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FM CG III MEF G ONE//MEDICAL//  
TO RUJDAAA/CG THIRD MARDIV G ONE  
RUJDAAA/CG THIRD MLG G ONE  
RUJDAAA/CG THIRD MLG HSSE  
RUJDAAA/CG FIRST MAW G ONE  
RUJDAAA/CG III MEF MED  
INFO RUJDAAA/CG FIRST MAW MED  
RUJDAAA/CG III MEF G ONE

BT

UNCLASSIFIED

SUBJ/III MEF FORCE HEALTH PROTECTION (FHP) REQUIREMENTS 2017  
(UPDATE)

REF/A/WEB/WWW.NCMI.DETRICK.ARMY.MIL//

REF/B/WEB/WWW.CDC.GOV/TRAVEL/YELLOWBOOK/2016/TABLE-OF-  
CONTENTS//

REF/C/DOC/TECHNICAL MANUAL NMCPHC-TM-PM 6220.12//

REF/D/DOC/DODINST 6200.05//

REF/E/DOC/DODINST 6490.05//

REF/F/DOC/USPACOM FY 2017 FORCE HEALTH PROTECTION GUIDANCE FOR  
USPACOM AOR DTG 180839Z OCT 16 //

REF/G/DOC/BUMEDINST 6230.15B//

REF/H/DOC/NAVMED P-5010 MANUAL OF NAVAL PREVENTIVE MEDICINE//

REF/I/WEB/WWW.MED.NAVY.MIL/SITES/NMCPHC/PAGES/HOME.ASPX//

REF/J/WEB/WWW.WHO.INT/EN//

REF/K/DOC/BUMEDINST 6224.8B CH-1/04 NOV 2014//

REF/L/DOC/MCBJO/III MEFO 6200.1B.//

REF/M/DOC/OPNAVINST 6100.3//

REF/N/DOC/DODINT 6490.13//

REF/O/DOC/BUMEDINST 6310.13//

REF/P/WEB/WWW.AQC.SD.MIL/EIE/AFPMB/LIVINGHAZARDS.HTML

NARR/REF A IS THE UNCLASSIFIED WEBSITE WITH UP TO DATE  
HEALTH/ENVIRONMENTAL ADVISORIES AND COUNTERMEASURES INFORMATION  
FOR THE III MEF AREA OF OPERATIONS (AO).

REF B IS THE CDC WEBSITE FOR THE YELLOW BOOK ON HEALTH  
INFORMATION FOR INTERNATIONAL TRAVEL, 2016.

REF C IS THE NAVY AND MARINE CORPS PUBLIC HEALTH CENTER TECH  
MANUAL FOR MEDICAL SURVEILLANCE AND MEDICAL EVENT REPORTING.

REF D IS THE DEPARTMENT OF DEFENSE (DOD) INSTRUCTION FOR FORCE  
HEALTH PROTECTION QUALITY ASSURANCE PROGRAM.

REF E IS THE DOD INSTRUCTION FOR MAINTENANCE OF PSYCHOLOGICAL  
HEALTH IN MILITARY OPERATIONS.

REF F IS THE USPACOM FY16 FORCE HEALTH PROTECTION GUIDANCE.

REF G PROVIDES GUIDANCE ON IMMUNIZATION AND PROPHYLAXIS FOR  
PREVENTION OF INFECTIOUS DISEASES.

REF H AND I PROVIDE DETAILED GUIDANCE ON NAVAL PREVENTIVE MEDICINE SERVICES.

REF J IS THE WORLD HEALTH ORGANIZATION WEBSITE WITH COUNTRY SPECIFIC DISEASE THREAT INFORMATION.

REF K IS THE BUMED INSTRUCTION FOR TUBERCULOSIS CONTROL PROGRAM AND NAVMED 6224/8 RISK ASSESSMENT FORM.

REF L IS MCBJ AND III MEF ORDER ON EXERTIONAL HEAT INJURY (EHI) PREVENTION AND MANAGEMENT.

