

**BY ORDER OF THE
SECRETARY OF THE AIR FORCE**

AIR FORCE INSTRUCTION 48-122



18 AUGUST 2014
Certified Current on 14 May 2015
Aerospace Medicine

DEPLOYMENT HEALTH

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

ACCESSIBILITY: Publications and forms are available for downloading or ordering on the e-Publishing website at www.e-Publishing.af.mil

RELEASABILITY: There are no releasability restrictions on this publication.

OPR: AF/SG3P

Certified by: AF/SG3
(Brig Gen Charles E. Potter)

Supersedes: AFGM48-05, 5 June 2013

Pages: 23

This publication implements Title 10, United States Code Section 1074(m), Department of Defense (DoD) Instruction (DoDI) 6490.03, *Deployment Health*, , DoDI 6490.07, *Deployment-Limiting Medical Conditions for Service Members and DoD Civilian Employees*, DoDI 6490.12, *Mental Health Assessments for Service Members Deployed in Connection with a Contingency Operation*, DoDI 3020.41, *Operational Contract Support*, and supersedes Air Force (AF) Guidance Memorandum (AFGM) 48-05, *Implementation of Revised Department of Defense Forms 2795, 2796, and 2900 (Deployment Health Assessments)*. It provides guidance and procedures for the Air Force Deployment Health program, primarily focusing on the deployment-related health assessments (DRHA), formerly deployment health assessments, throughout the AF. It applies to Regular Air Force (RegAF), Air Force Reserve (AFR) and Air National Guard (ANG), and Department of the Air Force (DAF) Civilians at all levels that deploy (**Note:** ANG and AFR will be collectively referred to as Air Reserve Component (ARC) except where noted otherwise). The term “deploying personnel,” as used herein, refers to RegAF, DAF, and ARC personnel who deploy in connection with a contingency operation as defined in this document. Comprehensive medical clearance information for deployers is located on the Deployment Health Knowledge Junction (KJ) on the Air Force Medical Service (AFMS) Knowledge Exchange (Kx) at <https://kx2.afms.mil/kj/kx3/DeploymentHealth/Pages/home.aspx> and is updated periodically by AFMSA (approved by AF/SG3P). Except for pre-deployment health related items provided by the government as specified in DoDI 3020.41, this AFI does not apply to employees working under government contract or private contractors performing work under government contracts. Contractors are solely responsible for compliance with deployment health policy and the protection of their employees unless otherwise specified in their contract. This publication requires the collection and maintenance of information protected by the Privacy Act (PA) of

1974 (Title 5 United States Code Section 552a), Title 10 United States Code Sections 8013 and 8067(d), and Executive Order 9397, Numbering System for Federal Accounts Relating to Individual Persons, as amended by Executive Order 13478, Amendments to Executive Order 9397, Relating to Federal Agency Use of Social Security Numbers, which authorize the collection and maintenance of records prescribed in this publication. Forms affected by the PA must have an appropriate PA statement. System of records notice F044 AF SG E, Medical Record System, applies. The authority to collect DRHA information (including Protected Health Information) is derived from 10 U.S.C. 136, Under Secretary of Defense for Personnel and Readiness; 10 U.S.C. 1074f, Medical Tracking System for members Deployed Overseas; and 45 CFR Parts 160 and 164, Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules. Disclosure is voluntary. If an individual chooses not to provide information comprehensive health care services may not be possible or administrative delays may occur; however, care will not be denied. This publication may be supplemented at any level, but all supplements must be routed to the Office of Primary Responsibility (OPR) of this publication for coordination prior to certification and approval. Refer recommended changes and questions about this publication to the OPR listed above using the AF Form 847, *Recommendation for Change of Publication*; route AF Forms 847 from the field through the appropriate chain of command. Ensure that all records created as a result of processes prescribed in this publication are maintained in accordance with Air Force Manual (AFMAN) 33-363, *Management of Records*, and disposed of in accordance with Air Force Records Information Management System (AFRIMS) Records Disposition Schedule (RDS). The authorities to waive wing/unit level requirements in this publication are identified with a Tier (“T-0, T-1, T-2, T-3”) number following the compliance statement. See AFI 33-360, *Publications and Forms Management*, for a description of the authorities associated with the Tier numbers. Submit requests for waivers through the chain of command to the appropriate Tier waiver approval authority, or alternately, to the Publication OPR for non-tiered compliance items. The use of the name or mark of any specific manufacturer, commercial product, commodity, or service in this publication does not imply endorsement by the Air Force.

Chapter 1—PROGRAM OVERVIEW AND OTHER COMPLIANCE AREAS	4
1.1. Purpose.	4
1.2. Overview.	4
1.3. Compliance Areas.	4
Chapter 2—ROLES AND RESPONSIBILITIES	7
2.1. Air Force Surgeon General (AF/SG).	7
2.2. Assistant Surgeon General for Healthcare Operations (AF/SG3).	7
2.3. Air Force Medical Support Agency, Aerospace Medicine Policy and Operations Division (AFMSA/SG3P).	7
2.4. Air Force Medical Operations Agency/Public Health/Deployment Health Assessment Program Office (AFMOA/SGPM/DHAPO).	7
2.5. Defense Health Agency, Health Information Technology Division (DHA/HIT). .	8

2.6. HAF/Major Command. 8

2.7. AF Reserve Command Surgeon (AFRC/SG). 9

2.8. National Guard Bureau Surgeon General (NGB/SG). 9

2.9. AF Installation Commander. 9

2.10. Unit Commander (or equivalent). 10

2.11. MTF Commander (including ANG GMU/CC and RMU/CC). 10

2.12. The Chief of Aeromedical Services (SGP). 11

2.13. The Chief of Medical Staff (SGH) (the Designated Senior Physician for AFR;
SGP for the ANG). 11

2.14. Public Health/Force Health Management Section. 12

2.15. Mental Health (Director of Psychological Health for ANG). 12

2.16. Primary Care Manager (PCM) (Family Medicine Providers and Flight Surgeons)
or DRHA Contract Provider. 13

2.17. Unit Deployment Manager. 13

2.18. Deploying Personnel. 14

**Chapter 3—DEPLOYMENT-RELATED HEALTH ASSESSMENT PROGRAM
REQUIREMENTS**

3.1. DRHA Timeline. 15

3.2. DRHA Readiness Activities. 15

3.3. Scheduling the DRHA Appointment. 16

3.4. DRHA Completion Requirements. 16

Attachment 1—GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION

Chapter 1

PROGRAM OVERVIEW AND OTHER COMPLIANCE AREAS

1.1. Purpose. This instruction provides guidance and procedures for the AF Deployment Health program, primarily focusing on the DRHA Program. The purpose of the DRHA Program is to identify and to address Service members' and civilians' health care needs related to deployment. DRHAs assist with the early identification and management of deployment-related health concerns and conditions that may surface in the months before or the months to years after deployment. As such, DRHAs are a vital component of the Air Force's ability to provide effective care and treatment for members with deployment-related health concerns. The information provided in DRHAs may result in a referral for additional health care that may include medical, dental, or behavioral health care or diverse community support services.

