERSONNEL DEPLOYING WITH CONTACT LENSES MUST RECEIVE PRE-DEPLOYMENT EDUCATION IN THE SAFE WEAR AND MAINTENANCE OF CONTACT LENSES IN THE DEPLOYED ENVIRONMENT. THEY MUST ALSO DEPLOY WITH TWO PAIRS OF EYEGLASSES AND A SUPPLY OF CONTACT LENS MAINTENANCE ITEMS (E.G., CLEANSING SOLUTION) ADEQUATE FOR THE DURATION OF THE DEPLOYMENT.

15.E.4. MEDICAL ALERT TAGS. DEPLOYING PERSONNEL REQUIRING MEDICAL ALERT TAGS (E.G., MEDICATION ALLERGIES, G6PD DEFICIENCY) WILL DEPLOY WITH RED MEDICAL ALERT TAGS WORN IN CONJUNCTION WITH THEIR PERSONAL IDENTIFICATION TAGS.

15.F. IMMUNIZATIONS.

15.F.1. ADMINISTRATION. ALL IMMUNIZATIONS WILL BE GIVEN IAW REF S. REFER TO THE MILITARY VACCINE AGENCY WEBSITE [HTTP://WWW.VACCINES.MIL](http://www.vaccines.mil) OR CONTACT THE CENTCOM

MILVAX REGIONAL ANALYST BRIAN.CANTERBURY2@CENTCOM.MIL FOR QUESTIONS AND CLARIFICATIONS.

15.F.2. REQUIREMENTS. ALL PERSONNEL (TO INCLUDE PCS AND SHIPBOARD PERSONNEL) TRAVELING FOR ANY PERIOD OF TIME TO THE THEATER WILL BE CURRENT WITH ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES (ACIP) IMMUNIZATION GUIDELINES AND SERVICE INDIVIDUAL MEDICAL READINESS (IMR) REQUIREMENTS IAW REF C. IN ADDITION, ALL TDY PERSONNEL MUST COMPLY WITH THE FOREIGN CLEARANCE GUIDE FOR THE COUNTRIES TO WHICH THEY ARE TRAVELING. MANDATORY VACCINES FOR DOD PERSONNEL (MILITARY, CIVILIAN & CONTRACTORS) TRAVELING FOR ANY PERIOD OF TIME IN THEATER ARE:

15.F.2.A. TETANUS/DIPHThERIA. RECEIVE A ONE-TIME DOSE OF TDAP IF NO PREVIOUS DOSE(S) RECORDED. RECEIVE TETANUS TD IF \geq 10 YEARS SINCE LAST TDAP OR TETANUS TD BOOSTER.

15.F.2.B. VARICELLA. REQUIRED DOCUMENTATION OF ONE OF THE FOLLOWING: BORN BEFORE 1980 (ASSUMED IMMUNITY EXCEPT FOR HEALTH CARE WORKERS), DOCUMENTED HISTORY OF DISEASE BY THE PROVIDER WHO TREATED THE MEMBER AT THAT TIME (EITHER BY AN EPIDEMIOLOGIC LINK OR LABORATORY CONFIRMATION), SUFFICIENT VARICELLA TITER, OR ADMINISTRATION OF VACCINE (2 DOSES). SEE REF II.

15.F.2.C. MEASLES / MUMPS / RUBELLA. IT IS TO BE ASSUMED THAT ALL INDIVIDUALS BORN BEFORE 1957 ARE IMMUNE AND DO NOT REQUIRE THE IMMUNIZATIONS. DOCUMENTATION OF IMMUNITY BY TITER OR IMMUNIZATION RECORDS OF 2 ADULT DOSES ARE REQUIRED FOR ALL OTHER DEPLOYERS. IMMUNITY AGAINST MUMPS IS NOT NECESSARY AS A MILITARY REQUIREMENT, BUT MAY BE APPROPRIATE IN EXCEPTIONAL CLINICAL CIRCUMSTANCES SUCH AS OUTBREAKS.

15.F.2.D. POLIO-IPV. SINGLE ADULT BOOSTER IS REQUIRED FOR TRAVEL ONLY TO AFGHANISTAN OR PAKISTAN. EITHER OPV OR IPV QUALIFY AS AN ADULT BOOSTER. IT IS TO BE ASSUMED THAT ALL POST-ACCESSION MILITARY PERSONNEL ARE IMMUNE AND DO NOT REQUIRE THIS BOOSTER. DOCUMENTATION OF IMMUNITY BY TITER OR IMMUNIZATION RECORDS IS REQUIRED FOR ALL CIVILIAN DEPLOYERS.

15.F.2.E. SEASONAL INFLUENZA (INCLUDING EVENT-SPECIFIC INFLUENZA, E.G., H1N1).

15.F.2.F. HEPATITIS A. AT LEAST ONE DOSE PRIOR TO DEPLOYMENT WITH SUBSEQUENT COMPLETION OF SERIES IN THEATER.

15.F.2.G. HEPATITIS B. AT LEAST ONE DOSE PRIOR TO DEPLOYMENT WITH SUBSEQUENT COMPLETION OF SERIES IN THEATER.

15.F.2.H. TYPHOID. BOOSTER DOSE OF TYPHIM VI VACCINE IF GREATER THAN TWO YEARS SINCE LAST VACCINATION WITH INACTIVATED / INJECTABLE VACCINE OR GREATER THAN FIVE YEARS SINCE RECEIPT OF LIVE / ORAL VACCINE. ORAL VACCINE (VIVOTIF) IS AN ACCEPTABLE ALTERNATIVE IF TIME ALLOWS FOR RECEIPT AND COMPLETION OF ALL FOUR DOSES PRIOR TO DEPLOYMENT.

15.F.3. ANTHRAX. PERSONNEL WITHOUT A MEDICAL CONTRAINDICATION TRAVELING IN THE CENTCOM THEATER FOR 15 DAYS OR MORE WILL COMPLY WITH THE MOST CURRENT DOD ANTHRAX REQUIREMENTS, CURRENTLY A SERIES OF 5 VACCINES AND ANNUAL BOOSTERS. SEE REF N, T, U AND V AND EXCEPTIONS FOR VACCINATION IN 15.F.6.

15.F.3.A. MILITARY PERSONNEL. REQUIRED.

15.F.3.B. DOD CIVILIANS. REQUIRED AT GOVERNMENT EXPENSE, FOR EMERGENCY ESSENTIAL PERSONNEL IAW REF T.

15.F.3.C. DOD CONTRACTORS. REQUIRED AT GOVERNMENT EXPENSE AS DIRECTED IN THE CONTRACT.

15.F.3.D. VOLUNTEERS. VOLUNTARY AT GOVERNMENT EXPENSE.

15.F.4. SMALLPOX. PERSONNEL WITHOUT A MEDICAL CONTRAINDICATION TRAVELING IN THE CENTCOM THEATER FOR 15 DAYS OR MORE WILL COMPLY WITH MOST CURRENT DOD SMALLPOX REQUIREMENTS. WARNING: VARICELLA AND SMALLPOX VACCINATIONS MUST BE GIVEN 28 DAYS APART TO DIFFERENTIATE BETWEEN POTENTIAL ADVERSE EVENTS. IF BOTH ARE REQUIRED, VARICELLA VACCINE IS THE PRIORITY OVER SMALLPOX IN THE PREDEPLOYMENT PHASE, AND THE SMALLPOX VACCINE SHOULD BE RECEIVED IN THEATER 28 DAYS LATER. SEE REF T, U AND W AND EXCEPTIONS FOR VACCINATION IN 15.F.6. ADDITIONAL INFORMATION AVAILABLE AT [HTTP://WWW.SMALLPOX.MIL](http://www.smallpox.mil).

15.F.4.A. MILITARY PERSONNEL. REQUIRED.

15.F.4.B. DOD CIVILIANS. REQUIRED.

15.F.4.C. DOD CONTRACTORS. REQUIRED AT GOVERNMENT EXPENSE.

15.F.4.D. VOLUNTEERS. VOLUNTARY AT GOVERNMENT EXPENSE.

15.F.4.E. MEDICAL TEMPORARY VACCINATION WAIVER. PERSONNEL HAVING A CLOSE CONTACT WITH CONTRAINDICATIONS FOR THE SMALLPOX (VACCINIA) VACCINATION MAY BE GIVEN UP TO A 30 DAY MEDICAL TEMPORARY WAIVER FOR SMALLPOX VACCINATION AND WILL BE VACCINATED AT THE DEPLOYED LOCATION. INCLUDE THE SMALLPOX SCREENING QUESTIONNAIRE AS PART OF THEIR DD FORM 2766, DEPLOYED MEDICAL RECORD AND EMR.

15.F.5. RABIES. FOR PRE-DEPLOYMENT PLANNING PURPOSES ONLY, RABIES PRE-EXPOSURE VACCINATION SERIES MAY BE CONSIDERED FOR PERSONNEL WHO ARE NOT EXPECTED TO BE ABLE TO RECEIVE PROMPT MEDICAL EVALUATION AND RISK-BASED RABIES POST-EXPOSURE PROPHYLAXIS WITHIN 72 HOURS OF EXPOSURE TO A POTENTIALLY RABID ANIMAL. BOOSTER DOSES ARE REQUIRED EVERY TWO YEARS OR WHEN TITERS INDICATE. EXCEPTIONS MAY BE IDENTIFIED BY UNIT SURGEONS.

