

CHAPTER 6

MEDICAL READINESS/DEPLOYMENT HEALTH

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CHAPTER 6 MEDICAL READINESS/DEPLOYMENT HEALTH

Section A. Overview

1. Purpose.

This chapter prescribes procedures for, and directs implementation of medical readiness and deployment health requirements for all Coast Guard expeditionary and routine deployments. The goal of this program is for all active duty and reserve Coast Guard members to meet medical readiness requirements in order to deploy in support of Coast Guard missions. For the purpose of this chapter, medical readiness includes dental readiness. Also, for the purpose of this chapter, reserve refers to selected reserves.
2. Responsibilities.

Medical readiness and deployment health are Commandant programs, and Commanding Officers/Officers-in-Charge are responsible for full compliance. These program requirements are mandated by DoD Instruction 6025.19 – Individual Medical Readiness, which applies to the Coast Guard and meet the requirements of the National Defense Authorization Act of 2005 (NDAA 05), Public Law 108-375. It is the personal responsibility of each Coast Guard active duty and reserve member to maintain their medical readiness levels at all times.
3. Individual Medical Readiness.

Individual Medical Readiness (IMR) is the extent to which an individual active duty or reserve member is free from health related conditions that could limit their ability to fully participate in Coast Guard operations (i.e. fit for full duty-FFFD). All active duty and reserve Coast Guard members are required to be medically ready for deployment. Refer to Chapter 2 Section A 1.c. for the Commanding Officers and the medical department's responsibilities in relation to medical readiness documentation.
4. Standard Definitions and Scoring.

DoDI 6025.19 has established the following standard definitions for six Individual Medical Readiness (IMR) elements for all Armed Forces:

 - a. Periodic Health Assessment. Each active duty and reserve member must have an annual Periodic Health Assessment (PHA) to closely monitor their health. The PHA will consolidate periodic clinical preventive examinations, individual medical readiness, occupational health and risk screening services, medical record review, preventive counseling and risk communication. The PHA will replace the routine periodic physical examination (program TBD). Currently, the Coast Guard is using the 5-year physical examination as a proxy for the PHA.
 - b. Dental. To meet IMR standards service members must be rated as either Class 1 or Class 2. Service members who are categorized as Class 3 or Class 4 will not meet IMR standards. All active duty and reserve members must have an annual dental screening.

Dental Classification	Definition
Class 1	A service member who does not require dental treatment or reevaluation within 12 months.
Class 2	A service member who has an oral condition that, if not treated or followed up, has the potential to, but is not expected to, result in emergencies within 12 months.
Class 3	A service member who has an oral condition that if not treated is expected to result in a dental emergency within 12 months.
Class 4	A service member who needs a dental examination.

- c. Immunizations. All active duty and reserve members shall be current on their immunizations. See table 6-A-1 for all total force required immunizations as well as those required for an individual's specific unit. See the Coast Guard's current immunization policy, [Immunization and Chemoprophylaxis COMDTINST M6230.4 \(series\)](#). (Note: The Medical Manual supersedes any conflicting policy).
 - d. Medical Equipment. Service members who need glasses are required to have at least two pairs of corrective lenses with them during any deployment. Additionally, members needing corrective eyewear who are engaged in an expeditionary deployment must deploy with at least one pair of protective mask eyeglass inserts.
 - e. Medical Readiness Labs. Service members are required to have a DNA specimen, baseline Tuberculin Skin Test (TST), sickle cell test and G6PD screen on file and an HIV test within 24 months.
 - f. No Deployment Limiting Conditions. Service members must be healthy enough to deploy as directed by specific standards in Chapter 3 of this Manual.
5. Medically Ready.
To be fully medically ready, an individual must meet all six of the criteria. Medical readiness does not mean deployability. Deployability includes other factors determined by the Commanding Officer such as core competencies in job skills. All medically ready individuals are deployable from a medical standpoint. It is the Commanding Officer's decision whether to deploy members who do not meet Coast Guard medical readiness criteria.

