



DEPARTMENT OF THE ARMY
OFFICE OF THE SURGEON GENERAL
5109 LEESBURG PIKE
FALLS CHURCH, VA 22041-3258

REPLY TO
ATTENTION OF

07 JUL 2005

DASG-ZB

MEMORANDUM FOR COMMANDERS, MEDCOM REGIONAL MEDICAL
COMMANDS

SUBJECT: Medical Screening of Personnel Mobilized for Deployment or Deployed in
Support of Contingency Operations (Predeployment Screening Requirements)

1. The purpose of this memorandum is to provide guidance to be applied uniformly to all components across the Army on the medical screening of personnel mobilized for deployment or deployed in support of contingency operations.
2. The readiness and mobilization processing requirements are referenced in AR 600-8-101 and listed on the Soldier Readiness Processing (SRP) checklist DA Form 7425. The SRP requirements have been agreed upon by the HQDA-level policy proponents and are applicable to active component, reserve component, and civilian personnel. At a minimum, mobilization and predeployment screening requirements must be IAW the enclosure "Procedural Guidance for the Medical Screening of Soldiers Mobilized for Deployment or Deployed in Support of Contingency Operations."
3. The following screening actions/tests are a subset of the SRP checklist that require interpretation to determine fitness and may lead to the assessment of non-deployability:
 - a. Review of the Medical Record/DA Form 7349 (Annual Medical Certificate).
 - b. Completion of DD Form 2795, Pre-deployment Health Assessment, within 30 days of deployment.
 - c. HIV test within two years of deployment.
 - d. Pregnancy test within one month of deployment.
 - e. Tuberculosis Skin Test (TST) within one year of deployment to high-risk regions.
 - f. Reference Audiogram, DD Form 2215 or DD2216 Periodic Audiogram (within 12 months).
 - g. Vision readiness screening within one year of deployment.

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4. Although a current periodic medical examination is not required incident to mobilization in support of contingency operations, it is a key element in determining the readiness of a Soldier. Providers screening Soldiers without a current periodic physical exam should strongly consider ordering age- and gender-appropriate screening tests.

5. Additional screening tests will not be applied to populations of Soldiers without prior approval of the Assistant Surgeon General for Force Projection.

6. Paragraph 5-14, AR 40-501, Standards of Medical Fitness, contains guidance on medical fitness standards for deployment. Department of the Army Personnel Policy Guidance (PPG) published by the Army G-1, Operations Division (Mobilization Policy) (<http://www.armyg1.army.mil/militarypersonnel/ppg.asp>) outlines additional deployment requirements. A third source of deployment requirements is theater-specific guidance published by the Combatant Command Surgeon. CENTCOM guidance is available via SIPRNET at <http://recluse.centcom.smil.mil/cgsc/>. Requirements will be distributed to Major Subordinate Commands and Reserve Component Surgeons to ensure awareness and adherence.

7. Medical standards for deployment are meant as general guidelines. Medical guidance is critical in advising commanders and assignment officers of potential problems, physical limitations, and potential situations that could be harmful to the Soldier and/or those with whom the Soldier serves, and is provided in the form of physical profiles (permanent and temporary). The final recommendation on deployability is based on clinical judgment and commander input, which considers the geographical area in which the Soldier will be assigned and the potential environmental/austere conditions to which the Soldier may be subjected.

8. If there is medical evidence to believe a Soldier has a medical condition that would render him non-deployable according to AR 40-501, Chapter 5-14, additional screening tests that have not been already performed may be ordered by a provider based on the health assessment of an individual Soldier. This must be clearly documented in the record and, if done at the mobilization site, on the DD Form 2795 (Pre-deployment Screening), so that this information can be utilized to update the medical status of the Soldier.

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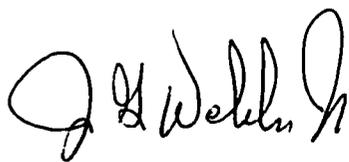
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9. All Soldiers are required to maintain their readiness. MACOM Commanders are responsible for the readiness of their Soldiers and medical screening IAW AR 600-8-101. The Army National Guard (ARNG) and US Army Reserve Command (USARC) are responsible for medically screening their forces prior to mobilization. Soldiers who do not meet medical retention standards IAW AR 40-501, Chapter 3, will not be sent to the mobilization station and will be referred for fitness determination IAW paragraphs 9-10 (USARC) and 10-26 (ARNG).