15.F.5.A. HIGH RISK PERSONNEL. PRE-EXPOSURE VACCINATION IS REQUIRED FOR VETERINARY PERSONNEL, MILITARY WORKING DOG HANDLERS, ANIMAL CONTROL PERSONNEL, CERTAIN SECURITY PERSONNEL, CIVIL ENGINEERS OCCUPATIONALLY AT RISK OF EXPOSURE TO RABID ANIMALS, AND LABORATORY PERSONNEL WHO WORK WITH RABIES SUSPECT SAMPLES.

15.F.5.B. SPECIAL OPERATIONS FORCES (SOF)/SOF ENABLERS. ALL PERSONNEL DEPLOYING IN SUPPORT OF SOF WILL BE ADMINISTERED THE PRE-EXPOSURE RABIES VACCINE SERIES AS INDICATED BELOW.

15.F.5.B.1. AFGHANISTAN. PERSONNEL WITH PRIMARY DUTIES OUTSIDE OF FIXED BASES.

15.F.5.B.2. PAKISTAN. ALL PERSONNEL.

15.F.5.B.3. OTHER AREAS. PER USSOCOM SERVICE-SPECIFIC POLICIES. CONTACT USSOCOM PREVENTIVE MEDICINE OFFICER AT DSN (312) 299-5051 FOR MORE INFORMATION.

15.F.6. EXCEPTIONS. REQUIRED IMMUNIZATIONS WILL BE ADMINISTERED PRIOR TO DEPLOYMENT, WITH THE FOLLOWING POSSIBLE EXCEPTIONS:

15.F.6.A. THE FIRST VACCINE IN A REQUIRED SERIES MUST BE ADMINISTERED PRIOR TO DEPLOYMENT WITH ARRANGEMENTS MADE FOR SUBSEQUENT IMMUNIZATIONS TO BE GIVEN IN THEATER.

15.F.6.B. IAW REF X, ANTHRAX AND SMALLPOX VACCINATIONS MAY BE ADMINISTERED UP TO 120 DAYS PRIOR TO DEPLOYMENT. IT IS HIGHLY ADVISABLE TO GET THE FIRST TWO ANTHRAX IMMUNIZATIONS OR SUBSEQUENT DOSE/BOOSTER PRIOR TO DEPLOYMENT IN ORDER TO AVOID UNNECESSARY STRAIN ON THE DEPLOYED HEALTHCARE SYSTEM.

15.F.7. ADVERSE MEDICAL EVENTS RELATED TO IMMUNIZATIONS SHOULD BE REPORTED THROUGH REPORTABLE MEDICAL EVENTS (RME) IF CASE DEFINITIONS ARE MET. ALL IMMUNIZATION RELATED UNEXPECTED ADVERSE EVENTS ARE TO BE REPORTED THROUGH THE VACCINE ADVERSE EVENTS REPORTING SYSTEM (VAERS) AT

[HTTP://WWW.VAERS.HHS.GOV](http://www.vaers.hhs.gov).

15.F.8. USCENTCOM AND COMPONENTS WILL MONITOR IMMUNIZATION COMPLIANCE VIA THE COCOM IMMUNIZATION REPORTING DATABASE. SUBORDINATE COMMANDS WILL REQUEST ACCESS TO THE COCOM IMMUNIZATION REPORTING DATABASE BY CONTACTING CCSG AT BRIAN.CANTERBURY2@CENTCOM.MIL OR CCSG-PMO@CENTCOM.SMIL.MIL.

15.G. MEDICAL / LABORATORY TESTING.

15.G.1. HIV TESTING. HIV LAB TESTING, WITH DOCUMENTED NEGATIVE RESULT, WILL BE WITHIN 120 DAYS PRIOR TO DEPLOYMENT OR DEPARTURE FOR ANY REQUIRED DEPLOYMENT TRAINING IF TRAINING IS EN ROUTE TO DEPLOYMENT LOCATION. IAW REF Y, HIV INFECTION IS A NON-DEPLOYABLE CONDITION.

15.G.2. SERUM SAMPLE. SAMPLE WILL BE TAKEN WITHIN THE PREVIOUS 365 DAYS. IF THE INDIVIDUAL'S HEALTH STATUS HAS RECENTLY CHANGED OR HAS HAD AN ALTERATION IN OCCUPATIONAL EXPOSURES THAT INCREASES HEALTH RISKS, A HEALTH CARE PROVIDER MAY CHOOSE TO HAVE A SPECIMEN DRAWN CLOSER TO THE ACTUAL DATE OF DEPLOYMENT. SEE REF Z.

15.G.3. G6PD TESTING. DOCUMENTATION OF ONE-TIME GLUCOSE-6-PHOSPHATE DEHYDROGENASE (G6PD) DEFICIENCY TESTING IS IAW REF AA. ENSURE RESULT IS IN MEDICAL RECORD OR DRAW PRIOR TO DEPARTURE. PRE-DEPLOYMENT MEDICAL SCREENER WILL RECORD THE RESULT OF THIS TEST IN THE SERVICE MEMBER'S PERMANENT MEDICAL RECORD, DEPLOYMENT MEDICAL RECORD (DD FORM 2766) AND SERVICE SPECIFIC ELECTRONIC MEDICAL RECORD. (REF AA DODI 6465.1) IF AN INDIVIDUAL IS FOUND TO BE G6PD-DEFICIENT, THEY SHOULD BE ISSUED MEDICAL ALERT TAGS (RED DOG TAGS) THAT STATE "G6PD DEFICIENT: NO PRIMAQUINE". IF PRIMAQUINE IS GOING TO BE ISSUED TO A DOD CIVILIAN OR DOD CONTRACTOR, COMPLETE THE TESTING AT GOVERNMENT EXPENSE.

15.G.4. HCG. REQUIRED WITHIN 30 DAYS OF DEPLOYMENT FOR ALL WOMEN. THOSE WOMEN WITH A DOCUMENTED HISTORY OF A HYSTERECTOMY ARE EXEMPT. PREGNANCY WILL BE RULED OUT PRIOR TO ANY IMMUNIZATION (EXCEPT INFLUENZA) AND MEDICAL CLEARANCE FOR DEPLOYMENT.

15.G.5. DNA SAMPLE. REQUIRED FOR ALL DOD PERSONNEL, INCLUDING CIVILIANS AND CONTRACTORS. OBTAIN SAMPLE OR CONFIRM SAMPLE IS ON FILE BY CONTACTING THE DOD DNA SPECIMEN REPOSITORY (COMM: 301.319.0366, DSN: 285; FAX 301.319.0369); [HTTP://WWW.AFMES.MIL](http://www.afmes.mil) . SEE REF C AND BB.

15.G.6. TUBERCULOSIS (TB) TESTING.

15.G.6.A. TUBERCULOSIS TESTING FOR SERVICE MEMBERS WILL BE PERFORMED AND DOCUMENTED IAW CURRENT SERVICE POLICY. DOD CIVILIANS, CONTRACTORS, VOLUNTEERS AND OTHER PERSONNEL WILL BE TESTED FOR TB WITHIN 90 DAYS OF DEPLOYMENT IAW REF J AND CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) GUIDELINES. ONE PURPOSE OF SUCH TESTING IS TO RULE OUT PREVIOUSLY UNIDENTIFIED LATENT TB INFECTION (LTBI) IN ORDER TO ENSURE ADEQUATE TREATMENT WAS EITHER COMPLETED OR OFFERED. THE OTHER PURPOSE IS TO DOCUMENT A NEGATIVE TEST IN ORDER TO DETECT NEW INFECTION FROM TRANSMISSION DURING DEPLOYMENT. IF TESTING IS PERFORMED, TUBERSOL® BRAND TUBERCULIN SKIN TEST (TST) IS PREFERRED. IN THE EVENT OF A TUBERSOL® SHORTAGE, APLISOL® BRAND TST OR AN INTERFERON-GAMMA RELEASE ASSAY (IGRA, I.E., QUANTIFERON® GOLD IN TUBE OR THE T-SPOT® TB) MAY BE USED.

15.G.6.B. POSITIVE TB TESTS WILL BE HANDLED IAW SERVICE POLICY AND CDC GUIDELINES. PERSONNEL WITH A POSITIVE TB TEST SHOULD BE EVALUATED AND COUNSELED. THIS EVALUATION WILL INCLUDE AT LEAST A SYMPTOM QUESTIONNAIRE FOR TB DISEASE, EXPOSURE HISTORY AND CHEST X-RAY.