6. Deployment Definitions.

- a. Expeditionary Deployment. Expeditionary deployments include active duty and reserve Coast Guard members supporting DoD troop movements resulting from a Joint Chiefs of Staff/Combatant Command deployment for 30 continuous days or more to a location outside the United States where there is not a fixed U.S. military medical treatment facility (MTF). Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) are examples of expeditionary deployments. This also includes special named operations / contingencies as designated by Commandant CG-11 (e.g.; Deployments to domestic disaster relief operations).
- b. Routine Deployment. Routine deployment include active duty and reserve Coast Guard personnel involved in Coast Guard patrols and deployments outside the United States, its territories or possessions, in support of Coast Guard missions. This also includes joint DoD deployments not associated with expeditionary deployments.

Table 6-A-1 IMMUNIZATION SCHEDULE

Immunization	Required for	Dose	MRS Codes
Hepatitis A	ALL	See dose schedule below.	052
Hepatitis B	ALL	See dose schedule below.	043
Hepatitis A & B (Twinrix)	ALL	See dose schedule below	104
Influenza, injectable (Fluzone)	ALL	Every year commencing 01 Sep.	015 (016 if whole)
Influenza, intranasal (Flumist)			111
Measles, Mumps, Rubella (MMR)	ALL	Single dose or titer at accession.	003
Poliovirus, injectable	ALL	Single dose at accession.	010
Tetanus-diphtheria- acellular pertussis (Adacel or Boostrix)	ALL	Single dose every 10 yrs	115
Tetanus-diphtheria			09

Table 6-A-1 IMMUNIZATION SCHEDULE (cont)

Meningococcal conjugate (Menactra)	Acc, S,T	Single dose at accession. Booster given as required.	114
Meningococcal polysaccharide (Menomune)			032
Yellow fever	Acc,S,T	Single dose at accession. Booster given after 10 years as required. (See Table 6-A-3 DOSE SCHEDULE)	037
Varicella	Acc,Occ,S	2 doses, 4-8 weeks apart	021
Rabies	Occ, S	See dose schedule below	018
Japanese Encephalitis	S,T	See dose schedule below.	039
Typhoid	S,T	See dose schedule below.	101
Anthrax	S	See dose schedule below.	024
Smallpox	S (see table 6-A-3)	Single dose every 10 years	075

Table 6-A-2 REQUIREMENTS

Acc	Accessions in recruit training, academies and other officer training.
All	All personnel, including accessions, active duty, Reserve Component personnel, and all others
Occ	High-Risk Occupational Groups as directed by CG-1121
S	Specified by USCG policy for identified subpopulations (for example, early deployers, special operations, alert forces).
T	Traveling or deploying to high-risk areas based on threat assessment or host country requirement. Contact CG-1121 for additional guidance.