1.2. Overview. Deployment medical requirements span the pre- and post-deployment cycle and include various requirements, which may vary based on the deployer's component (e.g., RegAF, ARC, DAF, or contractor). **Note:** Medical Treatment Facilities (MTF) will not process contractors for deployment, unless the deploying individual's contract specifically states that medical services must be provided. If the contract obligates the MTF to provide services, expenses related to providing contractually required deployment-related medical clearance services to the deploying contractor should be applied (via journal voucher) to the organization/contingency that funded the contract. A copy of the contract containing exact medical specifications must be provided to the Public Health/Force Health Management (PH/FHM) Office prior to initiation of any medical clearance activities or services IAW DoDI 3020.41. (T-0).

1.3. Compliance Areas.

1.3.1. DoDI 6490.03 and DoDI 6490.07 require all deploying personnel to undergo a mandatory medical assessment prior to deployment. Components of the assessment include: Completion of DD Form 2795, *Pre-Deployment Health Assessment*; DD Form 2766, *Adult Preventive and Chronic Care Flowsheet*; medical record review; review of Individual Medical Readiness (IMR) status; assessment of any profiles for impact on deployability; and review of current preventive health assessment (PHA) (RegAF and ARC members only) or physical exam within 1 year of deployment (DAF Civilians only). (T-0). **Note:** The civilian physical exam will be documented on the OF-178, *Certificate of Medical Examination* form.

1.3.2. Pre-deployment medical requirements are identified in DoD, Combatant Command (CCMD) Reporting Instructions and AF guidance.

1.3.2.1. Comprehensive medical clearance information for all deployers is located on the Deployment Health KJ on the AFMS Kx at <https://kx2.afms.mil/kj/kx3/DeploymentHealth/Pages/home.aspx>.

1.3.2.2. DAF Civilian-specific deployment health guidance is available on the DoD/General Schedule (GS) Civilian personnel page at <https://kx2.afms.mil/kj/kx3/DeploymentHealth/Pages/DoDGSCivilianPersonnel>.

1.3.3. DoDI 6490.03, requires deploying personnel to complete three (3) DRHAs: DD Forms 2795, *Pre-Deployment Health Assessment*, 2796, *Post-Deployment Health Assessment*

(PDHA), and 2900, *Post-Deployment Health Reassessment* (PDHRA). Additionally, DoDI 6490.12, mandates personnel complete two (2) additional deployment mental health assessments (MHAs) as part of DoD DRHA requirements and for them to be documented on DD Form 2978, *Deployment Mental Health Assessment*. (T-0). As a result, DoD requires a total of five (5) DRHAs.

1.3.3.1. DRHA #1 – DD Form 2795 (includes the pre-deployment MHA). (T-0).

1.3.3.2. DRHA #2 – DD Form 2796 (PDHA). (T-0).

1.3.3.3. DRHA #3 – DD Form 2900 (PDHRA-includes the first post-deployment MHA). (T-0).

1.3.3.4. DRHA #4 – DD Form 2978 (does not apply to DAF Civilians). (T-0).

1.3.3.5. DRHA #5 – DD Form 2978 (does not apply to DAF Civilians). (T-0).

1.3.4. DRHAs are required for individuals deploying on contingency, exercise, deployment (CED) orders for greater than 30 days to OCONUS locations with medical support from only non-fixed (temporary) medical facilities. Completion of DRHAs for (1) OCONUS deployments <30 Days, (2) OCONUS deployments to areas with fixed U.S. MTFs, or (3) CONUS deployments may be required at the commander's discretion (CCMD, Service component commanders, or commanders exercising operational control) based on the health threats identified during the deployment (as described in DoDI 6490.03). (T-0). **Note:** All DRHA requirements are specified in the reporting instructions for the particular deployed location found at <https://aef.afpc.randolph.af.mil/AFRIT/Afrit.aspx>.

1.3.5. DRHA completion is defined as: (1) deployer completion of the automated DRHA questionnaire in the designated information system (e.g. Aeromedical Services Information Management System Web Application [ASIMS]) and (2) a face-to-face encounter (person-to-person for Air Reserve Component [ARC] with the exception of DRHA #1 and #2 which must be completed face-to-face) with a DRHA trained health care provider in a private setting to foster trust and openness in discussing sensitive health concerns.

1.3.5.1. DRHA findings – identified as Critical, Priority, Routine, Negative, and Incomplete – are tracked in the ASIMS application and must be reviewed and closed by a credentialed, trained health care provider within the appointment priority timeframes specified in paragraph 3.3. **Note:** MTF is defined in this document as a Military Treatment Facility for RegAF and Category B/E Individual Mobilization Augmentee (IMA) personnel, a Guard Medical Unit (GMU) for ANG members, and a Reserve Medical Unit (RMU) for AFR members.

1.3.5.2. ARC members have three (3) options for completing person-to-person encounters: (1) through the Reserve Health Readiness Program (RHRP)-contracted call center with a credentialed, trained health care provider (for DRHAs #3, #4, #5 only), (2) through a MTF with a credentialed, trained health care provider, or (3) with a credentialed, trained ARC health care provider. The ARC DRHA Program Guides provide instructions for ARC DRHA processes. Guides are available on the Deployment Health KJ on the AFMS Kx located at <https://kx2.afms.mil/kj/kx3/DeploymentHealth/Pages/GuardAndReserve.aspx>.