10. If the Soldier is mobilized for deployment, home station screening should include deployment-specific and theater-specific guidance as outlined in paragraph 6 above. When Reserve Component units complete medical SRP requirements at home station to standards outlined in paragraph 2 above and the enclosure, and document these requirements appropriately (MEDPROS for IMR , medical record for medical condition clearance) mobilization station medical staff should validate and accept the completed requirements at the mobilization station. Any readiness requirement that is identified at the mobilization station as incomplete or not completed to standard will be completed within the first 25 days of arrival at the mobilization station. For maximum use of training time, it is strongly encouraged that readiness requirements are met prior to arrival at the mobilization station. In instances where portions of the Home Station Screening were incomplete or not completed to standard, documentation and feedback will be provided to the Home Station as well as to the mobilization station Garrison Commander.

11. Our point of contact is LTC David Sproat, DSN 761-0102.

FOR THE SURGEON GENERAL:



JOSEPH G. WEBB, JR.
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Encl
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PROCEDURAL GUIDANCE FOR THE MEDICAL SCREENING OF SOLDIERS
MOBILIZED FOR DEPLOYMENT OR DEPLOYED
IN SUPPORT OF CONTINGENCY OPERATIONS

1. References.

- a. Army Regulation 600–8–101, Personnel Processing (In-, Out-, Soldier Readiness, Mobilization, and Deployment Processing), 18 July 2003.
- b. Army Regulation 40-501, Standards of Medical Fitness, 1 February 2005.
- c. Department of the Army Personnel Policy Guidance, <http://www.armyg1.army.mil/militarypersonnel/ppg.asp>.
- d. HQDA ALARACT Message 138/2003, Soldier Readiness Processing and Checklist Policy, 17 November 2003.
- e. Memorandum, Assistant Secretary of Defense, Health Affairs, Policy: 04-007 HIV Interval Testing, 29 March 2004, <http://www.ha.osd.mil/policies/2004/04-007.pdf>.

2. The following medical screening will be completed for Soldiers mobilized for deployment or deployed in support of contingency operations:

a. Baseline Immunization Readiness. It is very important not to “over-vaccinate.” Do NOT give vaccines unless there is clearly a need to do so. If a Soldier has missed a dose of a series, give the next dose as if they had not missed any doses and resume the appropriate dosing schedule. There is never a need to re-start a series of any vaccine. Soldiers are fully medically ready if they are current on all required immunizations and the data is entered into MEDPROS. Required immunizations for all Army personnel include the following:

(1) Hepatitis A vaccine - 2 doses at 0 and 6-12 months or Hepatitis A/Hepatitis B Combined Vaccine (Twinrix) 3 doses at 0, 1 month, 6 months. Do NOT re-start the series if the Soldier missed a dose.

(2) Influenza vaccine - one annual dose (1 Oct – 30 Jun).

(3) Anthrax vaccine - according to current DoD policy (www.anthrax.mil/resource/policies/policies.asp). Principally for Soldiers deployed or deploying to CENTCOM AOR or US Forces Korea. The licensed vaccination schedule is 6 doses at 0, 2, 4 weeks, 6, 12 and 18 months with annual boosters.

(4) Tetanus/diphtheria (Td) toxoids - booster every 10 years.

(5) Hepatitis B vaccine – If a soldier has begun hepatitis B vaccination, give any needed doses to achieve a total of three vaccinations. The licensed schedule is 0, 1, and 6 months. Do NOT re-start the series if the Soldier missed a dose.

(6) Measles-Mumps-Rubella (MMR) vaccine - one dose, as an adult, for a lifetime. Because essentially all accessions receive this vaccination during initial entry training, give the vaccine at mobilization only if doubt exists that it was given in basic training or prior to accession.