Table 6-A-3 DOSE SCHEDULE

Anthrax	<p>The basic vaccine series consists of 6 doses. The first three doses are given at two-week intervals. Three additional doses are given, at 6, 12, and 18 months after the first dose. Annual booster doses are needed for ongoing protection. See Coast Guard Anthrax Immunization Program(CG AVIP), COMDTINST 6230.3(series) for guidance.</p>		
Hepatitis A & B.	<p>Vaccination against these two viruses is available either as separate Hepatitis A and Hepatitis B or combined Hepatitis A/B Vaccines (Twinrix). These vaccines can be given separately or in combination (see below).</p> <ol style="list-style-type: none"> 1. Hepatitis A Vaccine is a series of two doses separated by one month. It is appropriate for those already immune to Hepatitis B or where the combined vaccine is not available, for those requiring both Hepatitis immunizations. 2. Hepatitis B Vaccine is a series of three doses given at zero, one and six months. It is appropriate for members who are already immune to Hepatitis A or where the combined vaccine is not available for those requiring both Hepatitis immunizations. 3. The combined Hepatitis A/B Vaccine (Twinrix) is a series of 3 doses at zero, one and six months. This vaccine is appropriate for members needing one or both vaccines. 		
Dose #1		Dose #2	Dose #3
Hepatitis A (1.0cc)		Hepatitis A (1.0cc)	
Hepatitis B (1.0cc)		Hepatitis B (1.0cc)	Hepatitis B (1.0cc)
Twinrix (1.0cc)		Twinrix (1.0cc)	Twinrix (1.0cc)
Twinrix (1.0cc)		Twinrix (1.0cc)	Hepatitis A (1.0cc) Hepatitis B (1.0cc)
Twinrix (1.0cc)		Hepatitis A (1.0cc) Hepatitis B (1.0cc)	Hepatitis A (1.0cc) Hepatitis B (1.0cc)
Hepatitis A (1.0cc) Hepatitis B (1.0cc)		Twinrix (1.0cc)	Twinrix (1.0cc)
Hepatitis A (1.0cc) Hepatitis B (1.0cc)		Hepatitis A (1.0cc) Hepatitis B (1.0cc)	Twinrix (1.0cc)
Japanese Encephalitis	<p>Three doses of vaccine are given, with the 2nd dose given 7 days after the 1st and the 3rd dose given 30 days after the 1st. The third dose should be given at least 10 days before travel. A booster dose may be needed after 2 years.</p>		

Table 6-A-3 DOSE SCHEDULE cont)

<p>Poliovirus</p>	<p>Most adults do not need polio vaccine because they were already vaccinated as children. But three groups of adults are at higher risk and <i>should</i> consider polio vaccination: (1) people traveling to areas of the world where polio is common, (2) laboratory workers who might handle polio virus, and (3) health care workers treating patients who could have polio.</p> <p>Adults in these three groups who have never been vaccinated against polio should get 3 doses of IPV:</p> <p>The first dose at any time, the second dose 1 to 2 months later, the third dose 6 to 12 months after the second.</p>
<p>Rabies</p>	<p>The pre-exposure schedule for rabies vaccination is 3 doses, given at the following times: Dose 1: As appropriate Dose 2: 7 days after Dose 1 Dose 3: 21 days <i>or</i> 28 days after Dose 1</p> <p>For individuals requiring post exposure rabies vaccination, consult a Medical Officer.</p>
<p>Typhoid</p>	<p>Inactivated Typhoid Vaccine (Shot) One dose provides protection. It should be given at least 2 weeks before travel to allow the vaccine time to work. A booster dose is needed every 2 years for people who remain at risk.</p> <p>Live Typhoid Vaccine (Oral) Four doses, given 2 days apart, are needed for protection. The last dose should be given at least 1 week before travel to allow the vaccine time to work. A booster dose is needed every 5 years for people who remain at risk.</p>
<p>Yellow Fever</p>	<p>All units who have frequent deployments to or who have areas of operation in specified countries in South America (e.g. Columbia, Brazil, Venezuela, Ecuador, Peru), and countries in Central Africa should maintain a current Yellow Fever booster. Contact Commandant (CG-1121) if you have and questions.</p>
<p>Smallpox</p>	<p>The smallpox vaccine is mandatory every 10 years for all military personnel assigned as/to:</p> <ul style="list-style-type: none"> Healthcare workers (includes all Public Health Service officers) Environmental Health Officers National Strike Teams Port Security Units Marine Safety and Security Teams Maritime Security Response Team Cutters (any class except WIX 327) Groups Small boat stations Air Stations, ATC Mobile or ATTC Elizabeth City Tactical Law Enforcement Teams Law Enforcement Detachments Harbor Defense Command Units Marine Safety Offices/Detachments/Units Activities Container Inspection Training & Assistance Team Vessel Traffic Services Loran Stations Aids to Navigation Teams Activity/MIO Europe Far East Activities/MIO Asia

Smallpox	Naval Engineering Support Units Mobile Logistics Unit Electronic Systems Support Unit / Electronic Systems Support Detachments Recruits Cadets
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Helpful links:

CDC National Immunization Program

<http://www.cdc.gov/nip/recs/adult-schedule.htm>

MILVAX

<http://www.vaccines.mil/>

More detailed Immunizations Chart located on Operational Medicine Web Page.