15.G.6.C. THE DECISION TO TREAT LTBI IN U.S. FORCES AND CIVILIANS DURING DEPLOYMENT INSTEAD OF AFTER REDEPLOYMENT SHOULD INCLUDE CONSIDERATION OF THE RISKS AND

BENEFITS OF TREATMENT DURING DEPLOYMENT, INCLUDING: RISK OF ACTIVATION OF TB, RISK OF ADVERSE EVENTS FROM LTBI TREATMENT, TIME REMAINING IN DEPLOYMENT, AVAILABILITY OF MEDICAL PERSONNEL TRAINED IN LTBI TREATMENT, AVAILABILITY OF FOLLOW-UP DURING TREATMENT, AND AVAILABILITY OF MEDICATION. LACK OF TREATMENT FOR LTBI IS NOT A CONTRAINDICATION FOR DEPLOYMENT INTO THE CENTCOM AOR AND NO WAIVERS ARE REQUIRED FOR A DIAGNOSIS OF LTBI IF APPROPRIATE EVALUATION AND COUNSELING, AS NOTED ABOVE, IS COMPLETED.

15.G.6.D. UNIT-BASED / LARGE GROUP OR INDIVIDUAL LTBI TESTING SHOULD NOT BE PERFORMED IN THE AOR EXCEPT AMONG CLOSE CONTACTS OF CASES OF KNOWN TB DISEASE.

15.G.6.E. U.S. FORCES AND DOD CIVILIANS WITH TB DISEASE WILL BE EVACUATED FROM THEATER FOR DEFINITIVE TREATMENT. EVALUATION AND TREATMENT OF TB AMONG U.S. CONTRACTORS, LOCAL NATIONALS (LN) AND THIRD COUNTRY NATIONAL (TCN) EMPLOYEES WILL BE AT CONTRACTOR EXPENSE. EMPLOYEES WITH SUSPECTED OR CONFIRMED PULMONARY TB DISEASE WILL BE EXCLUDED FROM WORK UNTIL CLEARED BY THE THEATER PREVENTIVE MEDICINE CONSULTANT FOR RETURN TO WORK.

15.G.7. OTHER LABORATORY TESTING. OTHER TESTING MAY BE PERFORMED AT THE CLINICIAN'S DISCRETION COMMENSURATE WITH RULING OUT NON-DEPLOYABLE CONDITIONS AND ENSURING PERSONNEL MEET STANDARDS OF FITNESS IAW PARAGRAPH 15.C.2.

15.H. HEALTH ASSESSMENTS.

15.H.1. HEALTH ASSESSMENTS AND EXAMS. PERIODIC HEALTH ASSESSMENTS MUST BE CURRENT IAW SERVICE POLICY AT TIME OF DEPLOYMENT AND SPECIAL DUTY EXAMS MUST BE CURRENT FOR THE DURATION OF TRAVEL OR DEPLOYMENT PERIOD. SEE REF C, J.

15.H.2. PRE-DEPLOYMENT HEALTH ASSESSMENT (DD FORM 2795).

15.H.2.A. ALL DOD PERSONNEL (MILITARY, CIVILIAN, CONTRACTOR) TRAVELING TO THE THEATER FOR MORE THAN 30 DAYS WILL COMPLETE OR CONFIRM AS CURRENT A PRE-DEPLOYMENT HEALTH ASSESSMENT WITHIN 120 DAYS OF THE EXPECTED DEPLOYMENT DATE IAW REF R. THIS ASSESSMENT WILL BE COMPLETED ON A DD FORM 2795 IAW DODI 6490.03. THIS DOES NOT APPLY TO PCS PERSONNEL, SHIPBOARD PERSONNEL OR PERSONNEL LOCATED WITH A DHP FUNDED FIXED MEDICAL TREATMENT FACILITY (E.G. BAHRAIN) IAW REF C.

15.H.2.A.1. PERSONNEL TRAVELING TO THE THEATER FOR 15 OR MORE DAYS BUT LESS THAN 30 DAYS ARE ENCOURAGED TO COMPLETE A PRE-DEPLOYMENT HEALTH ASSESSMENT IN ORDER TO DOCUMENT THEIR HEALTH STATUS AND ADDRESS ANY HEALTH CONCERNS PRIOR TO TRAVEL TO THEATER. THIS IS ESPECIALLY RELEVANT TO THOSE WHOSE POSITION REQUIRES FREQUENT TRAVEL TO THE AOR. THESE INDIVIDUALS ARE ENCOURAGED TO COMPLETE AT LEAST ONE PRE-DEPLOYMENT HEALTH ASSESSMENT EACH YEAR, ALONG WITH A CORRESPONDING POST-DEPLOYMENT HEALTH ASSESSMENT FOR THE SAME YEAR.

15.H.2.B. FOLLOWING COMPLETION OF THE DD FORM 2795, A TRAINED HEALTH CARE PROVIDER (NURSE, MEDICAL TECHNICIAN, MEDIC OR CORPSMAN) WILL IMMEDIATELY REVIEW IT. POSITIVE RESPONSES TO QUESTIONS 2, 4, 5 OR 8 (ON THE UPDATED DD FORM 2795) REQUIRES REFERRAL TO AN INDEPENDENT PRACTITIONER (PHYSICIAN, PHYSICIAN ASSISTANT, NURSE PRACTITIONER, ADVANCED PRACTICE NURSE, INDEPENDENT DUTY CORPSMAN, INDEPENDENT DUTY MEDICAL TECHNICIAN, OR SPECIAL FORCES MEDICAL SERGEANT).

15.H.2.C. THE COMPLETED ORIGINAL DD FORM 2795 WILL BE PLACED IN THE DEPLOYING PERSON'S PERMANENT MEDICAL RECORD, A PAPER COPY IN THE DEPLOYMENT MEDICAL RECORD (DD FORM 2766), AND TRANSMIT AN ELECTRONIC COPY TO THE DEFENSE MEDICAL SURVEILLANCE SYSTEM (DMSS) AT THE ARMED FORCES HEALTH SURVEILLANCE CENTER

(AFHSC). CONTRACT PERSONNEL ARE NOT REQUIRED TO ELECTRONICALLY SUBMIT THE DD FORM 2795; A PAPER VERSION WILL SUFFICE.

15.H.3. AUTOMATED NEUROPSYCHOLOGICAL ASSESSMENT METRIC (ANAM).

ALL SERVICE MEMBERS AS DESIGNATED IN REF FF AT

[HTTP://WWW.DTIC.MIL/WHS/DIRECTIVES/CORRES/PDF/649013P.PDF](http://www.dtic.mil/whs/directives/corres/pdf/649013p.pdf) WILL UNDERGO ANAM TESTING WITHIN 12 MONTHS PRIOR TO DEPLOYMENT. ANAM TESTING WILL BE RECORDED IN APPROPRIATE SERVICE DATABASE AND ELECTRONIC MEDICAL RECORD. CONTRACTORS, PCS AND SHIPBOARD PERSONNEL ARE NOT REQUIRED TO UNDERGO ANAM TESTING.

15.H.4. POST-DEPLOYMENT HEALTH ASSESSMENT (DD FORM 2796).

15.H.4.A. ALL PERSONNEL WHO WERE REQUIRED TO COMPLETE A PRE-DEPLOYMENT HEALTH ASSESSMENT WILL COMPLETE A POST-DEPLOYMENT HEALTH ASSESSMENT ON A DD FORM 2796. THE POST-DEPLOYMENT HEALTH ASSESSMENT MUST BE COMPLETED NO EARLIER THAN 30 DAYS BEFORE EXPECTED REDEPLOYMENT DATE AND NO LATER THAN 30 DAYS AFTER REDEPLOYMENT.

15.H.4.A.1. INDIVIDUALS WHO WERE NOT REQUIRED TO COMPLETE A PRE-DEPLOYMENT HEALTH ASSESSMENT, BUT WHO COMPLETED ONE TO COVER MULTIPLE TRIPS TO THEATER EACH OF 30 DAYS OR LESS DURATION, SHOULD COMPLETE A POST-DEPLOYMENT HEALTH ASSESSMENT AT LEAST ONCE A YEAR TO DOCUMENT ANY POTENTIAL EXPOSURES OF CONCERN RESULTING FROM ANY SUCH TRAVEL AND THE POTENTIAL NEED FOR MEDICAL FOLLOW-UP.

15.H.4.B. ALL REDEPLOYING PERSONNEL WILL UNDERGO A PERSON-TO-PERSON HEALTH ASSESSMENT WITH AN INDEPENDENT PRACTITIONER. THE ORIGINAL COMPLETED COPY OF THE DD FORM 2796 MUST BE PLACED IN THE INDIVIDUAL'S MEDICAL RECORD AND TRANSMIT AN ELECTRONIC COPY TO THE DMSS AT THE AFHSC. CONTRACT PERSONNEL ARE NOT REQUIRED TO ELECTRONICALLY SUBMIT THE DD FORM 2796; A PAPER VERSION WILL SUFFICE.

