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SECRETARY OF THE AIR FORCE**

AIR FORCE INSTRUCTION 48-170

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Aerospace Medicine

PERIODIC HEALTH ASSESSMENT



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This instruction implements Air Force Policy Directive 48-1, *Aerospace & Operational Medicine Enterprise (AOME)*. This instruction applies to uniformed members of the Regular Air Force, Air Force Reserve, and Air National Guard. This publication requires the collection and maintenance of information protected by the Privacy Act (PA) of 1974 (Title 5 United States Code Section 552a). System of records notice F044 AF SG E, Medical Record System, applies. Ensure that all records created as a result of processes prescribed in this publication are maintained in accordance with Air Force Instruction (AFI) 33-322, *Records Management and Information Governance Program*, and disposed of in accordance with the Air Force Records Disposition Schedule located at the Air Force Records Information Management System. Refer recommended changes and questions about this publication to the office of primary responsibility (OPR) using the Air Force Form 847, *Recommendation for Change of Publication*. Route Air Force Forms 847 from the field through the appropriate functional chain of command. This publication may be supplemented at any level, but all supplements must be routed to the OPR of this publication for coordination prior to certification and approval. 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 requestor's commander for non-tiered compliance items.

SUMMARY OF CHANGES

This document has been substantially revised and needs to be completely reviewed. Major changes include: changed title from “Preventive Health Assessment” to “Periodic Health Assessment” to be consistent with Department of Defense Instruction 6200.06; changed Air Force Instruction from 44-170 (44- Medical series) to 48-170 (48- Aerospace Medicine series) as the Periodic Health Assessment (PHA) Program more appropriately aligns within the Aerospace and Operational Medicine Enterprise; separated “Roles and Responsibilities” into **Chapter 2**; removed references to Unit Health Monitor as this is not an official additional duty in accordance with AFI 38-206, *Additional Duty Management*; removed references to the Preventive Health Assessment Cell, transferring administrative responsibilities for the installation PHA Program to the Base Operational Medicine Clinic; removed public health responsibility for managing the PHA Program; removed Chief of Medical Staff (SGH) responsibilities in the PHA Program; referenced Department of Defense Instruction 6200.06 and Defense Health Agency Procedural Instruction 6200.06 as new guidance references applicable to the Air Force Medical Service and Total Force Airmen; removed requirement for routine face-to-face PHA for Active Duty Airmen; removed reference to Air Force Web-based Health Assessment (Web HA), which has been replaced by Department of Defense Form (DD Form) 3024, *Annual Periodic Health Assessment*; removed previous authorization for the Deployment-Related Health Assessment 1, 2, or 3 to be used in place of the Air Force Web HA; introduced new requirement for mental health assessment (MHA) component to be added to the annual PHA; removed “critical” response generation within the PHA for Active Duty Airmen which requires time-sensitive, person-to-person contact; changed timeline for responding to a “priority” response from three to seven days; and deleted PHA guidance pertaining to the Air Reserve personnel.

Chapter 1

OVERVIEW

1.1. Overview. This instruction establishes requirements, procedures, and medical standards for Air Force PHAs. It is consistent with Department of Defense Instruction 6200.06, *Periodic Health Assessment (PHA) Program*, and Defense Health Agency Procedural Instruction 6200.06, *Periodic Health Assessment (PHA) Program*. The PHA Program was previously referred to as the Preventative Health Assessment Program.

1.2. Components. The PHA consists of four components:

- 1.2.1. Service member self-assessment;
- 1.2.2. Medical record review;
- 1.2.3. Person-to-person MHA;
- 1.2.4. Review and disposition by a trained healthcare provider.

1.3. Management. The Base Operational Medicine Clinic manages the PHA Program at active-duty military medical units.

Chapter 2

ROLES AND RESPONSIBILITIES

2.1. Air Force Surgeon General (AF/SG) shall:

- 2.1.1. Ensure medical resources are planned, programmed, and budgeted to meet PHA requirements.
- 2.1.2. Ensure Air Force PHA requirements are accomplished in accordance with public law and with Department of Defense and Defense Health Agency requirements.
- 2.1.3. Ensure Air Force PHA practices support operational and readiness requirements.