<http://www.uscg.mil/hq/g-w/g-wk/wkh/index%202.htm>

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CHAPTER 6 MEDICAL READINESS/DEPLOYMENT HEALTH

Section B. Expeditionary Deployment

1. Pre-Deployment Requirements.

a. Pre-Deployment Health Assessment Questionnaire, DD-2795.

- (1) The DD-2795 will be completed by the deploying member. The DD-2795 is available on the Commandant (CG-1121) website (<http://www.uscg.mil/hq/g-w/g-wk/wkh/index.htm>) or the electronic deployment health library: <http://www.pdhealth.mil/main.asp>.
- (2) The DD-2795 must be administered and completed within 30 days prior to deployment. Once completed, this form must be reviewed by a health care provider. For this purpose, the health care provider can be a medical officer or Health Services Technician (HS). However, members who respond positively to questions 2-4 or 7-8 must be referred to a medical officer or Independent Duty HS (IDHS) for review and final disposition. Upon completion of review of positive responses, if no additional referral is indicated, the health care provider must complete the comments section and sign the form. Members with positive responses should not be cleared for deployment until all positive responses have been reviewed and cleared by appropriate medical personnel. Members who refuse to complete the DD Form 2795 will have an SF 600 entry to that effect placed in their health record. No further legal or medical action will be required.
- (3) The original DD-2795 will be signed and placed in the member's permanent medical record, a copy will be included in the deploying medical record, and a copy will be forwarded to the Army Medical Surveillance Activity (AMSA) at this address: Army Medical Surveillance Activity (AMSA), Building T-20, Room 213, Attn: Deployment Surveillance, 6900 Georgia Avenue, NW, Washington, DC 20307-5001. If needed, the AMSA telephone number is: 202-782-0471, AMSA Website is: <http://amsa.army.mil>. Electronic submission of the DD-2795 will be available to Coast Guard deploying members within the next few months.

b. Individual Medical Readiness Review.

- (1) Current physical examination. Members must have a current physical examination. An overseas physical / screening will only be completed prior to a PCS move. The physical examination requirement will eventually be replaced by the PHA as discussed in Chapter 6, Section A.
- (2) Dental. Members must be in a Class 1 or 2 dental category prior to deployment.
- (3) Immunizations. Members must have completed the following immunizations: hepatitis A, hepatitis B, influenza (annual) and tetanus-

diphtheria. Additional immunizations are required based on mission location and threat assessment (e.g. smallpox, meningococcal, typhoid, yellow fever, and anthrax).

- (4) Medical equipment. Members requiring eyewear must possess two pairs of eyeglasses as well as a set of protective mask eyeglass inserts. Contact lenses are time consuming to take care of and have been identified during CENTCOM deployments as an operational safety issue as well. Personnel deploying must contend with field conditions that may not allow for proper contact lens hygiene, and poor hygiene leads to an increase in eye abrasions, infections and ulcers. This should be taken into account by personnel desiring to deploy with contact lenses in addition to their spectacles.
 - (5) Medical readiness labs. Member's health record must be verified for blood type, DNA sample sent to the DNA repository, Tuberculin Skin Test (TST) (if applicable), HIV test within 2 years (unless more recent screening is required by theater command or host country). A negative pregnancy test for women of child bearing age should be determined prior to deployment.
 - (6) Deployment Limiting Condition. Members who have duty limiting profiles and assignment limitations should be identified. Review their deployment limiting conditions and recommend whether they should be deployed (remember that these are recommendations; the unit Commanding Officer has the final decision).
- c. Other Pre-Deployment Requirements.
- (1) Medications. Ensure members have a sufficient supply of medications for duration of orders (at least a 90-day supply).
 - (2) Allergies. Review member's allergies and ensure documentation on the DD-2766.
 - (3) DD-2766. Review and update the DD-2766. The original DD-2766 should be taken with the member during the deployment rather than the member's health record.
 - (4) Countermeasures. Ensure deploying personnel have access to appropriate Force Health Protection Prescription Products (FHPPP) which include malaria prophylaxis, atropine/2-Pam chloride autoinjectors, pyridostigmine bromide (PB) tablets, and CANA. Document any FHPPP dispensed/prescribed in the comments section of the DD Form 2795. Ensure all FHPPP are issued in accordance with ASD(HA) Memorandum, Policy for Use of Force Health Protection Prescription Products (24 Apr 03) - <http://www.ha.osd.mil/policies/2003/03-007.pdf>.