15.H.5. MENTAL HEALTH ASSESSMENT. ALL SERVICE MEMBERS WILL UNDERGO A PERSON-TO-PERSON MENTAL HEALTH ASSESSMENT WITH A LICENSED MENTAL HEALTH PROFESSIONAL OR TRAINED AND CERTIFIED HEALTH CARE PERSONNEL (SPECIFICALLY A PHYSICIAN, PHYSICIAN ASSISTANT, NURSE PRACTITIONER, ADVANCED PRACTICE NURSE, INDEPENDENT DUTY CORPSMAN, SPECIAL FORCES MEDICAL SERGEANT, INDEPENDENT DUTY MEDICAL TECHNICIAN OR INDEPENDENT HEALTH SERVICES TECHNICIAN). TO ENSURE CONSISTENCY OF THESE ASSESSMENTS, MANDATORY SELF-DIRECTED TRAINING FOR DEPLOYMENT MENTAL HEALTH ASSESSMENTS IS AVAILABLE AT: [HTTP://FHPR.OSD.MIL/MENTALHEALTHASSESSMENT](http://fhpr.osd.mil/mentalhealthassessment). THESE ASSESSMENTS WILL BE ACCOMPLISHED WITHIN 120 DAYS PRIOR TO DEPLOYMENT AND WITHIN 3 TIMEFRAMES (3-6, 7-18, AND 18-30 MONTHS) AFTER REDEPLOYMENT. THESE MENTAL HEALTH ASSESSMENTS WILL BE ADMINISTERED AT LEAST 90 DAYS APART. CURRENTLY ADMINISTERED PERIODIC AND OTHER PERSON-TO-PERSON HEALTH ASSESSMENTS, SUCH AS THE POST-DEPLOYMENT HEALTH REASSESSMENT, WILL MEET THE TIME REQUIREMENTS IF THEY CONTAIN ALL PSYCHOLOGICAL AND SOCIAL QUESTIONS IAW REF P.

15.H.5.A. THIS DOES NOT DIRECTLY APPLY TO DOD CONTRACTORS UNLESS SPECIFIED IN THE CONTRACT OR THERE IS A CONCERN FOR A MENTAL HEALTH ISSUE. ALL RELATED MENTAL HEALTH EVALUATIONS WILL BE AT THE CONTRACTOR'S EXPENSE.

15.H.6. POST-DEPLOYMENT HEALTH RE-ASSESSMENT (DD FORM 2900). ALL PERSONNEL WHO WERE REQUIRED TO COMPLETE A PRE- AND POST-DEPLOYMENT HEALTH ASSESSMENT WILL COMPLETE A POST-DEPLOYMENT HEALTH REASSESSMENT (DD FORM 2900) 90 TO 180 DAYS AFTER RETURN TO HOME STATION. SEE [WWW.PDHEALTH.MIL](http://www.pdhealth.mil) FOR ADDITIONAL INFORMATION ON PRE- AND POST-DEPLOYMENT HEALTH ASSESSMENTS. CONTRACT PERSONNEL ARE NOT REQUIRED TO ELECTRONICALLY SUBMIT THE DD FORM 2900; A PAPER VERSION WILL SUFFICE.

15.I. MEDICAL RECORD. SEE REF C.

15.I.1. DEPLOYED MEDICAL RECORD. THE DD FORM 2766, ADULT PREVENTIVE AND CHRONIC CARE FLOWSHEET, OR EQUIVALENT, WILL BE USED INSTEAD OF DEPLOYING AN INDIVIDUAL'S ENTIRE MEDICAL RECORD.

15.I.1.A. DEPLOYED PERSONNEL (MORE THAN 30 DAYS). DD2766 IS REQUIRED.

15.I.1.B. TDY PERSONNEL (15 – 30 DAYS). DD FORM 2766 IS HIGHLY ENCOURAGED, ESPECIALLY FOR THOSE WHO TRAVEL FREQUENTLY TO THEATER, TO DOCUMENT THEATER-SPECIFIC VACCINES AND CHEMOPROPHYLAXIS, AS REQUIRED.

15.I.1.C. TDY PERSONNEL (LESS THAN 15 DAYS). DD2766 IS NOT REQUIRED.

15.I.1.D. PCS PERSONNEL. FOLLOW SERVICE GUIDELINES FOR MEDICAL RECORD MANAGEMENT.

15.I.2. MEDICAL INFORMATION. THE FOLLOWING HEALTH INFORMATION MUST BE PART OF AN ACCESSIBLE ELECTRONIC MEDICAL RECORD FOR ALL PERSONNEL (SERVICE MEMBERS, CIVILIANS AND CONTRACTORS), OR BE HAND-CARRIED AS PART OF A DEPLOYED MEDICAL RECORD:

15.I.2.A. ANNOTATION OF BLOOD TYPE AND RH FACTOR, G6PD, HIV, AND DNA.

15.I.2.B. CURRENT MEDICATIONS AND ALLERGIES. INCLUDE ANY FORCE HEALTH PROTECTION PRESCRIPTION PRODUCT (FHPPP) PRESCRIBED AND DISPENSED TO AN INDIVIDUAL.

15.I.2.C. SPECIAL DUTY QUALIFICATIONS.

15.I.2.D. ANNOTATION OF CORRECTIVE LENS PRESCRIPTION.

15.I.2.E. SUMMARY SHEET OF CURRENT AND PAST MEDICAL AND SURGICAL CONDITIONS.

15.I.2.F. MOST RECENT DD FORM 2795, PREDEPLOYMENT HEALTH ASSESSMENT.

15.I.2.G. DOCUMENTATION OF DENTAL STATUS CLASSES I OR CLASS II.

15.I.2.H. IMMUNIZATION RECORD. MEDICAL DEPLOYMENT SITES WILL ENTER IMMUNIZATION DATA INTO SERVICE ELECTRONIC TRACKING SYSTEMS, (ARMY-MEDPROS, AIR FORCE-AFCITA, COAST GUARD-MRRS, NAVY-MRRS (ASHORE) OR SAMS (AFLOAT) AND MARINE CORPS-MRRS). DEPLOYMENT SITES WILL NOT ENTER DOD CONTRACTOR IMMUNIZATION DATA INTO THE MEDICAL HEALTH SYSTEM RESOURCE UNLESS THEY ARE AUTHORIZED DOD MEMBERS (I.E. RETIRED, DEPENDENTS, GUARD OR RESERVE).

15.I.2.I. ALL APPROVED MEDICAL WAIVERS.

15.J. PRE-DEPLOYMENT TRAINING. SEE REF C.

15.J.1. SCOPE. GENERAL ISSUES TO BE ADDRESSED. INFORMATION REGARDING KNOWN AND SUSPECTED HEALTH RISKS AND EXPOSURES, HEALTH RISK COUNTERMEASURES AND THEIR PROPER EMPLOYMENT, PLANNED ENVIRONMENTAL AND OCCUPATIONAL SURVEILLANCE MONITORING, AND THE OVERALL OPERATIONAL RISK MANAGEMENT PROGRAM.

15.J.2. CONTENT. SHOULD INCLUDE, BUT NOT BE LIMITED TO, THE FOLLOWING AREAS: COMBAT/OPERATIONAL STRESS CONTROL AND RESILIENCE; POST-TRAUMATIC STRESS AND SUICIDE PREVENTION; MILD TRAUMATIC BRAIN INJURY RISK, IDENTIFICATION AND TRACKING; NUCLEAR, BIOLOGICAL, CHEMICAL THREATS; ENDEMIC PLANT, ANIMAL, REPTILE AND INSECT HAZARDS AND INFECTIONS; COMMUNICABLE DISEASES; VECTORBORNE DISEASES; ENVIRONMENTAL CONDITIONS; SAFETY; OCCUPATIONAL HEALTH.

15.K. MEDICAL CBRN DEFENSE MATERIEL (MCDM) / CHEMICAL BIOLOGICAL RADIOLOGICAL NUCLEAR (CBRN) RESPONSE.

15.K.1. MCDM ITEMS. TO PROTECT AGAINST CBRN THREATS WITHIN THE AOR, DEPLOYING UNITS WILL ENSURE THE AVAILABILITY OF THE FOLLOWING TYPES AND QUANTITIES OF MCDM ITEMS FOR ALL DEPLOYERS. CONTRACTORS WILL RECEIVE THESE ITEMS PER THEIR CONTRACT.

15.K.1.A. ANTIDOTE TREATMENT NERVE AGENT AUTOINJECTOR (ATNAA) (6505-01-362-7427); THREE EACH PER DEPLOYING INDIVIDUAL.

15.K.1.B. DIAZEPAM INJECTION (CONVULSANT ANTIDOTE NERVE AGENT - CANA) (6505-01-274-0951); ONE EACH PER DEPLOYING INDIVIDUAL.

15.K.1.C. M291A SKIN DECONTAMINATION KIT OR REACTIVE SKIN DECONTAMINATION LOTION (RSDL). ONE M291A KIT OR ONE POUCH CONTAINING 3 PACKETS OF RSDL PER DEPLOYING INDIVIDUAL.