1.3.5.3. ARC members are eligible to complete deployment health and medical requirements through TRICARE or at RegAF locations for Title 10 deployments for > 31 days. Eligibility begins 180 days prior to deployment once enrollment eligibility has been established in Defense Enrollment Eligibility Reporting System (DEERS) by the tasked Unit. ARC service members separating from Title 10 deployments > 31 days in support of contingency operations specifically authorized by Presidential Orders are eligible for Transitional Assistance Management Program (TAMP) 180 post-deployment. TAMP information and benefits can be found at <http://www.tricare.mil/TAMP>.

Chapter 2

ROLES AND RESPONSIBILITIES

2.1. Air Force Surgeon General (AF/SG). AF/SG is the OPR for the AF DRHA Program.

2.1.1. Ensures medical resources are planned, programmed, and budgeted to meet DRHA requirements.

2.1.2. Implements policy for DRHAs for personnel deployed in connection with a contingency operation IAW Section 1074m of Title 10, United States Code and DoDI 6490.12 and DoDI 6490.03.

2.1.3. Ensures health care providers are trained and certified to perform DRHAs and make appropriate clinical referrals in accordance with AFI 44-176, *Access to Care Continuum*.

2.1.4. Ensures all deploying personnel have a medical assessment IAW DoDI 6490.03 and Reference (1) of DoDI 6490.07, including a medical record review, to evaluate their medical status before contingency deployments.

2.2. Assistant Surgeon General for Healthcare Operations (AF/SG3). AF/SG3 is the OPR for DRHA Program policy.

2.2.1. Provides AFMS policy and guidance to ensure AF compliance with DoD DRHA requirements.

2.2.2. Acts as the approval authority for Major Command (MAJCOM), Direct Reporting Unit (DRU), and ARC variations to this instruction as appropriate IAW AFI 33-360.

2.3. Air Force Medical Support Agency, Aerospace Medicine Policy and Operations Division (AFMSA/SG3P). Develops and updates DRHA policy in coordination with Air Force Medical Operations Agency (AFMOA), MTFs, MAJCOMs, the ARC and AF/SG.

2.3.1. Provides criteria, guidance, and instructions to incorporate DRHA requirements into appropriate DoD deployment health assessment policy, program, and budget documents.

2.3.2. Provides a representative to the Force Health Protection and Readiness (FHP&R) Deployment Health Working Group.

2.3.3. Reviews and approves updates to the Deployment Health Guides found on the Deployment Health KJ on the AFMS Kx website.

2.4. Air Force Medical Operations Agency/Public Health/Deployment Health Assessment Program Office (AFMOA/SGPM/DHAPO). AFMOA/SGPM/DHAPO is the OPR for the quality and sustainment of the DRHA Program.

2.4.1. Serves as a consultant for the DRHA Program and provides programmatic oversight and quality assurance.

2.4.2. Develops, implements and updates health care provider orientation and training materials.

2.4.3. Conducts periodic installation-level reviews to verify compliance with DoD and AF policy as outlined in DoDI 6200.05, *Force Health Protection (FHP) Quality Assurance (QA) Program*.

2.4.4. Assists installation personnel with identifying and correcting deficiencies in DRHA processes.

2.4.5. Conducts staffing analysis to validate deployment health contract support requirements.

2.4.6. Coordinates funds, if available, and guidance for execution of decentralized MTF contracts.

2.4.7. Provides a representative to the FHP&R Deployment Health Working Group.

2.4.8. Coordinates with ARC to compile DRHA quality assurance compliance measures IAW with DoDI 6200.05 and Office of the Assistant Secretary of Defense/Health Affairs (OASD/HA) FHP&R Memorandum, *Policy for Department of Defense Deployment Health Quality Assurance Program*, January 9, 2004.

2.4.9. Submits the Quarterly Deployment Health Quality Assurance Compliance Report (as defined by the OASD/HA FHP&R, Deployment Health Quality Assurance Program Office).

2.4.10. Conducts periodic quality assurance reviews and on-site visits (as requested, and with ARC representation if applicable) to ensure data quality and compliance with DRHA Program requirements.

2.5. Defense Health Agency, Health Information Technology Division (DHA/HIT).

2.5.1. Ensures designated automated system (e.g. ASIMS) is updated to support electronic data collection of DRHA forms.

2.5.2. Conducts beta-testing, system updates and system modifications as required, ensuring electronic capture and transfer of DRHA data to the Defense Medical Surveillance System (DMSS) and Armed Forces Health Surveillance Center (AFHSC).

2.5.3. Collaborates with AFMOA/SGPM/DHAPO and AFMSA/SG3P to develop web-based DRHA data analysis, compliance and quality assurance reporting tools to support Chief of Aeromedical Services (SGP) and Chief of Medical Staff (SGH) management and evaluation of the DRHA Program.

2.5.4. Implements revisions to DRHA forms as needed based on guidance from the Defense Health Agency (DHA).

2.5.5. Coordinates with AF Manpower, Personnel and Service (AF/A1) to ensure personnel data transfer agreements are in place to support timely identification of deploying personnel who require DRHAs.

2.6. HAF/Major Command. OPR for developing instructions and processes to ensure personnel assigned to geographically separated units (GSUs) meet DRHA Program requirements.

2.6.1. Coordinates the implementation of instructions and publications with AF/SG3P.

2.6.2. Monitor and assess Manage Internal Control Toolset (MICT) data from units to maintain situational awareness of potential problem areas IAW AFI 90-201, *The Air Force Inspection System*.

2.6.3. Monitors and reviews the DRHA status of geographically separated personnel, or delegates this responsibility to the GSU Commander (CC), to ensure compliance with DRHA program requirements.

2.7. AF Reserve Command Surgeon (AFRC/SG). AFRC/SG is the OPR for DRHA instructions and guidance for the AFR, including Individual Ready Reservists (IRRs) and IMAs.

2.7.1. Designates a program manager to oversee the DRHA Program and to coordinate on quality assurance execution and reporting with AFMOA/SGPM. In coordination with the Reserve Health Readiness Program (RHRP), FHP&R Programs, TRICARE Management Activity, OASD/HA, the program manager will ensure DRHA quality assurance and compliance measures are met by the RHRP contractor.