- (5) Dental. Member must be in a Class 1 or 2 dental category prior to deployment.
- (6) Medical Threat Briefing. Provide specific medical threat briefing and recommend appropriate countermeasures before each deploying member. This briefing should summarize any preventive medicine threats at the deployment location. Information on medical threats can be found at: Armed Forces Medical Intelligence Center (AFMIC) website <http://www.afmic.detrick.army.mil/> (must register for an account); U.S. Army Center for Health Promotion and Preventive Medicine <http://chppm-www.apgea.army.mil/> and the Deployment Health Clinical Center http://www.pdhealth.mil/dcs/pre_deploy.asp. MLC (k)s or Commandant (CG-1121) will provide a list of any additional required immunizations or chemoprophylaxis for each deployment based on medical threat assessment. The recommendations, to include all medically related personal protective measures, will be communicated to all deploying personnel during the pre-deployment medical threat brief and/or via message. When possible, Commandant (CG-1121) or the cognizant MLC (k) will contact the agency that will serve as the Coast Guard supporting medical unit in joint DoD operations, and the medical threat brief will be obtained to provide to Coast Guard deploying units. If not involved in joint operations, medical threat brief and recommended countermeasures will be provided by the cognizant MLC (k), Commandant (CG-1121) and Commandant (CG-1133) based on the deployment requirements.
- (7) Health Record Review. Review each member's health record for accuracy. Enter and verify all required data into MRS.
- (8) Pre-Deployment Serum Sample. Verify that a serum sample has been provided within one year prior to deployment. The HIV test will serve as pre-deployment serum sample provided the HIV test was completed within one year prior to deployment. If more than one year, a new HIV test will be drawn and must be processed through the VIROMED contract. Members who refuse the blood draw will have an SF 600 entry to that effect placed in their health record. No further legal or medical action will be required

2. Deployment.

- a. Disease Non-Battle Injury (DNBI) Reports. Weekly DNBI reports will be used to assess operational readiness at the unit level. The unit corpsman will review DNBI rates for trends. Weekly reports will be provided to Commandant (CG-1121). Blank DNBI reports are available for download on Commandant (CG-1121)'s Operational Medicine website <http://www.uscg.mil/hq/g-w/g-wk/wkh/index.htm> (Preventive Medicine section).

