



DEPARTMENT OF THE NAVY
OFFICE OF THE CHIEF OF NAVAL OPERATIONS
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OPNAVINST 6100.3
N135
12 Jan 09

OPNAV INSTRUCTION 6100.3

From: Chief of Naval Operations

Subj: DEPLOYMENT HEALTH ASSESSMENT (DHA) PROCESS

Ref: (a) DoD Instruction 6490.3 of 11 Aug 06
(b) SECNAVINST 6120.3
(c) SECNAVINST 1770.3D
(d) DoD Directive 1241.1 of 28 Feb 04

Encl: (1) Glossary

1. Purpose. To establish policy and procedures to ensure timely and accurate completion of Deployment Health Assessments (DHAs) for Active Component (AC) and Reserve Component (RC) servicemembers, and to provide the process for reporting compliance to the Chief of Naval Operations (CNO). References (a) through (d) provides overall Department of Defense (DoD) and Secretary of the Navy (SECNAV) policy and authority for the Navy to develop, implement, and maintain the DHA process.

2. Background

a. DHAs are regularly scheduled DoD-mandated instruments used to screen servicemembers prior to deployment; to identify health concerns after deployment; and to facilitate appropriate care. The DHA process supports the DoD health protection strategy to deploy healthy, fit, and medically-ready forces; minimize illnesses and injuries during deployments; and evaluate and treat physical and psychological problems (and deployment-related health concerns) following deployment. The process is designed to identify stress injuries, and other health concerns, that require further assessment or treatment as appropriate.

b. DHAs conducted at critical milestones in the deployment process are a key component in monitoring the health of our servicemembers. Servicemembers often rate their general health as worse 3 to 6 months after returning from deployment compared to their assessments completed within 30 days of redeployment.

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c. DHAs consist of three components:

(1) DD 2795, Pre-deployment Health Assessment (Pre-DHA);

(2) DD 2796, Post Deployment Health Assessment (PDHA);

and,

(3) DD 2900, Post Deployment Health Re-assessment (PDHRA).

d. DHAs augment the Periodic Health Assessment (PHA) and are not intended as a substitute.

3. Applicability

a. AC and RC servicemembers and commissioned units are deploying, deployed, and re-deployed (those who have returned from deployment) under one or more of the following conditions:

(1) Deployment ashore of more than 30 days with duties involving outside the continental United States operations without a fixed U.S. Military Treatment Facility (MTF).

(2) Individual and unit deployments to Central Command Area of Responsibility (AOR) or other areas designated by appropriate authority.

(3) Commander exercising operational control (regardless of deployment area, duration, or MTF support) determines a health threat exists (e.g., a deployed ship conducts operations that may expose servicemembers to contaminants, disease, or traumatic events).

b. Servicemembers assigned to ships and squadrons conducting routine deployments with their ship or squadron are exempt from the DHA requirement, unless paragraph 3a(1) or 3a(3) applies.

4. Policy

a. The appropriate DHA will be completed in the required timeframe and be reviewed in a face-to-face interview per reference (a) with a health care provider (i.e., physician, physician assistant, nurse practitioner, advance practice nurse,

independent duty corpsman, independent duty medical technician, or Special Forces medical sergeant). Exceptions to face-to-face interviews are made for Reservists and AC remote military that can utilize the DoD-sponsored PDHRA call center at 1-888-734-7299.

(1) The DD 2795 shall be administered at home station or at a Navy Mobilization Processing Site (NMPS) no earlier than 60 days prior to the expected deployment date.

(2) The DD 2796 shall be completed as close to the redeployment date as possible, but not earlier than 30 days before the expected redeployment date and not later than 30 days after redeployment; and, for RC servicemembers, before they are released from active duty. Servicemembers redeploying through an NMPS can complete the DD 2796 at the NMPS. Servicemembers redeploying through Warrior Transition Center, Camp Arifjan, Kuwait, will complete the online PDHA and a required meeting with a certified medical provider in advance of completion of the PDHA at the MTF supporting the parent command.

(3) The DD 2900 shall be administered and completed 90 to 180 days after returning from deployment. The PDHRA may be administered concurrently with the annual PHA if the timeframes coincide.

(a) Servicemembers who deploy for more than one 30 day period in 12 months (frequent deployers) shall receive an annual concurrent PDHRA and PHA.

(b) Servicemembers separating from service prior to the 90 to 180 day window shall receive a concurrent PDHRA and separation health assessment.

(c) Servicemembers who received wounds or injuries, that required hospitalization or extended treatment at an MTF before returning to their home station, will have their reassessment conducted 90 to 180 days after returning to the home station.

b. DHA Documentation and Data Management

(1) All DHAs must be completed and submitted electronically at <https://www-nmcphc.med.navy.mil/edha/>.

Completed DHA paper forms are no longer authorized for submission to Navy and Marine Corps Public Health Center (NMCPHC, formerly Navy Environmental Health Center (NEHC)).

(2) A printed copy of the completed DHA form that has been electronically signed by a health care provider shall be kept in the medical treatment record.