2.7.2. Provides a representative to the FHP&R Deployment Health Working Group.

2.7.3. Determines contract support requirements to execute the RHRP.

2.7.4. Reviews DRHA contract workload/expenses in coordination with Air Force Reserve Medical (AF/REM). **Note:** AF/REM will coordinate funding requests for contracts that support the DRHA program with RegAF DRHA Program Manager; AFRC DRHA Program Manager; ANG, Chief of Aeromedical Services (ANG/SGP); AF/SG Medical Plans, Programs, & Budget (AF/SG8); and the RHRP Program Office.

2.8. National Guard Bureau Surgeon General (NGB/SG). NGB/SG is the OPR for DRHA instructions and guidance for ANG members.

2.8.1. Designates a program manager to oversee the DRHA Program and to coordinate with AFMOA/SGPM on quality measures. **Note:** ANG DRHA Program Managers will collaborate with the RHRP Program Office to ensure DRHA quality assurance and compliance measures are met by the contractor.

2.8.2. Provides a representative to the FHP&R Deployment Health Working Group.

2.8.3. Determines contract support requirements to execute the RHRP.

2.8.4. Reviews DRHA contract workload/expenses in coordination with the ANG Financial Management and the RHRP Program Office to evaluate funding of contracts that support the DRHA program.

2.9. AF Installation Commander.

2.9.1. Establishes a command expectation that deploying military and civilian personnel will meet DRHA, individual medical readiness (IMR), and pre- and post-deployment medical requirements. (T-0).

2.9.2. Establishes a leadership forum for all Unit/CCs, to include all tenant units, in which data/trend analysis regarding DRHA, IMR, and deployment medical requirements are discussed IAW AFI 48-101, Aerospace Medicine Enterprise. (T-2).

2.9.3. Directs the Installation Military Personnel Flight (MPF) (to include ARC Force Support Squadrons) to add IMR/DRHA currency status to the virtual MPF permanent change of station (PCS) out-processing checklist (applicable for ARC members transferring to another unit or component). (T-2). **Note:** Checking DRHA status during out-processing is

not required when PCSing from remote (short tour) AF installations or other geographically separated locations without local AF MTF support. (T-2).

2.9.4. In Joint Basing and tenant unit situations where a sister Service is the lead Service, the AF Installation Commander responsibilities described in this AFI fall to the senior-ranking AF member or his/her delegate. (T-2).

2.10. Unit Commander (or equivalent).

2.10.1. Establishes a command expectation that deploying military and civilian personnel will meet DRHA, IMR, and pre- and post-deployment medical requirements. (T-0).

2.10.2. Designates Unit POCs in writing (usually Unit Deployment Manager and/or Unit Health Monitor), and sends an authorization letter to request ASIMS access (for Unit POCs) from the ASIMS Administrator in PH/FHM and updates as necessary. Designees should be limited in number, and designee letters must be for a specified period of time and for a specified and directed purpose. (T-2).

2.10.3. Ensures re-deploying personnel (including DAF Civilians) promptly complete all post-deployment health requirements identified by PH/FHM (e.g. post-deployment health assessments, serum draws and turn-in of Force Health Protection Prescription Products (if issued)) immediately upon return from deployment, and prior to release for rest and recuperation, leave, or demobilization. (T-0).

2.10.4. Ensures unit DRHA due/overdue status is monitored frequently using IMR systems and reports (i.e. ASIMS Web). (T-1).

2.11. MTF Commander (including ANG GMU/CC and RMU/CC). The MTF/CC is the OPR for the DRHA Program at the installation level. (T-2).

2.11.1. Ensures pre- and post-deployment related medical services are provided to deploying personnel IAW this instruction, CCMD reporting instructions and DoDIs. (T-0).

2.11.2. Ensures MTF capabilities and appointment access are adequate to meet deployment medical assessment and DRHA requirements and to provide sufficient follow-up care IAW TRICARE access standards and other MTF guidance. (T-2). **Note:** When ARC medical resources necessary to complete pre- and post-deployment related medical services are inadequate or unavailable, ARC members are eligible to complete deployment health and medical requirements through TRICARE or at other AF MTF locations. (T-2).

2.11.3. Monitors and enforces MTF compliance with this instruction. (T-2).

2.11.4. Plans for, budgets for, and procures DRHA supplies and equipment. (T-2).

2.11.5. Maintains and resources the DRHA program. (T-2).

2.11.6. Ensures DRHAs are completed using ASIMS and documented in AHLTA/EHR if available. (T-2).

2.11.7. Ensures medical support contracts are executed in a timely fashion to ensure ongoing continuity and sustainment of DRHA Program activities. (T-2).

2.11.8. Provides pre- and post-deployment medical support to deploying and re-deploying ARC members IAW applicable DoDI/AF policy and the Intraservice Support Agreement between the host Active Duty Installation and tenant Reserve Wing. (T-1).

2.11.9. Ensures appointment availability for DRHA encounters and expedited care for patients with Critical findings, Priority findings, or recommended medical referrals. (T-2).

2.12. The Chief of Aeromedical Services (SGP). The SGP is the OPR for administrative-support oversight of the DRHA Program.

2.12.1. Reports DRHA compliance and provides programmatic updates to medical and wing leadership to ensure continuity and success of the DRHA Program IAW AFI 48-101 and AFI 10-403. (T-2).

2.12.2. Advises appropriate Unit/CC on adequate PH/FHM resources and staffing required for administration of the DRHA Program. (T-2).

2.12.3. Coordinates with appropriate MTF Sq/CC to ensure a credentialed, trained provider consultant (i.e., Nurse Practitioner, Physician Assistant, Physician) is appointed to provide deployment-related clinical support to PH/FHM. (T-1). **Note:** Ideally this provider will also serve in the capacity as DRHA provider consultant as described in 2.13.1. (T-3).

2.13. The Chief of Medical Staff (SGH) (the Designated Senior Physician for AFR; SGP for the ANG). The SGH is the OPR for clinical support and quality assurance of the DRHA Program.

2.13.1. Designates a military DRHA Provider Consultant in writing to ensure MTF (and ARC) providers are credentialed, trained, and certified to administer DRHAs. (T-3). **Note:** The DRHA Provider Consultant will manage DRHA training, peer review and quality assurance activities, and serve as liaison to PH/FHM section and AFMOA/SGPM for DRHA-related issues. (T-2).

2.13.2. Designates a Mental Health Provider Consultant in writing to provide quarterly reports to Executive Committee of the Medical Staff (ECOMS) on appropriateness of referrals received from primary care for DRHA-related issues (the section is not applicable to the ARC). (T-2).