2.2. Director, Medical Operations (AF/SG3/4) shall:

- 2.2.1. Represent the Air Force at the Department of Defense Force Health Protection Council and Defense Health Board, forums which advise the Service Surgeons General and Department of Defense on PHA instructions and guidance.
- 2.2.2. Serve as the approval authority for major command, Air Reserve Component, field operating agency, or direct reporting unit waivers pertaining to this instruction.
- 2.2.3. Develop guidance to ensure Airmen meet PHA requirements.

2.3. Air Force Chief, Aerospace Medicine Policy & Operations (AF/SG3P) shall:

- 2.3.1. Serve as the Office of Primary Responsibility for the Air Force PHA Program.
- 2.3.2. Represent Air Force at the PHA Optimization Working Group.
- 2.3.3. Develop and update PHA standards, instructions, and guidance.
- 2.3.4. Establish information systems requirements [including Aeromedical Services Information Management System (ASIMS)] in support of operational medicine (including PHA) and coordinates with appropriate support and resourcing agencies.
- 2.3.5. Define what responses on the PHA patient questionnaire will be flagged as “priority” responses within ASIMS to indicate the need for additional, timely processing by Base Operational Medicine Clinic staff processing.

2.4. Major Command or Air Reserve Component Commander shall: Coordinate the implementation of PHA standards, instructions, and publications with Director, Medical Operations (AF/SG3/4).

2.5. Major Command Surgeon or Air Reserve Component Surgeon shall:

- 2.5.1. Ensure major command or Air Reserve Component medical resources are planned, programmed, and budgeted to meet PHA requirements.
- 2.5.2. Ensure major command or Air Reserve Component PHA requirements are accomplished in accordance with public law and with Department of Defense, Defense Health Agency, and Air Force requirements including this instruction.
- 2.5.3. Ensure major command or Air Reserve Component PHA practices support operational and readiness requirements.

2.6. Major Command Chief of Aerospace Medicine or Air Force Component Reserve Chief of Aerospace Medicine shall:

2.6.1. Serve as the Office of Primary Responsibility for the major command or Air Reserve Component PHA Program. (Note: Non-Unit Reserve Personnel (i.e. Category B and E) will follow Air Force Reserve Command Surgeon General guidance for the PHA Program.)

2.6.2. Oversee the execution of operational medicine (including PHA) standard work for all military medical units supported by the major command or Air Reserve Component, respectively.

2.6.3. Develop major command or Air National Guard-specific supplements to Air Force Instruction 48-170, as necessary, to issue and clarify organization-specific PHA requirements.

2.7. Air Force Wing, Field Operating Agency, or Direct Reporting Unit Commander (including Geographically-Separated Units) shall:

2.7.1. Ensure unit members comply with the PHA requirement as a component of individual medical readiness in accordance with AFI 10-250, *Individual Medical Readiness*, and Department of Defense Instruction 6025.19, *Individual Medical Readiness*.

2.7.2. Designate Commander Support Staff personnel who will require access to ASIMS to the installation ASIMS administrator in writing. (T-2).

2.7.3. Direct the Air Force military personnel flight to update PHA information on the virtual military personnel flight permanent change of station out-processing checklist. (T-2). **Notes:** This requirement includes Air Reserve Component Airmen transferring to another unit or another component. For joint bases and tenant units where a sister service is the lead service, this responsibility to support PHA currency is shared by the senior-ranking Airman or his/her delegate.

2.8. Commander Support Staff (CSS) shall:

2.8.1. Manage PHA as a component of individual medical readiness in accordance with AFI 10-250.

2.8.2. Monitor unit PHA compliance via ASIMS in coordination with the Base Operational Medicine Clinic/PHA. (T-3). Real-time reports are available at <https://asimsimr.health.mil/imr/LoginUnit.aspx>.

2.8.3. Assist Airmen with coordinating PHA follow-up clinical services and individual medical readiness requirements. (T-3).