REF M IS THE OPNAV INSTRUCTION ON THE DEPLOYMENT HEALTH ASSESSMENT (DHA) PROCESS.

REF N IS THE DOD INSTRUCTION ON TRAUMATIC BRAIN INJURY-RELATED NEUROCOGNITIVE ASSESSMENTS BY THE MILITARY SERVICES.

REF O IS THE BUMED INSTRUCTION ON CONDUCTING BASELINE PRE-DEPLOYMENT NEUROCOGNITIVE FUNCTIONAL ASSESSMENTS.

REF P IS A LIVING HAZARDS DATABASE OF MORE THAN 500 SPECIES WORLDWIDE, WHICH ARE REPORTED TO CAUSE SERIOUS INJURY OR DEATH TO HUMANS.

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GENTEXT/REMARKS//

1. THIS MESSAGE PROVIDES III MEF FHP GUIDANCE TO ALL PERSONNEL ATTACHED, ASSIGNED, OR REPORTING TO III MEF UNITS, BOTH IN JAPAN AND HAWAII. MEDICAL PERSONNEL SHALL BECOME FAMILIAR WITH REQUIREMENTS OF THIS MESSAGE AND OBTAIN OR DOWNLOAD REFERENCES A THROUGH P PRIOR TO DEPLOYMENT TO III MEF WITHIN THE USPACOM AREA OF OPERATIONS (AO).

2. LINE COMMANDERS ARE RESPONSIBLE FOR IMPLEMENTING EFFECTIVE FHP PROGRAMS AND SHOULD UTILIZE PREVENTIVE MEDICINE PERSONNEL IN PRE-DEPLOYMENT PLANNING AND BRIEFINGS. UNIT MEDICAL PERSONNEL ARE RESPONSIBLE FOR IDENTIFYING HEALTH THREATS AND APPROPRIATE COUNTERMEASURES TO LINE COMMANDERS. FHP GUIDANCE IS PROVIDED AND DESIGNED TO PROTECT UNITS AND PERSONNEL FROM DISEASE AND NON-BATTLE INJURY. FOR DETAILED INFORMATION CONCERNING SPECIFIC OPERATIONS/EXERCISES, REFER TO THE MOST CURRENT COUNTRY OR EXERCISE FHP MESSAGES, ANNEX QS, AND HIGHER ECHELON COMMAND DIRECTIVES.

3. ADJOINING THEATER REQUIREMENTS.

3.A. INDIVIDUALS/UNITS ARE REQUIRED TO ADHERE TO REQUIREMENTS SPECIFIC TO CENTCOM OR KOREA THEATER. WITHIN 90 DAYS PRIOR TO DEPLOYMENT, FORWARD NOTIFICATION OF COMPLIANCE TO III MEF SURGEONS OFFICE BY AMHS MESSAGE.

4. IMMUNIZATION REQUIREMENTS SPECIFIC TO III MEF AO.

4.A. COMMANDERS AND SUPERVISORS MUST ENSURE ALL PERSONNEL OBTAIN REQUIRED THEATER SPECIFIC IMMUNIZATIONS PRIOR TO ARRIVAL IN THE AO. THE FOLLOWING IMMUNIZATIONS MUST BE CURRENT PRIOR TO DEPLOYING TO THE III MEF AO: ANTHRAX, HEPATITIS A, HEPATITIS B,

INFLUENZA, JAPANESE ENCEPHALITIS, MMR, POLIO, SMALLPOX, TETANUS/DIPHTHERIA/PERTUSSIS, TYPHOID, AND VARICELLA.