5. Responsibilities

a. Office of the Chief of Naval Operations (OPNAV)

(1) Personal Readiness and Community Support (N135) shall:

(a) Develop and maintain DHA policy; and,

(b) Provide quarterly compliance reports to CNO.

(2) Command Information Officer (N16) shall:

(a) Provide the capability to pull Navy-wide and drill down DHA reports via the Medical Readiness Reporting System (MRRS).

(b) Develop and maintain a management information system (MRRS) that supports the DHA reporting process (not earlier than 30 days before expected redeployment and no later than 30 days after redeployment); and,

(c) Maintain interface with Navy and DoD information systems that support the DHA process.

b. Commander, U.S. Fleet Forces Command (COMUSFLTFORCOM) (executive agent/supported command) shall:

(1) Develop implementing guidance that will ensure deploying personnel are briefed on deployment health threats and are trained and equipped with necessary counter measures as required by reference (a);

(2) Provide quarterly compliance reports to OPNAV (N135) by the 15th of the month following the end of each quarter; and,

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(3) Monitor compliance and ensure policy enforcement.

c. Echelon 2 commands (supporting commands) shall:

(1) Submit monthly compliance reports to COMUSFLTFORCOM;
and,

(2) Monitor and ensure DHA compliance through
standardized reports in MRRS.

d. Navy Medicine shall:

(1) Provide command-level medical-related support
services necessary for servicemembers to complete DHAs. For
servicemembers who received wounds or injuries that required
hospitalization, extended treatment at an MTF, or were placed on
medical hold before returning to their home station, the
reassessment will be conducted 90 to 180 days following return
to home station;

(2) Maintain deployment health centers necessary to
provide adequate support for servicemembers to complete Pre-DHA,
PDHA, and PDHRA process;

(3) Ensure individual medical readiness data (PHAs,
immunizations, etc.) is accurate and up-to-date in order to
facilitate smooth deployment processes;

(4) Provide OPNAV (N135) medical policy guidance related
to the DHA process;

(5) NMCPHC is responsible for maintaining the Electronic
DHA (eDHA) application and performing analysis as necessary on
DHA information.

e. Rotational Force Commands (AC and RC commands/units that
deploy as a unit) shall ensure:

(1) Servicemembers complete a DD 2795 within 60 days of
expected deployment date;

(2) Servicemembers complete a DD 2796 within 30 days
before or after returning from deployment to AOR;

(3) Servicemembers complete the DD 2900 between 90 and 180 days after returning from deployment to home station. This can be completed in conjunction with the PHA if the events coincide in the same timeframe;

(4) Continual monitoring of operating conditions to identify potential health threats and implement necessary procedures to ensure affected servicemembers are enrolled in the appropriate health monitoring process;

(5) Servicemembers deploying to areas requiring DHAs are briefed on the need to complete the health assessments, and to identify and address deployment health, including mental health; and,

(6) Validation of DHA completion as part of check-in/check-out processing.

f. Commands of Individual Augmentees (IAs), ACs (includes Global War on Terrorism Support Assignments (GSA)) shall ensure:

(1) Servicemembers complete a DD 2795 within 60 days of their expected reporting date to the NMPS for in processing (for GSA, the DD 2795 must be completed prior to executing any leave);

(2) Servicemembers complete a DD 2900 between 90 and 180 days after returning from deployment to AOR (this can be done in conjunction with the PHA if timeframes coincide); in the case of GSA servicemembers, this is the responsibility of the gaining command;

(3) Servicemembers receive the appropriate follow up for any identified concerns in the PDHA/PDHRA in coordination with medical providers;

(4) Validation of DHA completion as part of check-in/check-out processing; and,

(5) Servicemembers complete basic medical readiness requirements as delineated in reference (b). Any concerns regarding a servicemember's deployable status should be addressed with medical.

g. NMPS shall ensure:

(1) All reporting servicemembers complete, or have completed, their DD 2795 and ensure follow up for any identified concerns. All conditions resulting in a non-deployable determination will be documented for further follow up by servicemembers primary care physician upon return to the parent command/Navy Operational Support Centers (NOSCs); and,

(2) Completion of DD 2796 for IA servicemembers (AC/RC). RC servicemembers indicating issues on the PDHA will be processed per reference (c). AC servicemembers indicating issues will receive appropriate documentation for treatment by their primary care physician upon return to their parent command.

h. NOSCs and RC unit commanders shall:

(1) Ensure servicemembers complete a DD 2795 within 60 days of their expected reporting date to the NMPS for in processing;

(2) Ensure servicemembers complete basic medical readiness requirements as delineated in reference (b) (any concerns regarding a servicemember's deployable status should be addressed with medical);

(3) Ensure servicemembers complete the DD 2900 between 90 and 180 days after return from deployment to home station. RC PDHRA screening is provided through DoD health affairs contract services either at a NOSC-coordinated onsite screening event or by calling the DoD-sponsored PDHRA call center at 1-888-734-7299. Members indicating issues on the PDHRA may be approved for a "one-time line of duty" authorizing a medical evaluation appointment to determine if a medical condition exists, requiring treatment (reference (c)); and,

(4) Validate DHA completion as part of unit transfer procedures.

i. Commander, Navy Personnel Command (PERS-93), shall track Individual Ready Reserve (IRR), i.e., non-drilling Selected Reserve (SELRES) servicemembers to ensure compliance with reporting.