2.8.4. Schedule Airmen for PHA in ASIMS (Air Reserve Component units only). (T-3).

Section 2A—Procedural Guidance**2.9. Individual Airman shall:**

2.9.1. Monitor and maintain currency of his/her individual medical readiness requirements, including PHA, in accordance with AFI 10-250 and Department of Defense Instruction 6025.19. **Note:** Individual medical readiness status can be monitored using the MyIMR application at <https://asimsimr.health.mil/imr/myIMR.aspx>.

2.9.2. Complete PHA self-assessment on DD Form 3024 in ASIMS via the MyIMR application. **(T-0)**.

2.9.3. Schedule MHA appointment according to the procedures of the servicing military medical unit. **(T-3)**.

2.9.4. Keep PHA appointments, follow-up appointments, and other PHA-related deadlines. **(T-2)**.

2.10. Military Medical Unit Commander/Director, including Air National Guard Medical Group Commander and Reserve Medical Unit Commander shall: Note: Where this instruction references military medical units, this term will be used to include all Air Force component medical facilities, groups, and units that perform the aerospace medicine mission (e.g., Reserve Medical Units).

2.10.1. Ensure military medical resources are planned, programmed, and budgeted to meet PHA requirements. **(T-1)**.

2.10.2. Prioritize medical requirements and resources to ensure medical support of operational and readiness requirements. **(T-1)**.

2.10.3. Provide appropriate follow-up care in accordance with TRICARE access standards and other Air Force Medical Service and military medical unit guidance. **(T-1)**.

2.11. Military Medical Unit Chief of Aerospace Medicine shall:

2.11.1. Serve as the installation Office of Primary Responsibility for the PHA Program. **(T-2)**.

2.11.2. Provide executive and clinical oversight of the PHA Program within the military medical unit. **(T-2)**.

2.11.3. Ensure PHA training, management, quality assurance, and continuous process improvement requirements are met in accordance with this instruction and Base Operational Medicine Clinic/Air Reserve Component Guidance. **(T-1)**.

2.11.4. Develop standing orders to enable clinical support personnel to order tests and schedule clinical preventive services on behalf of providers to the extent permitted by the 4N Career Field Education and Training Plan. **(T-3)**.

2.12. Group Practice Manager shall: Support the Base Operational Medicine Clinic/PHA in managing appointment access and projecting PHA and clinical preventive services demand. **(T-3)**. **Note:** Group practice manager responsibilities do not apply to Air Reserve Component units.

2.13. Base Operational Medicine Clinic Medical Director/Air Reserve Component Medical Units Chief of Aerospace Medicine (or Chief of Nursing Services in the Air National Guard) shall:

2.13.1. Supervise PHA professional services. **(T-3)**.

2.13.2. Ensure personnel involved in Base Operational Medicine Clinic/PHA processes are adequately trained, oriented, and task certified. **(T-3)**.

2.13.3. Monitor and tracks administrative performance measures (e.g., timely notification to patient care team of findings and follow-up requirements, timely close out of PHA). **(T-3)**.

2.13.4. Lead Base Operational Medicine Clinic/PHA quality assurance and continuous process improvement efforts. **(T-3)**.

2.14. Periodic Health Assessment Manager shall: Note: This term in this instruction is inclusive of health technician teams for Air National Guard and Air Force Reserve full-time Force Health Readiness section for Air Force Reserve Command.

2.14.1. Manage PHA demand forecasting and appointment access for Airmen on whom the military medical unit tracks and reports PHA compliance. **(T-3)**.

2.14.1.1. Reporting military medical units provide due/overdue PHA metrics to major command/Air Reserve Component commanders and oversee PHA processing for geographically-separated Airmen as well as collocated Airmen. **(T-3)**.

2.14.1.1.1. “Reporting” military medical units are the military medical units accountable to major commands or Air Reserve Component for PHA reporting and tracking purposes.

2.14.1.1.2. “Supporting” military medical units provide PHA services without reporting responsibilities and may support Airmen from various commands and components. **Note:** For Air Force Reserve Command, reporting and supporting medical units are the same.