15.K.1.D. DEPLOYING UNITS WILL PROVIDE MEMBERS WITH EITHER CIPROFLOXIN 500MG TABS OR DOXYCYCLINE 100MG TABS; SIX TABS (BLISTER PACKS PREFERABLE) PER DEPLOYING INDIVIDUAL OF EITHER MEDICATION (REGARDLESS OF CHOICE, ENSURE ADEQUATE SUPPLY OF SECOND MEDICATION TO ACCOMMODATE INTOLERANCE TO THE DRUG OF FIRST CHOICE). THIS COVERS AN INITIAL DOSAGE TO SUPPORT PROPHYLAXIS AND/OR TREATMENT FOR THREE DAYS PER INDIVIDUAL. THIS DOES NOT PRECLUDE UNITS FROM HAVING THE REMAINING STOCKS ON HAND TO COMPLETE A 30 DAY COURSE OF MEDICATION (60 TABLETS) AND UNITS SHOULD PLAN ACCORDINGLY GIVEN MISSION REQUIREMENTS. ADDITIONALLY, THOSE INDIVIDUALS USING DOXYCYCLINE FOR MALARIA PROPHYLAXIS MAY BE CONSIDERED TO BE COVERED FOR THESE REMAINING DOSES.

15.K.1.E. INDIVIDUAL DEPLOYERS RECEIVING MCDM ITEMS DURING PRE-DEPLOYMENT PROCESSING WILL TURN IN THESE ITEMS TO THEIR UNIT UPON ARRIVAL IN THE AOR.

15.K.2. CBRN COUNTERMEASURES.

15.K.2.A. TO PROTECT AGAINST POSSIBLE AND POTENTIALLY INDICATED CBRN THREATS WITHIN THE AOR, SERVICE COMPONENTS WILL BPT ACQUIRE AND ISSUE, IAW SERVICE POLICY OR ON ORDER FROM THE CENTCOM COMMANDER, THE FOLLOWING TYPES AND QUANTITIES OF MCDM ITEMS FOR THEIR IN-THEATER FORCES.

15.K.2.B. PYRIDOSTIGMINE BROMIDE (PB) 30MG TABS (SOMAN NERVE AGENT PRETREATMENT PYRIDOSTIGMINE - SNAPP); 42 TABLETS PER DEPLOYED INDIVIDUAL.

15.K.2.B.1. POTASSIUM IODIDE (KI) TABLETS (FOR BETA/GAMMA RADIATION EXPOSURE); 14 TABS PER DEPLOYED INDIVIDUAL.

15.K.2.B.2. SERVICE COMPONENTS AND/OR JTFS WITH BASE OPERATING SUPPORT (BOS) RESPONSIBILITY FOR BASES IN THEATER THAT ARE KEY TRANSPORTATION AND SUPPORT NODES WILL ENSURE ADEQUATE AMOUNTS OF THE MCDM ITEMS LISTED IN PARAGRAPH 15.K. ARE PRE-POSITIONED AND STORED TO SUPPORT THE TRANSIENT POPULATION (NON DEPLOYERS, PCS PERSONNEL, ETC.) THAT MAY RESIDE OR BE PRESENT AT THESE LOCATIONS FOR ANY PERIOD OF TIME AND ANY INDIVIDUAL DEPLOYERS NOT ATTACHED TO A TROOP UNIT MOVEMENT.

15.L. THEATER FORCE HEALTH PROTECTION.

15.L.1. DISEASE RISK ASSESSMENT.

15.L.1.A. MALARIA RISK ASSESSMENT AND GUIDELINES. IN THE ABSENCE OF A LOCAL RISK ASSESSMENT CONDUCTED IAW THE GUIDANCE PROVIDED IN PARAGRAPH 15.L.1.B., THE FOLLOWING COUNTRIES AND TIMEFRAMES REQUIRE CHEMOPROPHYLAXIS. THESE ARE MINIMUM REQUIREMENTS.

15.L.1.A.1. AFGHANISTAN: YEAR ROUND.

15.L.1.A.2. PAKISTAN: YEAR ROUND.

15.L.1.A.3. TAJIKISTAN: APRIL THROUGH OCTOBER.

15.L.1.A.4. YEMEN: YEAR ROUND.

15.L.1.B. LOCAL COMPONENT/JTF SURGEONS ARE ENCOURAGED TO CONDUCT EVIDENCE-BASED ENTOMOLOGICAL AND EPIDEMIOLOGICAL ASSESSMENTS OF MALARIA RISK AT FIXED BASES WHERE SIGNIFICANT NUMBERS OF PERSONNEL ARE ASSIGNED FOR PROLONGED PERIODS. IN CONDUCTING SUCH A RISK ASSESSMENT, SURGEONS SHOULD REVIEW THE MOST RECENT ASSESSMENTS AND RISK MAPS PRODUCED BY THE NATIONAL CENTER FOR MEDICAL INTELLIGENCE (NCMI). THIS INFORMATION CAN BE ACCESSED ON UNCLASSIFIED

WEBSITE [HTTPS://WWW.INTELINK.GOV/NCMI/INDEX.PHP](https://www.intelink.gov/ncmi/index.php). PRODUCTS CAN ALSO BE ACCESSED ON SIPRNET WEBSITE [HTTP://WWW.AFMIC.DIA.SMIL.MIL](http://www.afmic.dia.smil.mil). BASED ON NCMI RISK ASSESSMENTS AND IN CONSULTATION WITH THE THEATER PREVENTIVE MEDICINE CONSULTANT, RECOMMENDATIONS FOR MODIFIED CHEMOPROPHYLAXIS POLICY WILL BE PROVIDED TO COMMANDERS USING THE FOLLOWING GUIDELINES. SEE REF DD.

15.L.1.B.1. AREAS WHERE THE PROJECTED ATTACK RATES ARE 1-10 PERCENT PER MONTH OR GREATER: CHEMOPROPHYLAXIS IS REQUIRED.

15.L.1.B.2. AREAS WHERE THE PROJECTED ATTACK RATE IS "A SMALL NUMBER OF CASES (LESS THAN 1 PER 100 PER MONTH)": MALARIA CHEMOPROPHYLAXIS IS GENERALLY INDICATED FOR FIELD OPERATIONS AND RURAL EXPOSURES.

15.L.1.B.3. AREAS WHERE NCMI ASSESSES THE PROJECTED ATTACK RATE TO BE "RARE CASES (LESS THAN 1 PER 1000 PER MONTH)", CHEMOPROPHYLAXIS IS NOT ALWAYS INDICATED. PERSONAL PROTECTIVE MEASURES MAY PROVIDE SUFFICIENT PROTECTION. THE DECISION TO USE CHEMOPROPHYLAXIS SHOULD BE BASED ON SPECIFIC MISSION PARAMETERS.

15.L.1.B.4. MANEUVER FORCES WITH INTERMITTENT AND UNPREDICTABLE EXPOSURES TO RISK AREAS SHOULD EMPLOY CHEMOPROPHYLAXIS BASED ON THE HIGHEST RISK AREAS. UNITS AND INDIVIDUALS WITH VERY SHORT TERM EXPOSURE (I.E., AIRCREW NOT STATIONED IN THE AOR) SHOULD HAVE RISK AND CHEMOPROPHYLAXIS USE DETERMINED IAW SERVICE POLICY.

15.L.1.B.5. THE LOCAL COMPONENT/JTF POLICIES WILL BE SENT TO THE USCENTCOM SURGEON'S OFFICE AT CCSG-PMO@CENTCOM.SMIL.MIL AND STORED ON THE COMMAND SURGEON HOME PAGE UNDER THE FORCE HEALTH PROTECTION LINK, UNDER THE SUB-LINK MALARIA POLICIES.

15.L.2. MALARIA CHEMOPROPHYLAXIS UTILIZATION.

15.L.2.A. ALL THERAPEUTIC/CHEMOPROPHYLACTIC MEDICATIONS, INCLUDING ANTIMALARIALS AND MCDM WILL BE PRESCRIBED IAW FDA GUIDELINES, REF C, CC, DD, EE, LL AND MM.

15.L.2.B. DOXYCYCLINE OR ATOVAQUONE/PROGUANIL (MALARONE®) IS ACCEPTABLE AS THE PRIMARY MALARIA CHEMOPROPHYLACTIC AGENT. UNITS MAY SELECT BASED ON UNIT UNIFORMITY, SIDE-EFFECT PROFILE, PHARMACOKINETICS, INDIVIDUAL TOLERANCE, OR DESIRE FOR SIDE BENEFITS SUCH AS THE ANTIBACTERIAL ACTIVITY OF DOXYCYCLINE, AS WELL AS COST (MALARONE® IS SIGNIFICANTLY MORE EXPENSIVE THAN DOXYCYCLINE). INDIVIDUALS WITH CONTRAINDICATIONS TO DOXYCYCLINE AND ATOVAQUONE/PROGUANIL MAY BE PRESCRIBED MEFLOROQUINE ONCE SCREENED FOR ANY CONTRAINDICATIONS AND SHOULD BE CONSIDERED THE DRUG OF LAST RESORT. MEFLOROQUINE SHOULD BE USED WITH CAUTION IN PERSONS WITH A HISTORY OF TBI, PTSD AND CONTRAINDICATED IN PERSONNEL WITH PSYCHIATRIC DIAGNOSIS, SPECIFICALLY DEPRESSION, SCHIZOPHRENIA AND ANXIETY DISORDERS. EACH MEFLOROQUINE PRESCRIPTION WILL BE ISSUED WITH A WALLET CARD AND CURRENT FDA SAFETY INFORMATION INDICATING THE POSSIBILITY THAT THE NEUROLOGIC SIDE EFFECTS MAY PERSIST OR BECOME PERMANENT IAW REF MM. OTHER FDA APPROVED AGENTS MAY BE USED TO MEET SPECIFIC SITUATIONAL REQUIREMENTS.