4.B. REQUIRED IMMUNIZATIONS WILL NOT BE DEFERRED UNTIL ARRIVAL IN THE AO. UPON NOTIFICATION OF BEING ASSIGNED OR ATTACHED TO A III MEF UNIT, PERSONNEL WILL PROCEED TO THEIR NEAREST MILITARY TREATMENT FACILITY TO RECEIVE ALL APPROPRIATE IMMUNIZATIONS. UNIT DEPLOYMENT PROGRAM (UDP) UNITS (WHICH INCLUDES III MEF UNITS FROM HAWAII) WILL SUBMIT A FORCASTED SCHEDULING REPORT IN MRRS 30 DAYS IN ADVANCE OF THEIR REPORT DATE TO THEIR HIGHER III MEF MAJOR SUBORDINATE COMMAND (MSC) AS WELL AS TO THE III MEF PREVENTIVE MEDICINE OFFICER. UDP'S WILL BE REQUIRED TO ROUTE A DD FORM 1149 REQUISITION AND INVOICE/SHIPPING DOCUMENT TO THEIR SUPPORTING MSC CLINIC IF IT IS DETERMINED PERSONNEL DEPLOYED WITHOUT RECEIVING THE APPROPRIATE DOSING SCHEDULE OF THE FOLLOWING VACCINES (JAPANESE ENCEPHALITIS, TYPHOID AND TETANUS/DIPHTHERIA/PERTUSSIS. USNH OKINAWA WILL SUBMIT THROUGH THEIR COMPTROLLER IN ORDER TO RECOUP ANY COSTS INCURRED. ANTHRAX AND SMALLPOX VACCINE IS CENTRALLY FUNDED AND WILL NOT REQUIRE COMPLETION OF A DD FORM 1149.

4.C.1. ANTHRAX. TWO DOSES OF OR NEXT DOSE TO INCLUDE BOOSTER DOSE OF ANTHRAX VACCINE IS REQUIRED FOR ALL PERSONNEL ATTACHED/ASSIGNED TO III MEF AND FOR RESERVE FORCES OPERATING IN THE AO, INCLUDING HAWAII. FORWARD DEPLOYED NAVAL FORCES ASSIGNED OR ATTACHED TO III MEF WILL RECEIVE ADDITIONAL DOSES PER THE FDA APPROVED SCHEDULE WHILE IN THE PACOM AO, INCLUDING HAWAII.

4.C.2. HEPATITIS A. TWO SHOT VACCINE SERIES COMPLETED OR SEROLOGICAL TESTING, VALIDATED TITER AND RECORDED APPROPRIATELY IN THE TEST MODULE IN MRRS.

4.C.3. HEPATITIS B OR TWINRIX. THREE SHOT VACCINE SERIES COMPLETED OR SEROLOGICAL TESTING, VALIDATED TITER RECORDED APPROPRIATELY IN THE TEST MODULE IN MRRS.

4.C.4. INFLUENZA. CURRENT ANNUAL/SEASONAL VACCINE.

4.C.5. JAPANESE ENCEPHALITIS VACCINE (JEV). TWO SHOT VACCINE SERIES COMPLETED PRIOR TO ARRIVING IN THE III MEF AO (BOTH VACCINATIONS MUST BE IXIARO BRAND AND THIS 2-SHOT SERIES IS ADMINISTERED 0 AND 28 DAYS). JEV IS REQUIRED FOR ALL FORCES ASSIGNED OR ATTACHED TO III MEF AND FOR RESERVE FORCES OPERATING IN THE AO, INCLUDING HAWAII. IN ADDITION, A ONE TIME ONLY BOOSTER DOSE AT ONE YEAR IS REQUIRED. PERSONNEL WHO HAVE COMPLETED THE JEV SERIES PRIOR TO 2011 MUST RESTART AND COMPLETE A NEW 2- SHOT SERIES USING THE IXIARO BRAND VACCINE, NO EXCEPTIONS.

4.C.6. MMR. TWO LIFETIME DOSES OR A VALIDATED TITER FOR MEASLES, MUMPS AND RUBELLA FROM SEROLOGICAL TESTING RECORDED APPROPRIATELY IN THE TEST MODULE IN MRRS.