2.13.3. Advises appropriate MTF Sq/CC on the following aspects of the deployment health program:

2.13.3.1. Provider compliance with deployment health Clinical Practice Guidelines (CPGs), International Classification of Diseases (ICD) coding, and specialty referral management and follow-up (when indicated). (T-0)

2.13.3.2. Provider availability to support DRHA Program requirements, to include mass deployments and short-notice contingency taskings. (T-1).

2.13.3.3. Provider review and completion of the required provider portions of the DRHAs within the specified timeframes. (T-0).

2.13.3.4. Quarterly DRHA quality assurance assessments and record reviews. Provider assessment, disposition, and documentation of deployment-related health screenings must be evaluated as part of the MTF peer review process. (T-0) Guidance for peer review of DRHA encounters is available on the Deployment Health KJ on the AFMS Kx at <http:///>.

2.13.3.5. Adverse health trends, identified by DRHA data analysis and reviewed at the Population Health Working Group (PHWG) and the Community Action Information Board/Integrated Delivery System (CAIB/IDS). (T-2).

2.13.4. Reports peer review/quality assurance findings to the Executive Committee of the Medical Staff (ECOMS) quarterly (for ANG review/quality assurance findings will be reported to the Executive Management Committee). (T-2).

2.13.5. Ensures that health care providers are trained and certified to perform DRHAs and to make appropriate clinical referrals in accordance with this instruction. (T-1). **Note:** Providers must submit training certificates to the credentials manager. The credentials manager will enter certifications in Centralized Credentials and Quality Assurance System (CCQAS) and notify the ASIMS Administrator when providers complete the required training, so they can be granted access to the deployment section of ASIMS. (T-2).

2.14. Public Health/Force Health Management Section. (Air Reserve Technician [ART] at ground RMUs and Deployment Health Manager [DHM] for ANG).

2.14.1. Ensures electronic deployment health records are created in ASIMS for all deploying personnel identified by Unit Deployment Managers (UDMs). (T-0).

2.14.2. Reports DRHA unit compliance metrics to the Aerospace Medicine Council (AMC), MTF Executive Committee, and Installation leadership IAW AFI 48-101. (T-2).

2.14.3. Provides DRHA training and information to unit leadership (annually) and UDMs (semi-annually) to ensure unit personnel are informed of DRHA requirements. (T-2).

2.14.4. Verifies all pre-deployment medical requirements are complete IAW CCMD reporting instructions, the DoD Foreign Clearance Guide, and DoD and AF guidance before documenting completion for deploying individuals. (T-1).

2.14.5. Documents completion of post-deployment in-processing and associated medical requirements once all post-deployment health requirements have been met. Verifies the deployment record is accurate and complete in ASIMS. (T-1).

2.14.6. Reviews status of individuals in-processing (newcomers) and out-processing the installation to ensure currency of IMR and DRHA requirements. (T-2).

2.14.7. For AFR, the full-time ART assigned to ground RMU assists the Designated Senior Physician to ensure a credentialed and DRHA trained health care provider reviews and completes the required provider portions of the DRHA within the specified timeframe. The full-time ART also tracks, facilitates, and ensures member receives referral medical management as recommended by the credentialed health care provider in provider portions of the DRHA. (T-2).

2.15. Mental Health (Director of Psychological Health for ANG).

2.15.1. Ensures timely and appropriate mental health care for personnel referred to the mental health clinic and/or Behavioral Health Optimization Program (BHOP) services. (T-0).

2.15.2. Provides consultation based on deficiencies identified by the SGH in the DRHA peer review process for reporting to ECOMS. (T-2).

2.15.3. Assists DRHA Provider Consultant in the analysis of negative mental health trends reported through DRHAs (e.g. alcohol/substance abuse, suicidal ideation, Post-Traumatic Stress Disorder [PTSD], Traumatic Brain Injury [TBI], depression, violence, etc.) and reports to PHWG and CAIB/IDS, as appropriate. For AFR, PHWG is not applicable. (T-2).

2.15.4. Screens medical records of all deploying personnel for MH/ADAPT/FAP history prior to deployment and post-deployment for further assessment as appropriate. (T-0). The MHA Pocket Guide is available on the Deployment Health KJ on the AFMS Kx at [https://kx2.afms.mil/kj/kx3/DeploymentHealth/Documents/DoD MHA Pocket Guide.pdf](https://kx2.afms.mil/kj/kx3/DeploymentHealth/Documents/DoD_MHA_Pocket_Guide.pdf).

2.16. Primary Care Manager (PCM) (Family Medicine Providers and Flight Surgeons) or DRHA Contract Provider.

2.16.1. Completes DoD and AF deployment health training requirements and submits training certificate to MTF credentials manager. Independent Duty Medical Technicians (IDMTs) who have been trained and certified to conduct DRHAs are authorized to administer DRHAs only for personnel in deployed locations or at GSUs greater than 50 miles from an MTF. DRHA training for IDMTs will be documented in the Air Force Training Record (AFTR). (T-0). Links to required training are available on the Deployment Health KJ on the AFMS Kx at <https://kx2.afms.mil/kj/kx3/DeploymentHealth/Pages/ProviderEducationTraining.aspx>. (T-1).

2.16.2. Utilizes clinical guidance for deployment-related health concerns found at <https://kx2.afms.mil/kj/kx3/DeploymentHealth/Documents/ClinicalGuidanceforDeployment-RelatedHealthConcernsNov2012.pdf>. (T-1).

2.16.3. Conducts face-to-face patient encounter for each DRHA and recommends medical referrals/follow-up IAW deployment health CPG. (T-0). **Note:** Active Component DRHA workload in Family Medicine and Flight Medicine Clinics will be captured using the provider's Medical Expense and Performance Reporting System (MEPRS) code outlined in the Deployment Health Program Guide on the AFMS Kx at [https://kx2.afms.mil/kj/kx3/DeploymentHealth/Documents/DHA Program Guide.pdf](https://kx2.afms.mil/kj/kx3/DeploymentHealth/Documents/DHA_Program_Guide.pdf). (T-2).