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j. NMCPHC is responsible for maintaining the eDHA application.

k. Organizations listed in paragraph 5a through 5j above must provide appropriate resources, staff and funding as required.

6. Training and Resources

a. For information regarding the deployment health centers and DHAs, contact the Bureau of Medicine and Surgery via e-mail at pdhra@med.navy.mil.

b. Additional DHA-related information is available at <http://www.pdhealth.mil> and <http://www-nmcphc.med.navy.mil/Postdep>.

c. For assistance with the eDHA Web Application, commercial: 757-953-0717/DSN 377, or e-mail edha@nehc.mar.med.navy.mil.

d. The MRRS is the commander's tool to monitor DHA compliance. For access or assistance with MRRS, contact OPNAV (N16), MRRS Program Coordination Office at commercial: 703-695-3418/DSN 225, or e-mail MRRSPO@navy.mil.

e. Armed Forces Health Surveillance Center, Medical Surveillance Monthly Report <http://www.afhsc.army.mil/index.asp>.

7. Records Management. Records created as a result of this instruction, regardless of media and format, shall be managed per SECNAV Manual 5210.1.

8. Forms and Reports

a. The following electronic forms can be accessed on the NMCPHC Web site, <http://www-nmcphc.med.navy.mil/edha/>:

- (1) DD 2795, Pre-deployment Health Assessment;
- (2) DD 2796, Post Deployment Health Assessment; and,
- (3) DD 2900, Post Deployment Health Re-assessment.

b. The reporting requirements contained throughout this instruction are exempt from reports control per SECNAV Manual 5214.1.

c. The DHA compliance report is available within the MRRS at <https://mrrs.sscno.nmci.navy.mil/mrrs>.



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GLOSSARY

Active Component (AC). General category assignment for servicemembers that are normally on active duty (i.e., U.S. Navy, Full Time Support).

Area of Responsibility (AOR). In the context of this instruction, the area of operations identified by higher authority requiring use of the DHAs or that area identified by the commander having operational control authority as requiring the use of DHAs.

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

Deployment Health Assessment (DHA). A process used to screen a servicemember's state of health at critical milestones in the deployment continuum.

Deployment Health Center. As outlined in reference (b).

Fixed Military Treatment Facility. A hospital or other facility capable of providing definitive medical care on site that is a permanent structure not designed to be portable.

Frequent Deployer. A servicemember that deploys for more than one 30 day deployment within a 12 month period.

Health Care Provider. Physician, physician assistant, nurse practitioner, advanced practice nurse, independent duty corpsman, independent duty medical technician, or Special Forces medical sergeant.

Individual Augmentee (IA). A U.S. military member assigned to a unit for the purpose of filling in for, or augmenting, members of that unit. IAs are differentiated from existing members of that unit by the fact that they are assigned individually rather than as a part of a traditional military organization (such as a brigade, battalion, or company). IAs can be used to fill

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shortages or can be used when an individual with specialized knowledge or skill set is required. IAs can include members from an entirely different branch of service.

Individual Medical Readiness (IMR). As outlined in reference (b).

Medical Readiness Reporting System (MRRS). Web-based application utilized by the Department of the Navy and Coast Guard that provides command leadership the ability to monitor DHA and the IMR of their personnel. MRRS can be accessed at <https://mrrs.sscno.nmci.navy.mil/mrrs/>

Military Treatment Facility (MTF). A hospital or other facility capable of providing definitive medical care on site.

Non-fixed MTF. An MTF without a permanent structure and which is designed to be portable.

Periodic Health Assessment (PHA). As outlined in reference (b).

Pre-Deployment Health Assessment (Pre-DHA) (DD 2795). Assessment tool used to assess a servicemember's state of health immediately before possible deployment outside the United States in support of military operations and to assist military health care providers in identifying and providing present and future medical care for the servicemember.

Post-Deployment Health Assessment (PDHA) (DD 2796). Assessment tool used to assess a servicemember's state of health immediately after deployment in support of military operations and to assist military healthcare providers in identifying and providing present and future medical care that may be needed. The information provided may result in a referral for additional healthcare that may include medical, dental, behavioral healthcare or diverse community support services.

Post-Deployment Health Re-assessment (PDHRA) (DD 2900). Assessment tool used to assess a servicemember's state of health after return to home station from deployment in support of military operations and to assist military healthcare providers in identifying and providing present and future medical care the servicemember may need. The information provided may result in

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a referral for additional healthcare that may include medical, dental, behavioral healthcare or diverse community support services.

Redeployment. In the context of this instruction, the return of personnel to the home and/or demobilization stations for reintegration and/or out-processing.

Reserve Component (RC). General category assignment for servicemembers that are not normally on active duty and who do not count towards active duty end strength (i.e., SELRES, IRR, etc.).