15.L.2.C. PERSONNEL SHOULD DEPLOY WITH THEIR MALARIA CHEMOPROPHYLAXIS FOLLOWING ONE OF TWO OPTIONS: THEY MAY DEPLOY WITH THEIR ENTIRE PRIMARY PROPHYLAXIS COURSE IN HAND (EXCLUDING TERMINAL PRIMAQUINE) OR WITH ENOUGH MEDICATION TO COVER HALF OF THE DEPLOYMENT WITH PLANS TO RECEIVE THE REMAINDER OF THEIR MEDICATION IN THEATER BASED ON UNIT PREFERENCE. UNITS WILL DISTRIBUTE TERMINAL PROPHYLAXIS (PRIMAQUINE) UPON REDEPLOYMENT. A COMPLETE COURSE OF PRIMARY PROPHYLAXIS INCLUDES: THE ENTIRE IN THEATER AT-RISK PERIOD (AS DEFINED IN SECTION 15.L.1.B.); THE PRE-EXPOSURE PERIOD (BEGINS 2 DAYS PRIOR TO

ENTERING THE RISK AREA FOR DOXYCYCLINE AND MALARONE®, 2 WEEKS FOR MEFLOQUINE); AND THE POST EXPOSURE PROPHYLAXIS PERIOD (4 WEEKS OF DOXYCYCLINE OR MEFLOQUINE AFTER LEAVING THE AT RISK AREA, OR 1 WEEK OF MALARONE®). TERMINAL PROPHYLAXIS IS REQUIRED FOR ALL PERSONNEL EXCEPT THOSE WITH G6PD DEFICIENCY AND CONSISTS OF TAKING PRIMAQUINE FOR 2 WEEKS AFTER LEAVING THE RISK AREA.

15.L.2.D. TERMINAL PROPHYLAXIS WITH PRIMAQUINE IS INDICATED FOR ALL COUNTRIES IN THE USCENTCOM AOR WHERE P. VIVAX AND P. OVALE MALARIA ARE TRANSMITTED AND WHERE PRIMARY CHEMOPROPHYLAXIS WAS ADMINISTERED (UNLESS SPECIFICALLY STATED BY LOCAL COMPONENT/JTF SURGEON GUIDANCE). INDIVIDUALS WHO ARE NOTED TO BE G6PD-DEFICIENT, IAW PARAGRAPH 15.G.3., WILL NOT BE PRESCRIBED PRIMAQUINE. INDIVIDUALS SHOULD REMAIN ON MALARIA CHEMOPROPHYLAXIS UNTIL SUCH TIME THAT THEY CAN BEGIN PRIMAQUINE AND THEN CONTINUE BOTH FOR THE PRESCRIBED DURATION. PROVIDERS SHOULD BE AWARE THAT PRIMAQUINE DOSING RECOMMENDATIONS OFTEN REFER TO THE BASE INGREDIENT (PRIMAQUINE PHOSPHATE 26.3MG TABLETS CONTAIN 15MG OF PRIMAQUINE BASE). WHILE THE CDC RECOMMENDED DOSE FOR TERMINAL PROPHYLAXIS IS NOT FDA APPROVED, DOSING DECISIONS ARE UP TO THE PRESCRIBING PROVIDERS DISCRETION IN CONSULTATION WITH THE MEMBER ON RISKS AND BENEFITS OF SEPARATE DOSING REGIMENS.

15.L.2.E. INFORM PERSONNEL THAT MISSING ONE DOSE OF MEDICATION OR NOT USING THE DOD INSECT REPELLENT SYSTEM WILL PLACE THEM AT INCREASED RISK FOR MALARIA.

15.L.2.F. COMMANDERS AND SUPERVISORS AT ALL LEVELS WILL ENSURE THAT ALL INDIVIDUALS THEY ARE RESPONSIBLE FOR HAVE TERMINAL PROPHYLAXIS ISSUED TO THEM IMMEDIATELY UPON REDEPLOYMENT FROM THE AT RISK MALARIA AREA(S).

15.L.3. PERSONAL PROTECTIVE MEASURES. A SIGNIFICANT RISK OF DISEASE CAUSED BY INSECTS AND TICKS EXISTS YEAR-ROUND IN THE AOR. THE THREAT OF DISEASE WILL BE MINIMIZED BY USING THE DOD INSECT REPELLANT SYSTEM AND BED NETS;
[HTTP://WWW.AFPMB.ORG](http://www.afpmb.org). SEE REF CC.

15.L.3.A. PERMETHRIN TREATMENT OF UNIFORMS. UNIFORMS ARE AVAILABLE FOR ISSUE WHICH ARE FACTORY-TREATED WITH PERMETHRIN. THE UNIFORM LABEL INDICATES WHETHER IT IS FACTORY TREATED. UNIFORMS WHICH ARE NOT FACTORY TREATED SHOULD BE TREATED WITH THE INDIVIDUAL DYNAMIC ABSORPTION (IDA) KIT (NSN: 6840-01-345-0237) OR 2 GALLON SPRAYER PERMETHRIN TREATMENT. BOTH ARE EFFECTIVE FOR APPROXIMATELY 50 WASHINGS. A MATRIX OF WHICH UNIFORMS MAY BE EFFECTIVELY TREATED IS AVAILABLE ON THE AFPMB WEBSITE AT [HTTP://WWW.AFPMB.ORG](http://www.afpmb.org).

15.L.3.B. APPLY DEET CREAM (NSN: 6840-01-284-3982) TO EXPOSED SKIN. ONE APPLICATION LASTS 6-12 HOURS; MORE FREQUENT APPLICATION IS REQUIRED IF HEAVY SWEATING AND/OR IMMERSION IN WATER. A SECOND OPTION IS 'SUNSECT CREAM' (20% DEET/SPF 15), NSN: 6840-01-288-2188.

15.L.3.C. WEAR TREATED UNIFORM PROPERLY TO MINIMIZE EXPOSED SKIN (SLEEVES DOWN AND PANTS TUCKED INTO BOOTS).

15.L.3.D. USE PERMETHRIN TREATED BEDNETS PROPERLY IN AT RISK AREAS TO MINIMIZE EXPOSURE DURING REST/SLEEP PERIODS. PERMETHRIN TREATED POP UP BEDNETS ARE AVAILABLE: NSN 3740-01-516-4415

15.L.4. HEALTH SURVEILLANCE. SEE REF C AND GG.

15.L.4.A. JOINT MEDICAL WORKSTATION (JMEWS) THROUGH MSAT AT [HTTPS://MSAT.FHP.SMIL.MIL/PORTAL](https://msat.fhp.smil.mil/portal)

15.L.4.A.1. DEPLOYED UNITS WILL USE JMEWS AS THE PRIMARY DATA ENTRY POINT FOR DISEASE AND INJURY (DI) REPORTING. UNITS WILL ENSURE ALL SUBORDINATE UNITS COMPLETE JOINING AND DEPARTING REPORTS AS REQUIRED WITHIN JMEWS. SHIPBOARD

UNITS SHOULD UTILIZE SAMS OR TMIP-M FOR DI REPORTING AND FIXED MTF'S SHOULD UTILIZE AHLTA.

15.L.4.A.2. UNITS WILL COORDINATE JMEWS TRAINING PRIOR TO DEPLOYMENT FOR APPROPRIATE PERSONNEL TO THE MAXIMUM EXTENT POSSIBLE. CURRENTLY, THE ARMY USES MC4 TRAINERS TO TRAIN JMEWS, THE AIR FORCE USES THEATER MEDICAL INFORMATION PROGRAM (TMIP-AF). INFORMATION MANAGERS, OTHER SERVICES DO NOT HAVE DIRECTED TRAINERS AT THIS TIME.

15.L.4.B. DI SURVEILLANCE, SEE REF JJ.

15.L.4.B.1. THE LIST OF DI REPORTING CATEGORIES, THEIR DEFINITIONS, AND THE ESSENTIAL ELEMENTS OF THE STANDARD DI REPORT CAN BE FOUND IN ENCLOSURE C OF REF GG.

15.L.4.B.2. COMPONENT AND JTF SURGEONS ARE RESPONSIBLE FOR ENSURING UNITS WITHIN THEIR AOR ARE COLLECTING THE PRESCRIBED DI DATA AND REPORTING THAT DATA THROUGH THE JMEWS OR OTHER STANDARDIZED REPORTING PROCESSES ON A WEEKLY BASIS.