2.16.4. Electronically completes the provider portion of the DRHA and documents the assessment/findings in ASIMS and in the patient's Electronic Health Record (EHR)/Armed Forces Longitudinal Technology Application (AHLTA), and/or hard copy medical record for ARC if EHR/AHLTA is not available. (T-0). **Note:** If the DRHA encounter is conducted by a provider other than the PCM, positive findings and recommended referrals/follow-up be coordinated with Service member's PCMH (Patient Centered Medical Home) provider. For the ARC, recommended medical referrals on a DRHA conducted by an RHRP-contracted provider will be coordinated and tracked by the designated ARC DRHA representative. As appropriate, the DRHA Provider Consultant will facilitate the appropriate follow-up. ARC-specific guidance is available in the AFR and ANG DRHA Program Guides on the Deployment Health KJ on the AFMS Kx at <https://kx2.afms.mil/kj/kx3/DeploymentHealth/Pages/GuardAndReserve.aspx>. (T-1).

2.17. Unit Deployment Manager.

2.17.1. Notifies personnel of deployment medical and DRHA completion requirements. (T-2).

2.17.2. Notifies PH/FHM (or designated MTF POC) of unit personnel tasked to deploy IAW AFI 10-403. (T-1).

2.17.3. Monitors medical clearance and DRHA compliance status for unit Airmen and DAF Civilians via ASIMS in coordination with PH/FHM, or similar agency. Real-time reports are available at <https://imr.afms.mil/imr/LoginUnit.aspx>. (T-2).

2.17.4. Assists deploying personnel with completion of IMR and DRHA requirements. (T-2).

2.17.5. Briefs or presents DRHA program purpose, requirements and processes to unit personnel and DRHA compliance to squadron and group leadership. (T-3).

2.17.6. Uses the ASIMS Web program Deployment Medical Clearance Module to manage deploying members by assigning individual deployment taskings and monitoring the overall status of each deploying member throughout the medical clearance process. (T-2).

2.18. Deploying Personnel.

2.18.1. Monitor and maintain currency of their IMR and DRHA requirements. Requirements can be monitored using MyIMR at <https://imr.afms.mil/imr/myIMR.aspx> (ARC may also use ARCNet). (T-2).

2.18.2. Upon official tasking, and at the direction of the UDM, contact PH/FHM to initiate and complete deployment medical clearance IAW CCMD, DoD, and AF guidance. Deploying personnel log on to MyIMR at <https://imr.afms.mil/imr/MyIMR.aspx> and complete DRHA #1 (DD Form 2795) electronically. (T-1). **Note:** Deploying personnel in the Personnel Reliability Program (PRP) and Presidential Support Program (PSP) must complete DRHA forms at the MTF. (T-2).

2.18.3. Complete DRHAs and accomplish DRHA medical encounters with a trained health care provider within required timeframes and complete all required pre- and post-deployment medical clearance tasks. For AFR, accomplish medical referrals as described in the provider portions of the DRHA and provide documentation of medical management received to the full-time RMU ART. (T-1).

2.18.4. In addition to deployment medical requirements identified in this document, DAF Civilians must meet deployment readiness requirements IAW published guidance. (T-1).

Chapter 3

DEPLOYMENT-RELATED HEALTH ASSESSMENT PROGRAM REQUIREMENTS

3.1. DRHA Timeline.

3.1.1. In accordance with DoD policy, five (5) DRHAs must be completed at specific intervals throughout the deployment cycle:

3.1.1.1. DRHA #1 - Within 120 days before the estimated date of deployment (i.e., date departing home station for deployment or first movement). (T-0).

3.1.1.2. DRHA #2 – Within 30 days prior to departure from theater or within 30 days after return from theater. **Note:** Every effort should be made to accomplish DRHA #2 prior to departing the deployed location. (T-0).

3.1.1.3. DRHA #3 - Between 90 days and 180 days after return from deployment. (T-0).

3.1.1.4. DRHA #4 - Between 181 days and 545 days after return from deployment. (T-0).

3.1.1.5. DRHA #5 - Between 546 days and 910 days after return from deployment. (T-0).

3.1.1.6. IAW DoDI 6490.12, if an individual begins pre-deployment processing again before completing any of the three required post-deployment mental health assessments and, as part of that process, completes a pre-deployment mental health assessment, the individual's deployment mental health assessment cycle will be reset and the requirement to complete the post- deployment mental health assessments will be considered satisfied.

3.2. DRHA Readiness Activities. DRHAs will be incorporated into the following readiness and deployment health activities:

3.2.1. DRHA #1 will be accomplished with pre-deployment medical out-processing; all personnel (RegAF, ARC, and DAF Civilians) must report to PH/FHM section to initiate pre-deployment medical out-processing activities IAW DoD, Air Force, and CCMD Reporting Instructions. (T-0). **Note:** ARC personnel will perform medical out-processing through their respective RMUs/GMUs for traditional Reserve or Guardsmen. IMAs will process through their MTF unit of attachment. RMUs/GMUs may enter into agreements for support from an RegAF MTF, where appropriate; however, the RMU/GMU will retain overall responsibility for medical out-processing and tracking of all deployment-related health requirements. ANG MDG providers will review responses with the member to determine deployability. (T-1).

3.2.2. DRHA #2 will be accomplished with pre-reintegration actions and medical out-processing from theater; all personnel (RegAF, ARC, and DAF Civilians) will report to the deployed MTF to accomplish medical out-processing activities. If unable to be accomplished in theater prior to re-deployment, the DRHA #2 will be completed within 30 days of return to home station. (T-0).

3.2.3. All personnel (RegAF, ARC, and DAF Civilians) will accomplish DRHA #3 between 90 and 180 days after return from deployment. (T-0).

3.2.4. DRHAs #4 and #5 (not required for DAF Civilians) will be accomplished with the annual PHA. (T-0). **Note:** If DRHA #4 or #5 does not coincide with the member's annual PHA, the assessment will be completed separately to ensure it occurs within the required time frame. (T-0).

3.3. Scheduling the DRHA Appointment.

3.3.1. All patients on the Open DRHA List in ASIMS require a face-to-face (person-to-person for ARC personnel completing DRHAs #3, #4, and #5) assessment with a trained health care provider. The required timeline for patient contact and appointments is dictated by Critical, Priority, Routine, Negative, and Incomplete findings on the DRHA (see below). (T-1). **Note:** Reference the RegAF, AFR, and ANG DRHA Program Guides on the Deployment Health KJ, AFMS Kx at <https://kx2.afms.mil/kj/kx3/DeploymentHealth/Pages/home.aspx> for specific guidance on roles and responsibilities.