(7) Poliovirus vaccine – one dose (either oral or injectable), as an adult, for a lifetime. Because essentially all accessions receive this vaccination during initial entry training, give the vaccine at mobilization only if doubt exists that it was given in basic training or prior to accession.

b. Deployment-specific Immunizations: Give all personnel required theater-specific immunizations prior to deployment. Supervisors and commanders should ensure immunizations are current prior to deploying to the specified AOR. For some vaccines, not all personnel deploying to a specified AOR require the vaccine. The Army policy is to have all personnel deploying to the AOR current with theater-specific immunizations, recognizing that medical and administrative exemptions may occur. If Soldiers refuse theater-specific immunizations or other requirements, they are still considered deployable. It is the commander's discretion to deploy such individuals, based on individual circumstances. IAW AR 600-20, Army Command Policy immunizations required by AR 40-562 or other legal directive may be given involuntarily, but only under extraordinary conditions. If a Soldier declines to be immunized (with the exception of Anthrax), the commander will:

(1) Ensure that the Soldier understands the purpose of the vaccine.

(2) Ensure that the Soldier has been advised of the possibility that the disease may be naturally present in a possible AO or may be used as a biological weapon.

(3) Ensure that the Soldier is educated about the vaccine and has been able to discuss any objections with medical authorities.

(4) Counsel the Soldier, in writing, that he or she is legally required to be immunized; that if the Soldier continues to refuse to be immunized that he or she will be legally ordered to do so, and that failure to obey the order may result in UCMJ and/or administrative action for failure to obey a lawful order (Article 92 of the UCMJ) as deemed appropriate by the commander.

c. Tuberculosis Skin Testing (TST): Personnel deploying to locations considered high threat for tuberculosis require TST within twelve months prior to deployment. Individuals with previous positive TSTs do not require testing.

d. Current DA Form 7349, Annual Medical Certificate, on hand. Reserve Component (RC) Soldiers will complete the DA Form 7349 in accordance with AR 40-501, Chapter 10-25.

e. HIV Testing: A maximum two-year interval between routine tests for active duty personnel is allowed. RC personnel shall be required to have a current HIV-1 test within two years of the date called to active duty for 30 days or more.

f. DNA tissue sample on file.

g. Serum repository sample: Pre-deployment serum specimen collection cannot be drawn earlier than 120 days before the date of deployment. The established contract used to test for HIV is also used for the pre-deployment serum specimen collection, and deploying personnel need to be informed that their pre-deployment serum specimens will also be tested for HIV.

h. Medical Record Review:

(1) The Army National Guard (ARNG) and US Reserve Component Command (USARC) are responsible for medically screening their forces prior to mobilization. Soldiers who do not meet medical standards IAW AR 40-501, Chapter 3 will not be sent to the mobilization station, and will be referred for fitness determination IAW paragraphs 9-10 (USAR) and 10-26 (NGB).

(2) Review for presence of a permanent profile. All permanent 3 profiles must have gone through an MOS Medical Review Board (MMRB) prior to arrival at the mobilization platform with positive outcome, or have gone through the MMRB waiver process. Supporting documentation must accompany the Soldier through his medical and personnel records to confirm that this was accomplished.

i. Pregnancy Testing.

(1) All female Soldiers deploying overseas will be administered a pregnancy test as part of their pre-deployment medical screening. The pregnancy test will be done within one month prior to actual movement overseas. The urine pregnancy test is sufficient for verification.

(2) Female Soldiers who have undergone hysterectomy or bilateral tubal ligation are exempt.

j. Hearing Readiness.

(1) Hearing Protection and Case are required.

(2) Reference Audiogram, DD Form 2215: Deploying Soldiers are required to have a DD Form 2215 in their medical record. DD Form 2215 does not expire. If there is no DD Form 2215 in their medical record, a DD Form 2215 will be conducted by qualified personnel using the Defense Occupational Environmental Health Readiness System for Hearing Conservation (DOEHRS-HC) audiometer. The DD2216 Periodic Audiogram fulfills this requirement if it has been completed within the past 12 months.

(3) If required, the Soldier must possess a Hearing Aid with sufficient batteries for 6 months.

k. Physical Profile.

(1) Review for presence of a permanent profile. All permanent 3 profiles must have gone through a MOS Medical Review Board (MMRB) prior to arrival at the mobilization platform with positive outcome, or have gone through the MMRB waiver process. Supporting documentation must accompany the Soldier through his medical and personnel records to confirm that this was accomplished.