15.L.4.B.3. MEDICAL PERSONNEL AT ALL LEVELS WILL ANALYZE THE DI DATA FROM THEIR UNIT AND THE UNITS SUBORDINATE TO THEM AND MAKE CHANGES AND RECOMMENDATIONS AS REQUIRED TO REDUCE DI AND MITIGATE THE EFFECTS OF DI UPON OPERATIONAL READINESS.

15.L.4.C. OCCUPATIONAL AND ENVIRONMENTAL HEALTH SURVEILLANCE (OEHSA)

15.L.4.C.1. AUTHORITY. AN OEHSA IS A JOINT APPROVED PRODUCT USED TO PROVIDE A COMPREHENSIVE ASSESSMENT OF BOTH OCCUPATIONAL AND ENVIRONMENTAL HEALTH HAZARDS ASSOCIATED WITH DEPLOYMENT LOCATIONS AND ACTIVITIES AND MISSIONS THAT OCCUR THERE ESTABLISHED BY REF D AND GG.

15.L.4.C.2 TIMEFRAME. AN OEHSA IS INITIATED WITHIN 30 DAYS OF DATE OF ESTABLISHMENT AND COMPLETED WITHIN THREE MONTHS FOR ALL PERMANENT AND SEMI-PERMANENT BASE CAMPS. OEHSA ARE CONDUCTED TO VALIDATE ACTUAL OR POTENTIAL HEALTH THREATS, EVALUATE EXPOSURE PATHWAYS, AND DETERMINE COURSES OF ACTION AND COUNTERMEASURES TO CONTROL OR REDUCE THE HEALTH THREATS AND PROTECT THE HEALTH OF DEPLOYED PERSONNEL.

15.L.4.C.3. CLASSIFICATION/PUBLICATION/ACCESS. OEHSA WILL BE SENT BY THE COMPLETING THROUGH THE DESIGNATED SERVICE COMPONENT OR JTF PM/FHP OFFICER FOR REVIEW AND SUBMITTED DIRECTLY TO THE DEFENSE OCCUPATIONAL AND ENVIRONMENTAL READINESS SYSTEM (DOEHR) AT [HTTPS://DOEHRS-IH.CSD.DISA.MIL/](https://doehrs-ih.csd.disa.mil/). SEE APPENDIX J TO REFERENCE JJ FOR DOEHR REQUIREMENTS. IF THE SUBMITTER DOES NOT HAVE ACCESS TO DOEHR SUBMIT THE OEHSA TO THE MILITARY EXPOSURE SURVEILLANCE LIBRARY (MESL) [HTTPS://MESL.APGEA.ARMY.MIL/MESL/](https://mesl.apgea.army.mil/mesl/). IF THE MESL IS NOT AVAILABLE, EMAIL THE DOCUMENT TO OEHS.DATA@US.ARMY.MIL. CLASSIFIED EXPOSURE DATA SHOULD BE SUBMITTED DIRECTLY TO MESL-S [HTTPS://MESL.CSD.DISA.SMIL.MIL/](https://mesl.csd.disa.smil.mil/). IF ACCESS TO THE MESL-S IS NOT AVAILABLE, EMAIL THE DOCUMENT TO OEHS@USACHPPM.ARMY.SMIL.MIL.

15.L.4.C.4. RESPONSIBILITIES. SERVICE COMPONENTS AND JTFS ARE RESPONSIBLE FOR APPROVING OEHSA COMPETITION AND WILL SUBMIT A MONTHLY REPORT IAW PROCEDURES OUTLINED IN REFERENCE JJ.

15.L.4.D. PERIODIC OCCUPATIONAL AND ENVIRONMENTAL MONITORING SUMMARY (POEMS).

15.L.4.D.1. AUTHORITY. POEMS IS A JOINT APPROVED PRODUCT USED TO ADDRESS ENVIRONMENTAL EXPOSURE DOCUMENTATION REQUIREMENTS ESTABLISHED BY REF D AND GG.

15.L.4.D.2. TIMEFRAME. POEMS WILL BE CREATED AND VALIDATED FOR EVERY MAJOR DEPLOYMENT SITE AS SOON AS SUFFICIENT DATA IS AVAILABLE. IN GENERAL, POEMS ARE A SUMMARY OF INFORMATION REFLECTING A YEAR OR MORE OF ENVIRONMENTAL AND

OCCUPATIONAL HEALTH DATA TO ENSURE ADEQUATE COLLECTION OF EXPOSURE INFORMATION.

15.L.4.D.3. CLASSIFICATION/PUBLICATION/ACCESS. POEMS WILL BE UNCLASSIFIED BUT POSTED ON THE PASSWORD PROTECTED DEPLOYMENT OCCUPATIONAL AND ENVIRONMENTAL HEALTH SURVEILLANCE DATA PORTAL AT <HTTPS://MESL.APGEA.ARMY.MIL/MESL/> WHERE JOINT OCCUPATIONAL AND ENVIRONMENTAL HEALTH SURVEILLANCE DATA AND REPORTS ARE STORED. THE POEMS TEMPLATE CAN BE FOUND AT <HTTP://PHC.AMEDD.ARMY.MIL>.

15.L.4.D.4. RESPONSIBILITIES. SERVICE COMPONENTS AND JTFS ARE RESPONSIBLE FOR ENSURING POEMS ARE COMPLETED FOR SITES IN THEIR RESPECTIVE AOR. THEY SHOULD DEVELOP SITE PRIORITIZATION LISTS AND ENLIST THE SUPPORT OF SERVICE PUBLIC HEALTH ORGANIZATIONS (E.G., U.S. ARMY PUBLIC HEALTH COMMAND (USAPHC)) TO DRAFT THE CONTENT OF A SITE POEMS. THE USAPHC OVERSEES THE DATA ARCHIVAL WEBSITE FOR PUBLICATION OF FINAL POEMS AND ASSOCIATED DOCUMENTS; HOWEVER, APPROVAL OF "FINAL" POEMS MUST COME FROM THE SERVICE COMPONENT/JTF FHP OFFICER WITH INPUT FROM PREVENTIVE MEDICINE RESOURCES IN DIRECT OR GENERAL AREA SUPPORT.

15.L.5. REPORTABLE MEDICAL EVENT (RME) SURVEILLANCE. SEE REF I, JJ.

15.L.5.A. THE LIST OF DISEASES AND CONDITIONS THAT MUST BE REPORTED CAN BE FOUND IN THE TRI-SERVICE REPORTABLE EVENTS GUIDELINES AND CASE DEFINITIONS AT <HTTP://WWW.AFHSC.MIL>

15.L.5.B. COMPONENT AND JTF SURGEONS ARE RESPONSIBLE FOR ENSURING UNITS WITHIN THEIR AO ARE COLLECTING THE APPROPRIATE RME DATA AND REPORTING THAT DATA THROUGH THEIR SERVICE SPECIFIC REPORTING MECHANISMS.

15.L.5.B.1. IT IS ONLY REQUIRED TO COPY CCSG FOR THE FOLLOWING RMES AT CCSG-PMO@CENTCOM.SMIL.MIL OR CCSG-WAIVER@CENTCOM.MIL: ANTHRAX; BOTULISM; CBRN AND TOXIC INDUSTRIAL CHEMICAL/ MATERIAL (TIC/TIM) OEH EXPOSURE; COLD WEATHER/HEAT INJURIES; DENGUE FEVER; HANTAVIRUS DISEASE; HEMORRHAGIC FEVER; HEPATITIS B OR C, ACUTE; HIV; MALARIA; MEASLES; MENINGOCOCCAL DISEASE; MIDDLE EASTERN RESPIRATORY SYNDROME CORONAVIRUS (MERS-COV); NOROVIRUS; OUTBREAK OR DISEASE CLUSTER; PLAGUE; PNEUMONIA, EOSINOPHILIC; Q- FEVER; RABIES, HUMAN; SEVERE ACUTE RESPIRATORY INFECTIONS (SARI); STREPTOCOCCUS, INVASIVE GROUP A; TETANUS; TUBERCULOSIS, ACTIVE; TULAREMIA; TYPHOID FEVER; VARICELLA.

15.L.5.C. RME REPORTING IS TO OCCUR AS SOON AS REASONABLY POSSIBLE AFTER THE EVENT HAS OCCURRED. EVENTS WITH BIOTERRORISM POTENTIAL OR RAPID OUTBREAK POTENTIAL ARE CONSIDERED URGENT RME AND IMMEDIATE REPORTING IS REQUIRED (WITHIN FOUR HOURS).

15.L.6. HEALTH RISK COMMUNICATION. SEE REF C.

15.L.6.A. DURING ALL PHASES OF DEPLOYMENT, PROVIDE HEALTH INFORMATION TO EDUCATE, MAINTAIN FIT FORCES, AND CHANGE HEALTH RELATED BEHAVIORS FOR THE PREVENTION OF DISEASE AND INJURY DUE TO RISKY PRACTICES AND UNPROTECTED EXPOSURES.