3.3.1.1. Critical findings – A health care provider certified to perform DRHAs or a Registered Nurse must contact deploying personnel within one (1) duty day to assess the need for immediate intervention or urgent care; the face-to-face encounter must be conducted within three (3) duty days. (T-1).

3.3.1.2. Priority and Incomplete findings – A trained health care provider must conduct the face-to-face encounter within seven (7) calendar days. (T-1).

3.3.1.3. Routine or Negative findings – A trained health care provider must conduct the face-to-face encounter within thirty (30) calendar days. (T-1).

3.4. DRHA Completion Requirements.

3.4.1. All deploying personnel (to include other Armed Forces Service members empanelled to Joint Base MTFs where the AF is the lead agent for medical services) will complete DRHAs online via ASIMS unless otherwise directed by local joint base Memorandum of Agreement (MOA). (T-0). **Note:** During a short-notice contingency operation, in the absence of ASIMS, hard copy and/or hand-written DRHAs may be accepted; however, DRHA hand-written forms must be manually transcribed immediately into ASIMS. (T-0).

3.4.2. DRHA forms (DD Forms 2795, 2796, 2900, and 2798) are expressly prohibited from use during exercise scenarios not involving real-world taskings or official issuance of contingency orders. (T-1).

3.4.3. A legible copy of DRHAs #1, #2, #3, #4, and #5 must be documented in the deployer's EHR, if the capability exists. Otherwise, a hard copy must be filed in the outpatient medical record. Specific instructions for ASIMS/AHLTA documentation is available in the DRHA Program Guide on the Deployment Health KJ on the AFMS Kx at https://kx2.afms.mil/kj/kx3/DeploymentHealth/Documents/DHA_Program_Guide.pdf. (T-0).

3.4.4. All deployment-related visits will be documented using appropriate ICD codes. Guidance for coding DRHA encounters is available on the Deployment Health KJ on the AFMS Kx at <https://kx2.afms.mil/kj/kx3/DeploymentHealth/Pages/DeploymentHealthCoding.aspx>. (T-0).

THOMAS W. TRAVIS
Lieutenant General, USAF, MC, CFS
Surgeon General

Attachment 1**GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION*****References***

- AFGM48-05, Implementation of Revised Department of Defense Forms 2795, 2796, and 2900 – Deployment Health Assessments, 5 June 2013
- AFI 10-101, Format and Content of Mission Directives, 12 February 2003
- AFI 10-250, Individual Medical Readiness, 16 April 2014
- AFI 10-403, Deployment Planning and Execution, 20 September 2012
- AFI 33-360, Publication and Forms Management, 25 September, 2013
- AFI 41-210, TRICARE Operations and Patient Administration Functions, 6 June, 2012
- AFI 44-102, Medical Care Management, 20 January 2012
- AFI 44-109, Mental Health, Confidentiality, and Military Law, 1 March 2000
- AFI 44-119, Medical Quality Operations, 19 August 2011
- AFI 44-170, Preventive Health Assessment, 30 January 2014
- AFI 44-171, Patient Centered Medical Home and Family Health Operations, 18 January 2011
- AFI 44-172 AFGM2, Mental Health, 1 May 2013
- AFI 44-173, Population Health Management, 19 July 2011
- AFI 44-176, Access to the Care Continuum, 12 September 2011
- AFI 48-101, Aerospace Medicine Enterprise, 19 October 2011
- AFI 48-123 AFGM4, Air Force Guidance Memorandum to AFI 48-123, Medical Examinations and Standards, 29 January 2013
- AFI 51-604, Appointment to and Assumption of Command, 4 Apr 2006
- AFPD 33-3, Information Management, 8 September 2011
- AFMAN 33-326, Preparing Official Communications, 25 November 2011
- AFMAN 33-363, Management of Records, 1 March 2008
- DODD 5100.3, *Support of the Headquarters of Combatant and Subordinate Joint Commands*, November 19, 1999
- DODI 5025.01, *DOD Directives Program*, October 28, 2007
- DOD 5200.1-R, *Information Security Program*, January 14, 1997
- DOD 5400.7-R_AFMAN 33-302, *Freedom of Information Act Program*, 21 October 2011
- DODI 6200.05, *Force Health Protection Quality Assurance Program*, 16 February 2007
- DODI 6490.07, *Deployment-Limiting Medical Conditions for Service Members and DoD Civilian Employees*, 5 February 2010

DODI 6490.12, *Mental Health Assessments for Service Members Deployed in Connection with a Contingency Operation*, February 26, 2013

DODI 6490.03, *Deployment Health*, 11 August 2006

DODI 3020.41, *Operational Contract Support*, 20 December, 2011

DODI 6020.19, *Individual Medical Readiness*, 3 January, 2006

OASD(HA) Policy Memo, *Implementation of Revised DD Forms 2795, 2796, and 2900*, July 26, 2012

OASD (HA) Policy Memo 06-006, *Periodic Health Assessment Policy for Active Duty and Selected Reserve Members*, 16 February, 2006

OASD(HA) Policy Memo, *Clinical Practice Guidance for Deployment-Limiting Mental Disorders and Psychotropic Medications*, October 7, 2013