2.14.1.2. The reporting unit will forecast, monitor, and manage geographically separated units and student populations regardless of which military medical unit provides their routine medical care. **(T-2)**. **Exception:** The supporting military medical unit should provide PHA services when they are synchronized with Flight and Special Operational Duty annual exams.

2.14.1.3. The Base Operational Medicine Clinic/PHA is not required to track Air Reserve Component or non-Air Force PHAs or notify these personnel that PHAs are due unless specific local processes to conduct these functions are set up with the Air Reserve Component or sister services. **(T-3)**.

2.14.1.4. In Air Force Reserve Command, the Readiness and Integration Organization has administrative control over Individual Mobilization Augmentees and compliance oversight.

2.14.1.5. When providing PHAs for non-Air Force personnel, forecasting demand may require information not provided in ASIMS but may be improved by historic data and regular communication of the supported sister service unit. The PHA office should not expect to manage the PHA currency of the unit (since that is a command responsibility), but should work to meet the demand in support of the commander.

2.14.2. Monitor ASIMS for completed PHA self-assessments requiring action. **(T-3)**.

2.14.3. Open a telephone consultation encounter in the electronic health record for any “priority” responses, which drives the PHA provider or nurse to contact the patient and complete the encounter. **(T-3)**.

2.14.4. Manage the PHA workload assigned to each Base Operational Medicine Clinic/PHA technician. **(T-3)**.

2.14.5. Monitor Base Operational Medicine Clinic/PHA technician work quality in accordance with Base Operational Medicine Clinic and, if applicable, Air Reserve Component PHA guidance. **(T-3)**.

2.15. Base Operational Medicine Clinic/Periodic Health Assessment Technician shall:

2.15.1. Monitor ASIMS for completed patient PHA self-assessments requiring action. **(T-3)**.

2.15.2. Open a telephone consultation encounter in the electronic health record for any “priority” responses, which drives the PHA provider or nurse to contact the patient and complete the encounter, when the PHA Manager is unavailable. **(T-3)**.

2.15.3. Perform a record review and document findings on the DD Form 3024. **(T-3)**. The technician shall update the DD Form 2766, *Adult Preventive and Chronic Care Flowsheet*, when appropriate in accordance with Air Force Manual 41-210, *TRICARE Operations and Patient Administration Functions*. **Note:** The PHA provider has responsibility for transferring the completed DD Form 3024 into the electronic health record as described in [paragraph 2.17.3](#)

2.15.4. Order required individual medical readiness labs in accordance with AFI 10-250.

2.15.5. Create an encounter in the electronic health record, when applicable, for the PHA provider. **(T-3)**.

2.15.6. Close out the PHA using the “non-Air Force close” function in ASIMS after they are performed by a provider who does not have access to ASIMS. **(T-3)**.

2.16. Mental Health Assessment Provider shall:

2.16.1. Shall be a health care provider, as defined by Department of Defense Instruction 6200.06, who is trained to perform MHAs. **(T-0)**.

2.16.2. Review patient’s DD Form 3024 input in ASIMS when at a military medical unit that supports ASIMS, and conducts person-to-person MHA. **(T-1)**.

2.16.3. Provide education, recommendations, and referrals as appropriate. **(T-3)**.

2.16.4. Document and sign MHA on the DD Form 3024 [in ASIMS when at a military medical unit that supports ASIMS], and transfers that information into the electronic health record. **(T-1)**.

2.17. Periodic Health Assessment Provider shall:

2.17.1. Review patient and staff DD Form 3024 input [in ASIMS when at a military medical unit that supports ASIMS]. **(T-1)**.

2.17.2. Assess Service members to verify they meet retention, mobility, duty, and fitness standards in accordance with AFI 48-123, *Medical Examinations & Standards* and AFI 48-133, *Duty Limiting Conditions* and ensure that active profiles are current and recorded properly on the AF Form 469, *Duty Limiting Conditions Report*, within ASIMS. **(T-0)**.