15.L.6.B. CONTINUAL HEALTH RISK ASSESSMENTS ARE ESSENTIAL ELEMENTS OF THE HEALTH RISK COMMUNICATION PROCESS DURING THE DEPLOYMENT PHASE. MEDICAL PERSONNEL AT ALL LEVELS WILL PROVIDE WRITTEN AND ORAL RISK COMMUNICATION PRODUCTS TO COMMANDERS AND DEPLOYED PERSONNEL FOR MEDICAL THREATS, COUNTERMEASURES TO THOSE THREATS, AND THE NEED FOR ANY MEDICAL FOLLOW-UP.

15.L.6.C. DI, RME AND OCCUPATIONAL AND ENVIRONMENTAL HEALTH (OEH) RISK ASSESSMENTS WITH RECOMMENDED COUNTERMEASURES WILL BE PROVIDED TO

COMMANDERS AND DEPLOYED PERSONNEL ON A REGULAR BASIS AS WELL AS A SITUATIONAL BASIS WHEN A SIGNIFICANT CHANGE IN ANY ASSESSMENT OCCURS.

15.L.7. HEALTH CARE MANAGEMENT.

15.L.7.A. ALL CENTCOM CLINICAL PRACTICE GUIDELINES (CPGS) MAY BE OBTAINED AT THE UNITED STATES ARMY INSTITUTE OF SURGICAL RESEARCH (USAISR) WEBSITE AT [HTTP://WWW.USAISR.AMEDD.ARMY.MIL/CLINICAL_PRACTICE_GUIDELINES.HTML](http://www.usaisr.amedd.army.mil/clinical_practice_guidelines.html).

15.L.7.B. DOCUMENTATION OF ALL MEDICAL AND DENTAL CARE RECEIVED WHILE DEPLOYED WILL BE IAW CENTCOM MEDICAL INFORMATION MANAGEMENT GUIDELINES. SEE REF KK.

15.L.7.C. IT IS A COMMANDER'S RESPONSIBILITY TO ENSURE THAT ALL PERSONNEL POTENTIALLY AFFECTED BY A BLAST OR OTHER POTENTIALLY CONCUSSIVE EVENT (PCE) ARE EVALUATED FOR TRAUMATIC BRAIN INJURY (TBI) BY A MEDICAL PROVIDER AND DOCUMENTATION IS COMPLETED IAW REF NN.

15.L.8. UNIT MASCOTS AND PETS.

15.L.8.A. LOCAL ANIMALS (E.G., LIVESTOCK, CATS, DOGS, BIRDS, REPTILES, ARACHNIDS, AND INSECTS) ARE CARRIERS AND RESERVOIRS FOR MULTIPLE DISEASES TO INCLUDE LEISHMANIASIS, RABIES, Q FEVER, LEPTOSPIROSIS, AVIAN INFLUENZA AND DIARRHEAL DISEASE.

15.L.8.B. PER CENTCOM GENERAL ORDER 1.C, DEPLOYED PERSONNEL WILL AVOID CONTACT WITH LOCAL ANIMALS IN THE DEPLOYED SETTING AND WILL NOT FEED, ADOPT OR INTERACT WITH THEM IN ANY WAY.

15.L.8.C. ANY CONTACT WITH LOCAL ANIMALS, WHETHER INITIATED OR NOT, THAT RESULTS IN A BITE, SCRATCH OR POTENTIAL EXPOSURE TO THE ANIMAL'S BODILY FLUIDS (SALIVA, VENOM, ETC.) WILL BE IMMEDIATELY REPORTED TO THE CHAIN OF COMMAND AND MEDICAL PERSONNEL FOR EVALUATION AND FOLLOW-UP.

15.L.9. FOOD AND WATER SOURCES.

15.L.9.A. ALL WATER (INCLUDING ICE) IS CONSIDERED NON-POTABLE UNTIL TESTED AND APPROVED BY APPROPRIATE MEDICAL PERSONNEL (ARMY PREVENTIVE MEDICINE, AIR FORCE BIOENVIRONMENTAL ENGINEERING, INDEPENDENT DUTY MEDICAL TECHNICIAN/CORPSMAN). COMMERCIAL SOURCES OF DRINKING WATER MUST ALSO BE APPROVED BY THE U.S. ARMY PUBLIC HEALTH COMMAND.

15.L.9.B. NO FOOD SOURCES WILL BE UTILIZED UNLESS INSPECTED AND APPROVED BY U.S. ARMY PUBLIC HEALTH COMMAND (I.E. VETERINARY PERSONNEL).

15.L.9.C. COMMANDERS WILL ENSURE THE NECESSARY SECURITY TO PROTECT WATER AND FOOD SUPPLIES AGAINST TAMPERING BASED ON RECOMMENDATIONS PROVIDED IN FOOD/WATER VULNERABILITY ASSESSMENTS. MEDICAL PERSONNEL WILL PROVIDE CONTINUAL VERIFICATION OF QUALITY AND PERIODIC INSPECTION OF STORAGE AND PREPARATION FACILITIES.

15.L.10. ENVIRONMENTAL EXPOSURES OF CONCERN.

15.L.10.A. COLD INJURY RISK WILL DEPEND ON THE SPECIFIC REGION. HYPOTHERMIA, A LIFE-THREATENING CONDITION, MOSTLY OCCURS UP TO 55 DEGREES FAHRENHEIT AIR TEMPERATURE. RISK OF COLD INJURY INCREASES FOR PERSONS WHO ARE IN POOR PHYSICAL CONDITION, DEHYDRATED, WET OR AT INCREASED ALTITUDE. COUNTERMEASURES INCLUDE PROPER WEAR OF CLOTHING AND COVER. EXPOSED SKIN IS MORE LIKELY TO DEVELOP FROSTBITE. ENSURE CLOTHING IS CLEAN, LOOSE, LAYERED AND DRY. COVER THE HEAD TO CONSERVE HEAT.

15.L.10.B. HEAT STRESS/ SOLAR INJURIES/ILLNESS. HEAT INJURIES MAY BE THE GREATEST OVERALL THREAT TO MILITARY PERSONNEL DEPLOYED TO WARM CLIMATES. ACCLIMATIZATION TO INCREASED TEMPERATURE AND HUMIDITY MAY TAKE 10 TO 14 DAYS. HEAT INJURIES CAN INCLUDE DEHYDRATION, SUNBURN, HEAT SYNCOPE, HEAT EXHAUSTION

AND HEAT STROKE. ENSURE PROPER WORK-REST CYCLES, ADEQUATE HYDRATION, AND COMMAND EMPHASIS ON HEAT INJURY PREVENTION. ENSURE AVAILABILITY AND USE OF INDIVIDUAL PROTECTION SUPPLIES AND EQUIPMENT SUCH AS SUNSCREEN, LIP BALM, SUN GOGGLES/GLASSES, AND POTABLE WATER.

15.L.10.C. ALTITUDE. OPERATIONS AT HIGH ALTITUDES (OVER 9888 FT) CAN CAUSE A SPECTRUM OF ILLNESSES, INCLUDING ACUTE MOUNTAIN SICKNESS; HIGH ALTITUDE PULMONARY EDEMA, HIGH ALTITUDE CEREBRAL EDEMA, OR RED BLOOD CELL SICKLING IN SERVICE MEMBERS WITH SICKLE CELL TRAIT. ASCEND GRADUALLY, IF POSSIBLE. TRY NOT TO GO DIRECTLY FROM LOW ALTITUDE TO >9,888 FT (3,013 M) IN ONE DAY. A HEALTH CARE PROVIDER MAY PRESCRIBE ACETAZOLAMIDE (DIAMOX) OR DEXAMETHASONE (DECADRON) TO SPEED ACCLIMATIZATION IF ABRUPT ASCENT IS UNAVOIDABLE. TREAT AN ALTITUDE HEADACHE WITH SIMPLE ANALGESICS; MORE SERIOUS COMPLICATIONS REQUIRE OXYGEN AND IMMEDIATE DESCENT.

15.L.10.D. GOOD FIELD SANITATION PRACTICES ARE ESSENTIAL TO MAINTAIN FORCE HEALTH. THEY INCLUDE: FREQUENT HANDWASHING, PROPER DENTAL CARE, CLEAN AND DRY CLOTHING (ESPECIALLY SOCKS, UNDERWEAR, AND BOOTS), BATHING AND DENTAL CARE WITH WATER FROM A POTABLE SOURCE. CHANGE SOCKS FREQUENTLY, FOOT POWDER HELPS PREVENT FUNGAL INFECTIONS.

15.M. ALL OTHER INSTRUCTIONS AND GUIDANCE SPECIFIED IN INITIAL POLICY MESSAGE REMAIN IN EFFECT. MOD ELEVEN IS NOW INVALID.

15.N. THE USCENTCOM POC FOR PREVENTIVE MEDICINE/FORCE HEALTH PROTECTION IS CCSG, DSN 312-529-0345; COMM: 813-529-0345; SIPR: CCSG-PMO@CENTCOM.SMIL.MIL OR DUNCAN.GILLIES@CENTCOM.SMIL.MIL; NIPR: CCSG-WAIVER@CENTCOM.MIL OR DUNCAN.GILLIES@CENTCOM.MIL//

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