- b. Other Deployment Requirements. All other deployment surveillance requirements will be fulfilled in conjunction with the supporting medical unit as designated by Commandant (CG-1121).
3. Post-Deployment.
- a. Post-Deployment Health Assessment Questionnaire, DD Form 2796.
- (1) The DD 2796 will be completed by the deploying member. The DD 2796 is available on the Commandant (CG-1121) website <http://www.uscg.mil/hq/g-w/g-wk/wkh/index.htm> or the electronic deployment health library: <http://www.pdhealth.mil/main.asp>.
- (2) The DD 2796 must be administered and completed not earlier than 7 days before returning and not later than 30 days after return to home station. The DD 2796 must be completed via a face-to-face encounter with a health care provider (medical officer or independent duty health services technician). The first three pages must be completed by the redeploying member and the fourth page must be completed by the health care provider during the face to face interview. This assessment will include a discussion of :
- The redeploying service member's responses to the health assessment questions on the DD form 2796,
 - Mental health or psychosocial issues commonly associated with deployments or experienced by the service member,
 - Special medications taken during the deployment, and
 - Any concerns the member may have about possible environmental or occupational exposures.
- (a) Positive responses require use of supplemental assessment tools available at <http://www.pdhealth.mil/main.asp> and/or referral for medical consultation. Referrals based on the PDHA will be documented using the Post Deployment Health Clinical Practice Guideline (PDH-CPG). Medical personnel can familiarize themselves with the PDH-CPG found at: <http://www.pdhealth.mil/clinicians>.
- (b) Reserve members requiring a more detailed medical evaluation or treatment shall, with the member's consent, be retained on active duty until the member is determined fit for full duty, or until the resulting incapacitation cannot be materially improved by further hospitalization or treatment and the case has been processed and finalized through the physical disability evaluation system (PDES).
- (c) Reserve members no longer on active duty, who have deployment health concerns should initiate contact with their reserve activity or a Department of Veterans Affairs (VA) medical facility. Combat veterans are eligible for care two years post discharge in the VA

health system for any illness, even if there is insufficient medical evidence to conclude that their illness is attributable to their military service. Members who refuse to complete the DD Form 2796 will have an SF 600 entry to that effect placed in their health record. No further legal or medical action will be required. A member can request to complete a DD Form 2796 for any reason and at any time (even if the member was not on an expeditionary deployment).

- (3) The original DD-2796 will be signed and placed in the member's permanent medical record, a copy will be included in the deploying medical record, and a copy will be forwarded to the Army Medical Surveillance Activity (AMSA) at this address: Army Medical Surveillance Activity (AMSA), Building T-20, Room 213, Attn: Deployment Surveillance, 6900 Georgia Avenue, NW, Washington, DC 20307-5001. If needed, the AMSA telephone number is: 202-782-0471, AMSA Website is: http://amsa.army.mil/AMSA/amsa_home.htm Electronic submission of the DD 2795 will be available to Coast Guard deploying members within the next few months.
- b. Post Deployment Health Reassessment Questionnaire, DD-2900. The Post Deployment Health Reassessment (PDHRA) is a new program designed to identify and address health concerns, with specific emphasis on mental health, that have emerged over time since deployment. The PDHRA provides for a second health assessment using the DD-2900 during the three to six month time period after return from deployment. Due to the electronic submission requirement for the PDHRA, the Coast Guard will begin implementing this program over the next few months.
 - c. Other Post-Deployment Requirements.
 - (1) DD-2766 Adult Preventive and Chronic Care Flow Sheet. Review and update the DD-2766 and place it in the member's health record.
 - (2) Countermeasures. Assess the need for specific post deployment requirements such as tuberculosis screening and malaria terminal chemoprophylaxis and ensure members are scheduled to meet these requirements.
 - (3) DD-2796 Medical Threat Debriefing. Provide a medical threat debriefing on all significant health events, exposures and concerns within 5 days (ideally) of return to home station. Additional information can be found at the Deployment Clinical Care Center - <http://www.pdhealth.mil/dcs/>.
 - (4) Health Record Review. Review and update the member's health record regarding theater medical encounters, adverse events related to taking FHPPP.
 - (5) Post-Deployment Serum Sample. Verify that redeploying members have had a blood sample drawn for submission to the DoD serum

repository within 30 days of return to home station or demobilization site. All blood samples will be submitted to VIROMED following the Coast Guard's current HIV program procedure. Utilizing the VIROMED contract ensures that a serum sample is sent to the repository and that the member has a current HIV test. The date of the HIV test will be entered into MRS. Members who refuse the blood draw will have an SF 600 entry to that effect placed in their health record. No further legal or medical action will be required.