2.17.3. Complete the PHA on the DD Form 3024 (and on the DD Form 2766 when appropriate), in ASIMS when at a military medical unit that supports ASIMS, and transfers that information into the electronic health record. **(T-0)**.

2.17.4. Ensure follow-up recommendations/requirements are communicated to the patient and to the treating primary care team as appropriate. **(T-3)**. **Note:** Follow up appointments should not preclude the completion of the PHA.

2.17.4.1. The PHA provider will ensure that an airman is provided a face-to-face visit with a trained health care provider if clinically indicated in any part of the PHA process or if the airman requests such a visit. **(T-0)**.

2.17.4.2. Face-to-face visit requests should not delay the completion of the PHA.

2.17.4.3. Face-to-face care should be scheduled as a follow-up appointment with the appropriate primary care manager or specialist.

2.17.5. Recommend clinical preventive services based on the United States Preventive Services Task Force Guide to Clinical Preventive Services (www.uspreventiveservicestaskforce.org). **(T-1)**.

2.18. Primary Care Team (e.g., Family Health Clinic or Flight and Operational Medicine Clinic) shall:

2.18.1. Offer indicated Clinical Preventive Services (except where not permitted in the Air Reserve Component) and documents provision of counselling and services. **(T-3)**.

2.18.2. Follow up healthcare needs identified by the PHA for enrolled Airmen and other Service members. **(T-3)**.

2.18.3. Manage laboratory results of enrolled Service members. **(T-3)**. **Note:** Health Technician Teams/Air Reserve Technicians are responsible to ensure proper follow-up of Air Reserve Component Airmen.

Chapter 3

PERIODIC HEALTH ASSESSMENT PROGRAM OPERATIONS

3.1. Frequency.

3.1.1. Service members shall complete the PHA no earlier than 11 months (10 months, for Air Reserve Component only) and no later than 15 months from the previous PHA. **(T-1)**.

3.1.2. The Base Operational Medicine Clinic or PHA Manager is authorized to allow out of cycle PHAs to:

3.1.2.1. Coordinate attendance at in-residence Developmental Education or retraining/training assignments.

3.1.2.2. Prepare for permanent change of station to remote locations and geographically separated units.

3.1.2.3. Prepare for temporary duty assignments greater than 6 months.

3.1.2.4. Synchronize the PHA requirement with Flight and Special Operational Duty annual physical examinations.

3.1.2.5. Assist Air National Guard general officer promotions.

3.1.2.6. Synchronize with mandatory occupational and environmental health medical surveillance exams.

3.2. Training.

3.2.1. Documentation of training certificates.

3.2.1.1. The medical unit credentials manager shall ensure that all PHA training completed by health care providers, excepting independent duty medical technicians, is archived in the Joint Centralized Credentials Quality Assurance System. **(T-2)**.

3.2.1.2. PHA training completed by enlisted Airmen and non-privileged medical staff is in accordance with AFI 36-2651, *Air Force Training Program*, and AFI 44-119, *Medical Quality Operations*.

3.2.2. Local ASIMS Administrators must confirm completion of MHA specific training requirements prior to granting privileges to conduct the MHA. **(T-1)**.

3.3. Medical Clearance.

3.3.1. For medical clearances, the PHA is classified "Current" if it has been fewer than 366 days since the last PHA.

3.3.2. Accession

3.3.2.1. Newly accessioned Airmen will accomplish their first PHA no later than day 181 after arriving at their first permanent duty assignment. **(T-1)**.

3.3.2.2. Service members must have a current PHA prior to transfer to an Air Reserve Component unit. **(T-2)**.

3.3.3. Airmen in Training Programs.

3.3.3.1. Airmen will ensure PHAs remain current throughout training and retraining assignments. **(T-1)**.

3.3.3.2. For long training assignments/programs during which Airmen's PHAs will become non-current, training bases will provide PHA services to assigned trainees and should work with the formal training program to minimize disruption of training. **(T-2)**.