(2) Review for the presence of temporary profiles that may impact deployability.

l. DD Form 2795 (Pre-deployment Health Assessment) will be:

(1) Completed IAW DODI 6490.3, Pre- and Post-Deployment Health Assessment Forms (DD Form 2795).

(2) Completed by all personnel deploying from home station to any AOR in direct support of operations within 30-days of departure or at mobilization stations prior to movement unless the first general officer in the chain of command has extended the length of time the SRP is valid for deployment.

(3) Completed by all RC personnel activated to active duty status greater than 30 days in support of any contingency operation.

(4) Administered, immediately reviewed, and then signed by a healthcare provider. Soldier contact with a healthcare provider is essential and the most important part of the health assessment. The reviewer can be a medic or corpsman. However, positive survey responses checked by the Soldiers must be referred to a provider for further evaluation. A provider (physician, physician assistant, advanced practice nurse, nurse practitioner, or independent duty medical technician) must sign all forms.

(5) Completed electronically when available. Stand-alone and Internet based electronic versions of both forms are available to medical personnel at <http://www.mods.army.mil>. Completion of the form on-line eliminates the requirement to mail a paper copy of DD 2795 to the Army Medical Surveillance Activity (AMSA) and allows for immediate accountability of processed personnel. A printed copy of the form must be placed in the Soldier's health record and another must be placed inside DD 2766 (Adult Preventive and Chronic Care Flow Sheet). If paper pre- and/or post-deployment health assessments are done, a copy will be sent to:

Army Medical Surveillance Activity
Building T-20, Room 213 (ATTN: Deployment Surveillance)
6900 Georgia Avenue, NW
Washington, DC 20307-5001

To avoid possible delays or interruptions in domestic mail service, send all forms via overnight delivery service. If the forms are completed electronically, there is no need to send a paper copy.

m. Prescription medications, sufficient supply (180-day supply if OCONUS).

n. Medical Warning Tag issued, if required.

o. Dental Readiness: All Soldiers must be in dental readiness class 1 or 2 in order to be deployed without restriction and to locations with limited dental support. Unit commanders are responsible for monitoring the compliance of their Soldiers regarding this readiness requirement. Commanders will ensure individual Soldier's dental readiness classification is correctly recorded in the MEDPROS and/or CDA tracking systems. Detailed dental guidance is available in the DCS, G1, Personnel Policy Guidance (<http://www.armyg1.army.mil/MilitaryPersonnel/ppg.asp>).

p. Vision Readiness.

(1) The vision readiness of each Soldier will be assessed at least annually, and/or whenever Soldiers undergo the Army's mandatory SRP IAW AR 600-8-101.

(2) Soldiers in Class 1 and Class 2 will be considered fully deployable. Soldiers in Class 3 or Class 4 are not deployable. Soldiers in Class 3 or 4 at the time of screening will immediately be reclassified after obtaining corrective vision/optical services.

(3) Vision readiness classification data will be entered on the DA Form 7425 (Readiness and Deployment Checklist) IAW DA PAM 600-8-101 and entered into the MEDPROS.

(4) If required, the Soldier must possess two pairs of glasses and mask inserts. One pair of glasses may be Combat Eye Protection (CEP) Spectacle corrective insert, military issue including frame of choice, or civilian. The second pair may be military issue, including frame of choice or civilian.

3. The MEDPROS Individual Medical Readiness (IMR) module is the HQDA and OTSG designated system for documenting all aspects of Soldier medical readiness. Units will enter all appropriate data and vaccines administered to personnel participating in these operations into MEDPROS. Mobilization station medical sites and Soldier Readiness Program (SRP) medical stations will employ MEDPROS IMR to validate and document all appropriate medical fields. Units unable to access MEDPROS at www.mods.army.mil should call the MODS Help Desk; CONUS dial DSN 761-4976, Commercial (703) 681-4976, or Toll Free (888) 849-4341; in Germany dial DSN 312-761-4976 or Commercial 0-130-82-9549; in Korea dial DSN 315-737-4004 or Commercial 011-822-7917-4004.