(6) Physical examination. A physical examination is required for a member being released from an active duty assignment of 30 days or greater, if the member has not had a physical examination within the previous 12 months. A member being released from active duty can request a physical examination at any time, even if the member had a physical examination within the previous 12 months. A health care provider can recommend a member undergo a physical examination based on the results of the member's post deployment health assessment.

d. Compliance Program. Commanding Officers will implement a quality assurance program to ensure their compliance with guidelines as outlined in this chapter. This requirement is primarily focused on completeness of execution and includes the ability to answer the following questions:

TASK	YES	NO
Did all those covered by the policy get screened?		
Is a copy of the completed DD form 2796 in the permanent medical record?		
Was a copy of the DD form 2796 sent to AMSA?		
Was a blood sample collected and sent through VIROMED for the serum repository?		
Were recommended referrals/consultations completed?		

At a minimum, report the following data to MLC (k):

The number of personnel requiring screening?	
The number of personnel screened? In this context, screened means completion of a DD form 2796 inclusive of a provider's signature	
Confirmation that a blood sample was sent to VIROMED	
Tracking of clinical follow-up for those indicated on the DD form 2796 is being accomplished.	

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Section C. Routine Deployment

1. Pre-Deployment Requirements.

- a. Individual Medical Readiness Review. Perform an IMR review on all deploying personnel per Chapter 6, Section A.
- b. Medical Threat Briefing. Provide specific medical threat briefing and recommend appropriate countermeasures for each deploying member. This briefing should summarize any preventive medicine threats at the deployment location. Information on medical threats can be found at: the Armed Forces Medical Intelligence Center (AFMIC) website at: <http://www.afmic.detrick.army.mil/> (must register for an account); U.S. Army Center for Health Promotion and Preventive Medicine at: <http://chppm-www.apgea.army.mil> and the Deployment Health Clinical Center at: http://www.pdhealth.mil/dcs/pre_deploy.asp. MLC (k)s or Commandant (CG-1121) will provide a list of any additional required immunizations or chemoprophylaxis for each deployment based on medical threat assessment.
- c. Health Record Review. Review each member's health record for accuracy. Enter and verify all required data into MRS.

2. Deployment.

- a. Sick logs. Complete and tabulate daily logs for sick call to determine any trends of illness while deployed. This will facilitate identification and development of preventive measures that can be taken for future deployments.
- b. Occupational Medical Surveillance and Evaluation Program (OMSEP). Enroll members with occupational exposures into the OMSEP if they meet the program requirements.
- c. Disease Alert Reports (DAR). Complete DAR per Chapter 7 for illnesses that occur during deployment. DARs should be reported to MLC (k) or Commandant (CG-1121) as required.

3. Post-Deployment.

- a. Countermeasures. Assess the need for specific post deployment requirements such as tuberculosis screening and malaria terminal chemoprophylaxis and ensure members are scheduled to meet these requirements.
- b. Medical Threat Debriefing DD form 2796. Provide a medical threat debriefing on all significant health events, exposures and concerns within 5 days (ideally) of return to home station. Additional information can be found at the Deployment Clinical Care Center - <http://www.pdhealth.mil/dcs/>.

- c. Health Record Review. Review and update the member's health record regarding medical encounters during the deployment.
 - d. Post Deployment Health Questionnaire, DD Form 2796. Provide a DD Form 2796 to any member who requests to complete one. Follow-up will be completed based on the results of the health assessment.
4. Additional references.
The following Websites have information that may be helpful pre-, during and post-deployment:

Source	Website
Center for Health Promotion and Preventive Medicine	http://chppm-www.apgea.army.mil/
Centers for Disease Control Travel Page	http://www.cdc.gov/travel/
Headquarters Operational Medicine Division	http://www.uscg.mil/hq/g-w/g-wk/wkh/index.htm
Maintenance and Logistics Commands	http://www.uscg.mil/mlclant/KDiv/kseHomePage.htm http://www.uscg.mil/mlcpac/mlcp/