3.3.3.3. Flying Training.

3.3.3.3.1. Airmen will ensure that the PHA will be current prior to beginning and remain current throughout active undergraduate flying training. **(T-1)**. **Note:** Undergraduate Flying Training includes all variants of Undergraduate Remotely Piloted Aircraft Training, Undergraduate Pilot Training, Specialized Undergraduate Pilot Training, Undergraduate Navigator Training, Undergraduate Combat Systems Operator Training, and Undergraduate Air Battle Manager Training.

3.3.3.3.2. If the PHA is not current upon arrival, the Airman will accomplish a PHA during his/her in-processing at the Undergraduate Flying Training base. **(T-2)**.

3.3.3.4. Developmental Education. Airmen will ensure that the PHA will remain current throughout Developmental Education. **(T-1)**.

3.3.4. Permanent change of station and Air Reserve Component Transfers.

3.3.4.1. Airmen will ensure that the PHA will remain current throughout projected permanent change of station transitions. **(T-1)**.

3.3.4.1.1. Medical Standards Management Element, when medically clearing someone for permanent change of station, will ensure that the PHA currency is in accordance with all applicable personnel processing codes. **(T-3)**.

3.3.4.1.2. For stateside permanent change of station, the transition period will default to the report no later than date if no other personnel processing codes apply.

3.3.4.2. If permanent change of station is to a combat area of responsibility (e.g., United States Central Command), the Airman must accomplish a PHA within 120 days of the estimated departure date, even if this requires an early, out of cycle PHA. **(T-1)**.

3.3.4.3. Airmen assigned to an outside of continental United States combatant command (e.g., United States Central Command) will be considered exempt from PHA requirements. The PHA manager will not include these Airmen in PHA currency metrics. **(T-1)**.

3.3.4.4. If permanent change of station is from a combat area of responsibility (e.g., United States Central Command) to a base outside the combat area of responsibility, Airmen will be required to update their due/overdue PHA within 90 days of their report-no-later-than date. **(T-2)**.

3.3.5. Deployment.

3.3.5.1. PHA will be current on the required delivery date.

3.3.5.2. If a deployment is expected to be greater than a 190-day deployment and the PHA will expire during that time, the Airman must accomplish the PHA within 120 days of the projected departure date, even if this requires an early, out-of-cycle PHA. **(T-1)**.

3.3.5.3. During deployments, Airmen will be considered exempt from PHA requirements. The PHA Manager will not include these Airmen in PHA currency metrics. **(T-1)**. **Note:** This does not mean that they are current, but rather that they are not reported as overdue.

3.3.5.4. Upon redeployment, Airmen must update their due/overdue PHA within 90 days of departure from their deployed location. **(T-2)**.

3.3.5.5. Completion of the MHA portion of the PHA satisfies the requirement for Deployment-Related Health Assessment (DRHA) 4 or DRHA 5 when completed in the required DRHA timeframe as described in AFI 48-122, *Deployment Health*. A separate visit or encounter is not required for the DRHA 4 or DRHA 5.

3.3.5.6. Airmen will not substitute a DRHA in an attempt to fulfill the requirement for an annual PHA. **(T-0)**.

3.3.6. Personnel who require Occupational and Environmental Health Medical Surveillance Exam.

3.3.6.1. Airmen will not substitute a current Occupational and Environmental Health Medical Surveillance Exam in an attempt to satisfy the requirement for an annual PHA. **(T-0)**.

3.3.6.2. PHA is not a component of the annual Occupational and Environmental Health Medical Surveillance Exam.

3.3.6.3. Synchronizing Occupational and Environmental Health Medical Surveillance Exam and PHA is not required.

3.3.6.3.1. Synchronizing Occupational and Environmental Health Medical Surveillance Exam with the PHA cycle is permissible where this is operationally and practically advantageous.

3.3.6.3.2. If both exams are performed simultaneously, the performing provider must ensure that all requirements for each exam are met. **(T-0)**.

3.3.6.4. Inability to complete an annual Occupational and Environmental Health Medical Surveillance Exam will not prevent an Airman from completing a PHA. **(T-1)**.