4.C.7. POLIO. COMPLETED IN ACCORDANCE WITH REF G.

4.C.8. SMALLPOX. REQUIRED FOR ALL FORCES ATTACHED/ASSIGNED TO III MEF AND FORWARD DEPLOYED NAVAL FORCES OPERATING IN THE PACOM AO, INCLUDING HAWAII. FORCES ARE ALSO REQUIRED TO RECEIVE A SMALLPOX BOOSTER EVERY 10 YEARS AND PERSONNEL WITH A PREVIOUS PERMANENT EXEMPTION MUST UPDATE THEIR SMALLPOX SCREENING FORM, VALIDATED BY A PHYSICIAN AND PLACED IN THEIR PERMANENT MEDICAL RECORD.

4.C.9. TETANUS/DIPHTHERIA/PERTUSSIS. LAST DOSE REQUIRED WITHIN 10 YEARS. FOR ADULTS WHO PREVIOUSLY HAVE NOT RECEIVED A DOSE OF TDAP, ONE DOSE SHOULD BE GIVEN REGARDLESS OF INTERVAL SINCE LAST TETANUS VACCINE IN ORDER TO BENEFIT FROM PERTUSSIS PROTECTION.

4.C.10. TYPHOID. (INJECTABLE OR ORAL). CURRENT PER PACKAGE INSERT, WITHIN TWO YEARS FOR INJECTABLE AND FIVE YEARS FOR ORAL.

4.C.11. VARICELLA. DOCUMENTED RECEIPT OR CONFIRMATION OF IMMUNITY VIA SEROLOGICAL TESTING IN ACCORDANCE WITH BUMEDINST 6230.15B. SEROLOGICAL TESTING, VALIDATED TITER RECORDED APPROPRIATLY IN THE TEST MODULE IN MRRS.

4.D. IMMUNIZATION RECORD. IMMUNIZATION DATA WILL BE ENTERED THROUGH SERVICE IMMUNIZATION TRACKING SYSTEMS, (ARMY-MEDPROS, AIR FORCE-ASIMS, COAST GUARD-MRRS, NAVY- MRRS (ASHORE) OR SAMS (AFLOAT) AND MARINE CORPS-MRRS). III MEF AND SUBORDINATE COMMANDS WILL MONITOR IMMUNIZATION COMPLIANCE VIA MRRS IMMUNIZATION SCHEDULING REPORTS.

4.D.1. IN ADDITION TO SERVICE DIRECTED VACCINATIONS BEING COMPLETED PER REF G, ALL III MEF ASSIGNED OR ATTACHED REGARDLESS OF PHYSICAL LOCATION WILL HAVE THE FOLLOWING IMMUNIZATIONS CHECKED MARKED AS REQUIRED IN MRRS: ANTHRAX; POLIO; HEPATITIS A/B OR SUBSTITUTE TWINRIX; INFLUENZA; JAPANESE ENCEPHALITIS; SMALLPOX, TYPHOID; MMR; TETANUS; AND VARICELLA. MEDICAL STAFF WILL ROUTINELY CHECK COMPLIANCE IN MRRS AT LEAST MONTHLY.

4.D.2. ALL III MEF UNITS ARE PROHIBITED FROM USING DEFERRAL CODES UNLESS SPECIFICALLY JUSTIFIED PER REF G TABLE C-1 AND C-2.

4.D.3. MEDICAL STAFF MUST DOCUMENT DEFERRALS IN AHLTA AND SEROLOGICAL TESTING RESULTS IN MRRS UNDER THE COMPREHENSIVE MEDICAL ENTRY "TESTS" MODULE TO DOCUMENT THE TITER DATE FOR HEP A; HEB B; VARICELLA; MEASLES, MUMPS, AND RUBELLA. RESULTS OR DEFERRALS WILL NOT BE ACCEPTED IF NOT DOCUMENTED PROPERLY.