T.O. 00-5-1, *Air Force Technical Order System*, 15 October 2006

Adopted Forms

AF Form 847, *Recommendation for Change of Publication*

DD Form 2795, *Pre-Deployment Health Assessment*

DD Form 2796, *Post-Deployment Health Assessment*

DD Form 2900, *Post-Deployment Health Reassessment*

DD Form 2798, *Deployment Mental Health Assessment*

DD Form 2766, *Adult Preventive and Chronic Care Flowsheet*

OF 178, *Certificate of Medical Examination*

Abbreviations and Acronyms

AC—Administrative Change

AD—Active Duty

AF—Air Force

AFDPO—Air Force Departmental Publishing Office

AFH—Air Force Handbook

AFI—Air Force Instruction

AFHSC—Armed Force Health Surveillance Center

AFMS—Air Force Medical Service

AFR—Air Force Reserve

AFRIMS—Air Force Records Information Management System

AFTR—Air Force Training Record

AHLTA—Armed Forces Longitudinal Technology Application

AMC—Aerospace Medicine Council
ANG—Air National Guard
ARC—Air Reserve Component
ASIMS—Aeromedical Services Information Management System
BHOP—Behavioral Health Optimization Program
CC—Commander
CCDR—Combatant Commander
CCQAS—Centralized Credentials and Quality Assurance System
COCOM—Combatant Command
CONUS—Continental United States
CPG—Clinical Practice Guideline
DAF—Department of the Air Force
DEERS—Defense Enrollment Eligibility Reporting System
DH—Deployment Health
DHA—Defense Health Agency
DHP—Defense Health Program
DMSS—Defense Medical Surveillance System
DRHA—Deployment-Related Health Assessment
DRU—Direct Reporting Unit
DoD—Department of Defense
DoDI—Department of Defense Instruction
ECOMS—Executive Committee of the Medical Staff
EHR—Electronic Health Record
FHP&R—Force Health Protection and Readiness
GS—General Schedule
GSU—Geographically Separated Units
HIV—Human Immunodeficiency Virus
IAW—In Accordance With
ICD—International Classification of Diseases
IDMT—Independent Duty Medical Technicians
IMA—Individual Mobility Augmentees
IMR—Individual Medical Readiness

KJ—Knowledge Junction
Kx—Knowledge Exchange
MAJCOM—Major Command
MDG—Medical Group
MEPRS—Medical Expense and Performance Reporting System
MHA—Mental Health Assessment
MICT—Manage Internal Control Toolset
MOA—Memorandum of Agreement
MPF—Military Personnel Flight
MTF—Medical Treatment Facility
OCONUS—Outside the Continental United States
ORE—Operational Readiness Exercise
ORI—Operational Readiness Exercise
PA—Privacy Act
PCM—Primary Care Manager
PCMH—Patient Centered Medical Home
PCS—Permanent Change of Station
PDHA—Post-deployment Health Assessment
PDHRA—Post-deployment Health Reassessment
PHA—Preventive (or Periodic) Health Assessment
PH/FHM—Public Health, Force Health Management
PHWG—Population Health Working Group
PRP—Personnel Reliability Program
PSP—Presidential Support Program
PTSD—Post-Traumatic Stress Disorder
RHRP—Reserve Health Readiness Program
RMU—Reserve Medical Unit
SGH—Chief of Medical Staff
SGP—Chief of Aeromedical Services
TBI—Traumatic Brain Injury
UDM—Unit Deployment Manager
UHM—Unit Health Monitor

Terms

Accountable Forms—Forms that the Air Force stringently controls and which cannot be released to unauthorized personnel, since their misuse could jeopardize DoD security or result in fraudulent financial gain or claims against the government.

Administrative Change—Change that does not affect the subject matter content, authority, purpose, application, and/or implementation of the publication (e.g., changing the POC name, office symbol(s), correcting misspellings, etc.)

Approval Authority—Senior leader responsible for contributing to and implementing policies and guidance/procedures pertaining to his/her functional area(s) (e.g., heads of functional two-letter offices).

Air Force Reserve Component—The USAF Air Reserve Component consists of the AFR and ANG. AFRC stood up as a MAJCOM February 17, 1997. The change in status, authorized by Congress in the Fiscal 1997 National Defense Authorization Act, was based on the experience gained from the AFR mobilization for Operations Desert Shield and Desert Storm.

Authentication—Required element to verify approval of the publication; the approval official applies his/her signature block to authenticate the publication. The signature block includes the official's name, rank, and title (not signature).

Contingency—A situation requiring military operations in response to natural disasters, terrorists, subversives, or as otherwise directed by appropriate authority to protect US interests.

Contingency Deployment—A deployment that is limited to outside the continental United States, over 30 days in duration and in a location with medical support from only non-fixed (temporary) military MTFs. It is a deployment in which the relocation of forces and material is to an operational area in which a contingency is or may be occurring.

Deployment—The relocation of forces and materiel to desired operational areas. Deployment encompasses all activities from origin or home station through destination, specifically including inter-continental United States, inter-theater, and intra-theater movement legs, staging, and holding areas.

Geographically Separated Units—Any unit separated from its servicing military personnel flight beyond a reasonable commuting distance. For ANG units, the term GSU is used synonymous with Independent Unit (IU).

Individual Medical Readiness—A means to assess an individual Service member's, or larger cohort's, readiness level against established metrics applied to key elements of health and fitness to determine medical deployability in support of contingency operations.

Medical Assessment—The total of the pre-deployment activities described in Attachment 1 of Enclosure 2 of DoDI 6490.03, *Deployment Health*.

Medical Treatment Facility—A facility established for the purpose of furnishing medical and/or dental care to eligible individuals. Also called MTF. (JP 1-02. SOURCE: JP 4-02)

Person-to-Person DRHA—Face-to-face, by telephone, or video teleconference.

Post-Deployment Health Assessment—The PDHA process and screener (DD Form 2796, DRHA#2) are conducted within 30 days prior to departure from theater or within 30 days after

return from theater. The DD Form 2796 is required if a DD Form 2795 was required during the pre-deployment phase and is directed at the individual's health status and concerns at redeployment- the screening is also used to document health events and enhance future force health.

Post-Deployment Health Reassessment—The PDHRA process and screener (DD Form 2900, DRHA#3) are conducted 90-180 days after redeployment. The PDHRA is not a psychological screening, but a health risk appraisal modeled after the existing pre- and post- deployment health assessment.

Pre-Deployment Health Assessment—The Pre-Deployment Health Assessment process and screener (DD Form 2795, DRHA#1) are conducted within 60 days of expected deployment date. This screener allows deploying personnel to record information about their general health and report any concerns they have prior to deployment. It also helps health care providers identify issues and provide medical care before deployment.

Primary Care Manager Team—Provides appropriate clinical and preventive healthcare to enrolled populations and will be supported by the establishment of regional centers of excellence and/or specialized treatment services.

Trained Health Care Provider—A physician, physician assistant, or nurse practitioner that is credentialed, trained, and certified to administer DRHAs (Trained IDMTs may conduct DRHAs only in deployed settings or for personnel assigned to GSUs located greater than 50 miles from an MTF).

Unit Deployment Manager—The UDM is a member assigned to a unit that manages all deployment readiness, training, and equipment requirements for all deployable personnel within their unit to ensure they are deployment-ready. In addition, UDMs support redeployed personnel in the Redeployment Support Process with commanders of their units.