3.3.7. Flying and Special Operational Duty personnel (i.e., personnel managed with DD Form 2992, *Medical Recommendation for Flying or Special Operational Duty*).

3.3.7.1. PHA requirements are distinct from the requirements of the annual exam, even though these are often accomplished together.

3.3.7.2. PHAs for Airmen requiring a DD Form 2992 have the same requirements as any Airman and can be accomplished in the same way any Airman completes a PHA.

3.3.7.3. Inability to complete an annual Flying and Special Operational Duty exam shall not preclude an Airman from completing a PHA. **(T-1)**.

3.3.7.4. A current Flying and Special Operational Duty annual exam shall not satisfy the requirement for an annual PHA. **(T-0)**.

3.3.7.5. A current PHA shall not satisfy the requirements of a Flying and Special Operational Duty annual exam. **(T-1)**.

3.4. Periodic Health Assessment Completion Timelines.

3.4.1. Upon Service member completion of the MHA questionnaire, the MHA shall be completed and signed by the MHA provider within 30 calendar days. **(T-2)**.

3.4.2. Upon Service member completion of the PHA questionnaire, the PHA shall be completed and signed by the healthcare provider within 120 calendar days. **(T-2)**.

3.4.3. The MHA provider shall address all “priority” responses person-to-person within seven calendar days. **(T-1)**.

3.5. Non-Air Force Periodic Health Assessments.

3.5.1. Air Force medical personnel shall coordinate with the administrative and personnel support offices of other military services when completing PHAs for non-Air Force Service members. **(T-2)**.

3.5.2. Non-Air Force Service members will complete the PHA questionnaire using their Service specific medical readiness system. **(T-0)**.

3.5.3. The PHA Manager shall manage support for non-Air Force PHAs. **(T-3)**.

DOROTHY A. HOGG
Lieutenant General, USAF, NC
Surgeon General

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

- AFI 48-133, *Duty Limiting Conditions*, 07 August 2014
- AFI 10-250, *Individual Medical Readiness*, 22 July 2020
- AFI 33-360, *Publications and Forms Management*, 1 December 2015
- AFI 36-2651, *Air Force Training Program*, 3 January 2019
- AFI 44-119, *Medical Quality Operations*, 16 August 2011
- AFI 48-122, *Deployment Health*, 18 August 2014
- AFI 48-123, *Medical Examinations and Standards*, 5 November 2013
- AFI 33-322, *Records Management and Information Governance Program*, 23 March 2020
- AFI 38-206, *Additional Duty Management*, 10 July 2018
- Air Force Manual 41-210, *Tricare Operations and Patient Administration Functions*, 10 September 2019
- Air Force Policy Directive 48-1, *Aerospace and Operational Medicine Enterprise (AOME)*, 7 June 2019
- Department of Defense Instruction 6025.19, *Individual Medical Readiness*, 9 June 2014
- Department of Defense Instruction 6200.06, *Periodic Health Assessment (PHA) Program*, 8 September 2016
- Defense Health Agency Procedural Instruction, 6200.06, *Periodic Health Assessment (PHA) Program*, 9 May 2017
- Title 5 United States Code Section 552a
- United States Preventive Services Task Force Guide to Clinical Preventive Services*, available at <http://www.uspreventiveservicestaskforce.org> and https://www.uspreventiveservicestaskforce.org/uspstf/topic_search_results

Adopted Forms

- Air Force Form 469, *Duty Limiting Conditions Report*
- Air Force Form 847, *Recommendation for Change of Publication*
- DD Form 2766, *Adult Preventive and Chronic Care Flowsheet*
- DD Form 2992, *Medical Recommendation for Flying or Special Operational Duty*
- DD Form 3024, *Annual Periodic Health Assessment*

Abbreviations and Acronyms

AFI—Air Force Instruction

ASIMS—Aeromedical Services Information Management System

DD—Department of Defense

DRHA—Deployment-Related Health Assessment

MHA—mental health assessment

OPR—office of primary responsibility

PA—Privacy Act

PHA—periodic health assessment

Web HA—Web-based Health Assessment