5. MALARIA CHEMOPROPHYLAXIS MEDICATIONS.

5.A. THERE IS NO MALARIA RISK IN JAPAN/HAWAII.

5.B. FOR III MEF FORCES DEPLOYING WITHIN THE AO, MALARIA RISK VARIES SIGNIFICANTLY BY LOCATION AND SEASON. RECOMMENDATIONS FOR CHEMOPROPHYLAXIS ARE BASED UPON THREAT ASSESSMENTS PROVIDED BY NCMI. CURRENT ASSESSMENTS OF MALARIA RISK WILL BE REVIEWED BY ALL DEPLOYING

UNITS. THE III MEF SURGEON'S OFFICE WILL DETERMINE LEVELS OF RISK FOR THE VARIOUS COUNTRIES WITHIN THE AO AND WILL MAKE THE INFORMATION AVAILABLE THROUGH EXERCISE MESSAGES AND DEPLOYMENT

BRIEFS. COMPONENT SURGEONS SHOULD SEEK APPROVAL FOR MALARIA CHEMOPROPHYLAXIS FOR THEIR UNITS FROM THE III MEF PREVENTIVE MEDICINE OFFICER BASED ON THE LATEST INTELLIGENCE, GROUND TRUTH, AND CURRENT THREAT RISK ASSESSMENT. REFERENCES A, B, AND J ARE AVAILABLE RESOURCES TO ASSIST THREAT RISK ASSESSMENTS. REQUESTS FOR REVIEW OF CHEMOPROPHYLAXIS PLAN SHOULD INCLUDE THE SPECIFIC CHARACTERISTICS OF THE DEPLOYMENT, INCLUDING THE DURATION OF DEPLOYMENT, LOCATION OF DEPLOYMENT, ANTICIPATED EXPOSURE TO NIGHTBITING MOSQUITOES, BILLETING, TYPE OF ACTIVITIES AND OTHER FACTORS.

5.B.1. IF MALARIA CHEMOPROPHYLAXIS IS REQUIRED, DOXYCYCLINE IS THE MEDICATION OF CHOICE. MALARONE MAY BE ACCEPTABLE AS WELL. DIRECTLY OBSERVED CHEMOPROPHYLAXIS IS HIGHLY RECOMMENDED.

5.B.2. DOXYCYCLINE IS ADMINISTERED 100MG DAILY STARTING 2 DAYS PRIOR TO DEPARTURE, CONTINUED THROUGHOUT DEPLOYMENT AND FOR AN ADDITIONAL 28 DAYS AFTER RETURN. DOXYCYCLINE MAY BE GIVEN TO THOSE ON FLIGHT STATUS AFTER AN INITIAL 2 DAY GROUNDING PERIOD WITH NO SIGNIFICANT SIDE EFFECTS. DOXYCYCLINE SHOULD NOT BE GIVEN TO PREGNANT SERVICE MEMBERS. MALARONE (250MG ATOVAQUONE/100MG PROGUANIL HYDROCHLORIDE) IS ADMINISTERED DAILY STARTING 2 DAYS BEFORE GOING INTO AN AREA WITH MALARIA, DAILY WHILE IN THE MALARIA ZONE, AND FOR ONLY 7 DAYS AFTER LEAVING.

5.B.3. FORCES DEPLOYING FOR GREATER THAN 2 MONTHS TO AREAS WITH >30% OF MALARIA DUE TO P.VIVAX AND P.OVALE (INCLUDING SOUTH KOREA, THAILAND, MALAYSIA, NEPAL, VIETNAM, INDONESIA) REQUIRE PRESUMPTIVE ANTIRELAPSE THERAPY (PART) WITH PRIMAQUINE. BEFORE PRESCRIBING PRIMAQUINE, ALL PERSONNEL MUST BE TESTED FOR G6PD, IN ACCORDANCE WITH SERVICE POLICY. PRIMAQUINE WILL NOT BE GIVEN TO THOSE WHO ARE G6PD DEFICIENT. THOSE PERSONNEL WILL INSTEAD BE RETESTED TO CONFIRM THEIR STATUS. IF INDEED THEY ARE G6PD DEFICIENT THEN THE INDIVIDUAL WILL BE COUNSELED AND CLOSELY MONITORED. THE CDC RECOMMENDS PRIMAQUINE BE DOSED AT 30MG BASE DAILY FOR 14 DAYS FOR MAXIMUM EFFECTIVENESS, STARTING THE DAY OF DEPARTURE FROM MALARIOUS AREA. FOR DEPLOYMENTS AND EXERCISES THAT DO NOT MEET THIS RISK THRESHOLD, CONTACT III MEF FORCE HEALTH PROTECTION SECTION FOR ADDITIONAL GUIDANCE.

6. LABORATORY TESTS. HIV TESTING/SERUM SAMPLE. SCREENING WILL BE WITHIN THE PREVIOUS 12 MONTHS PRIOR TO DEPLOYMENT. CIVILIAN SCREENING WILL BE IN ACCORDANCE WITH DOD, SERVICE, SOFA, AND HOST NATION REQUIREMENTS. ONCE IN THE III MEF AO, REQUIRED EVERY TWO YEARS, OR BY EXCEPTION IF FURTHER DEPLOYED TO CENTCOM AO.

7. TUBERCULIN SKIN TESTING (PPD) SCREENING.

7.A. TB RISK ASSESSMENT SHALL BE CONDUCTED IAW REF K WHILE ASSIGNED IN THE III MEF AO. IF REQUIRED, A PPD OR QFT SHOULD BE RECORDED IN MRRS.

8. ZIKA PRECAUTIONS. OPERATIONAL UNITS PREPARING TO DEPLOY ARE REQUIRED TO FOLLOW THE MOST CURRENT FORCE HEALTH PROTECTION

REQUIREMENTS. PERSONNEL DEPLOYING TO A COUNTRY WITHIN THE AO WHERE ZIKA VIRUS IS PRESENT SHALL BE BRIEFED ON THE RISK AND RECOMMENDED PRECAUTIONS PRIOR TO DEPLOYMENT.

8.A. RISK MITIGATION: THERE IS NO VACCINE OR MEDICATION AVAILABLE TO PREVENT OR TREAT ZIKA INFECTION. THE MOST EFFECTIVE WAY TO PREVENT INFECTION IS TO PRACTICE STRICT MOSQUITO BITE PREVENTIVE MEASURES. THESE INCLUDE SELECTING LODGING WITH AIR CONDITIONING OR WITH SCREENS ON DOORS AND WINDOWS; SLEEP UNDER A MOSQUITO BED NET IF YOU ARE OUTSIDE OR IN A ROOM THAT IS NOT WELL SCREENED; COVER EXPOSED SKIN BY WEARING LONG-SLEEVED SHIRTS AND LONG PANTS THAT HAVE BEEN TREATED WITH PERMETHRIN; USE EPA-REGISTERED INSECT REPELLENTS CONTAINING DEET, PICARIDIN, OR IR3535.

9. FITNESS FOR DEPLOYMENT.

9.A. ALL PERSONNEL (UNIFORMED SERVICE MEMBERS, GOVERNMENT CIVILIAN EMPLOYEES, VOLUNTEERS, AND CONTRACTOR EMPLOYEES) DEPLOYING TO THE III MEF AO MUST BE MEDICALLY (INCLUDING DENTAL) AND PSYCHOLOGICALLY FIT FOR DEPLOYMENT PER DOD AND SERVICE POLICY.

9.B. PERIODIC HEALTH ASSESSMENTS (PHA) AND SPECIAL DUTY EXAMS MUST BE CURRENT PRIOR TO DEPLOYMENT.

9.C. ALL PERSONNEL REQUIRING LONG-TERM USE OF PRESCRIPTION MEDICATIONS WILL DEPLOY WITH A MINIMUM 90 DAY SUPPLY OF ALL MEDICATIONS, IDEALLY WITH ENOUGH TO COVER THE ENTIRE DEPLOYMENT TO THE GREATEST EXTENT POSSIBLE.

10. CONDUCT FHP/PM BRIEFING.

10.A. THE FOLLOWING TOPICS SHOULD BE COVERED: USE OF PERSONAL PROTECTIVE SUPPLIES, STD AVOIDANCE, INFECTIOUS DISEASE RISKS, ENVIRONMENTAL RISKS, SURFACE WATER AVOIDANCE, HEAT/WATER DISCIPLINE, INJURY AVOIDANCE (E.G., MOTOR VEHICLES, SPORTS ACTIVITIES), COMBAT AND OPERATIONAL STRESS CONTROL AND LEADERSHIP RESPONSIBILITIES TO ENFORCE PREVENTIVE MEASURES.

10.B. DEPLOYMENT HEALTH SURVEILLANCE. CONDUCT DISEASE AND NON-BATTLE INJURY (DNBI) SURVEILLANCE. ALL TRI-SERVICE REPORTABLE EVENTS SHOULD BE TO THE III MEF FORCE HEALTH PROTECTION SECTION VIA THEIR RESPECTIVE MSC SURGEON.

11. DEPLOYMENT HEALTH ASSESSMENTS

11.A. PRE-DEPLOYMENT HEALTH ASSESSMENT IS NOT REQUIRED FOR DEPLOYMENT TO JAPAN/HAWAII, BUT MAY BE REQUIRED FOR DEPLOYMENTS WITHIN THE AO.

11.B. AUTOMATED NEUROPSYCHOLOGICAL ASSESSMENT METRICS (ANAM) IS A COMPUTERIZED BATTERY THAT MEASURES COGNITIVE PERFORMANCE RELATED TO ATTENTION, MEMORY, AND PROCESSING OF INFORMATION. A BASELINE TEST WITHIN 12 MONTHS OF DEPLOYMENT IS REQUIRED OF ANY III MEF MEMBER PRIOR TO BEING DEPLOYED IN AN AREA WHERE A TRAUMATIC BRAIN INJURY MIGHT OCCUR. 31ST MEU AND 3D MEB, AS THE ALERT CONTINGENCY MAGTF (ACM), WILL MAINTAIN CURRENT ANAM TESTING IN ORDER TO FACILITATE RAPID DEPLOYMENT CAPABILITY. UNIT

DEPLOYMENT PROGRAM (UDP) PERSONNEL WILL HAVE BASELINE ANAM SCREENING PERFORMED PRIOR TO DEPLOYMENT.

12. CONTACT LENSES. SERVICE MEMBERS WHO MUST WEAR CONTACT LENSES TO ACHIEVE VISION STANDARDS, WHO CANNOT SATISFACTORILY PERFORM THEIR MOS WITH THEIR BEST SPECTACLE CORRECTION, OR FALL BELOW VISION RETENTION STANDARDS WITH THEIR BEST SPECTACLE PRESCRIPTION SHOULD NOT DEPLOY.

CONTACT LENS WEAR IS NOT AUTHORIZED IN FIELD ENVIRONMENTS OR WHILE DEPLOYED WITH THE EXCEPTION OF AVIATORS/AIR CREW. ALL PERSONNEL WILL DEPLOY WITH 2 PAIRS OF EYEGLASSES AS REQUIRED.

13. FOR ADDITIONAL ADVICE OR GUIDANCE REGARDING III MEF FORCE HEALTH PROTECTION (FHP) REQUIREMENTS, CONTACT THE III MEF SURGEON'S OFFICE. POC IS LCDR BERNHARD, III MEF PREVENTIVE MEDICINE OFFICER/315-622-3900/EMAIL:JASON.R.BERNHARD@USMC.MIL//