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DEFENSE SECURITY COOPERATION AGENCY

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[OCT 16 2009]

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Medical Screening of International Military Students (IMS), Civilians, and Authorized Dependents; Defense Security Cooperation Agency (DSCA) Policy Memorandum 09 - 42

REFERENCES: (a) 8 U.S.C. 1182; Inadmissible Aliens
(b) Defense Security Cooperation Agency, Security Assistance Management Manual (DoD 5105.38-M), Chapter 10
(c) US Army Training and Doctrine Command, Joint Security Assistance Training (JSAT) Regulation, Chapter 10, to be superseded by the Joint Security Cooperation and Education Training (JSCET) Regulation, Chapter 8

1. Purpose: The purpose of this memorandum is to provide policy clarification to comply with the law and regulations cited in References A through C. This policy message applies to international military students (IMS) and international civilian students participating in education and training and similar DoD activities under DoD security assistance programs and security cooperation training and education programs managed or administered by DSCA. This policy memorandum also pertains to authorized dependents that accompany or join the IMS or civilians during their education and training in the U.S. This policy replaces DSCA policy 07-27. It is effective 60 days from the date of this memorandum.

a. This policy should be used concurrently with the DSCA Policy Memo on International Military Student, Civilians and Authorized Dependents Health Care Coverage.

2. Acronyms: The following acronyms apply:

COCOMs – Unified Combatant Commands
DD forms – Department of Defense forms
DATT – Defense Attaché
DHHS – Department of Health and Human Services
DISAM – Defense Institute of Security Assistance Management
DoD – Department of Defense
EOD – Explosive Ordnance Disposal

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FMS – Foreign Military Sales
HIV – Human Immunodeficiency Virus
IMET – International Military Education and Training Program
IMS – International Military Student (both military and civilian participants)
IMSO – International Military Student Officer
ITO – Invitational Travel Order
MTT – Mobile Training Team
MILDEPs – Military Departments
RC – Regional Centers (e.g., African Center for Strategic Studies, Asia-Pacific Center for Security Studies, Center for Hemispheric Defense Studies, George C. Marshall Center for Security Studies, Near East South Asia Center for Strategic Studies)
SAMM – Security Assistance Management Manual
SCO – Security Cooperation Officer
TB – Tuberculosis
TMS – Training Management System
USCIS – U.S. Citizenship and Immigration Services
WCN – Worksheet Control Number

3. Medical screening:

a. Pre-departure medical examinations (conducted within three months preceding the departure of the IMS and authorized accompanying or joining dependents) are required prior to issuance of the ITO. (Regional Center participants refer to section 9). Required medical examinations will be recorded in English on DD form 2808 (Report of Medical Examination), and DD form 2807-1 (Report of Medical History). Instructions for completing the forms for IMS and for authorized dependents and sample forms are on the DISAM international training management web page (<http://www.disam.dsca.mil/itm>) under the Health Affairs functional area.

b. Requirements for IMS medical screening:

(1) Completed DD forms 2808 and 2807-1 to include the following:

(a) Chest X-ray to determine absence of TB or other lung disease.
NOTE 1: If an individual has or will need to travel to the U.S. for training more than once in a 12 month period and the chest X-ray prior to the initial training period is documented to have been negative for active disease, a repeat chest X-ray is not required unless the individual has symptoms of, or a clinical examination finds or suspects, a pulmonary (lung) problem.

NOTE 2: Chest X-ray results will be included on DD form 2808, block 73.

(b) Serological test for HIV.

NOTE: HIV test results will be included on DD form 2808, block 49.

(c) Verification that IMS is free of all “communicable disease of public health significance,” (as listed in the DHHS Regulation), which currently include:

Chancroid

Cholera or suspected cholera

Gonorrhea

Granuloma Inguinale

Hansen’s Disease (leprosy), infectious

HIV

Lymphogranuloma Venereum

Plague

Severe Acute Respiratory Syndrome (SARS)

Suspected viral hemorrhagic fevers (Lassa, Marburg, Ebola, Congo-Crimean, other not yet isolated or named)

Suspected smallpox

Syphilis, infectious state

TB, infectious state

Yellow Fever

NOTE 1: A “communicable disease of public health significance” is defined by DHHS Regulations and updated periodically; the SCO should contact the U.S. Consular Section/US Embassy for the most current list.

NOTE 2: A statement verifying IMS is free of communicable disease of public health significance” will be included on DD form 2808, block 73.

(d) Pregnancy test for female IMS.

NOTE: Test results will be included on DD form 2808, block 73. If an IMS is pregnant, the SCO will be required to submit a request for a health policy medical waiver. (See section 5 for waiver procedures.)

(e) The medical certification signed by a licensed, practicing medical authority (physician or dentist) from the list of qualified practitioners

maintained by the U.S. Embassy, documented on block 82 of DD form 2808, certifies that the named individual:

(1) Is medically fit to perform the education and training that they have been nominated to attend (e.g., has no medical conditions that would prohibit education or training and meets health prerequisites specified by training provider. Specific health prerequisites are available from the schoolhouse and/or are part of the course description posted in the TMS).

(2) Has the following immunization:

Measles, Mumps and Rubella

Polio

Tetanus and Diphtheria toxoids, and acellular Pertussis (if indicated Td/Tdap)

Varicella (chickenpox)

Yellow fever (if traveling from or thru an infected area)

Hepatitis A and Hepatitis B

(f) A complete dental examination including dental certification [signed by a licensed, practicing medical authority (physician or dentist) from the list of qualified practitioners maintained by the U.S. Embassy] and documented in block 83 of DD form 2808, that no care is required for cavities, infection or any oral disease.

(2) When a course has special medical screening requirements (e.g., flight, diving, EOD, Special Forces, Ranger, etc.), the IMS should have the physical examination completed in home country before entry into the U.S. In cases where the country does not have the capability to perform the required physical examination, or if the U.S. facility does not accept the medical records from the IMS home country, or the physical examination is required to be performed by a U.S. military physician, the SCO will annotate in the remarks section of the ITO, requesting the first training installation conduct the physical examination at sending country expense and also include where health screening bills are to be sent for payment. All IMS attending courses requiring special medical prerequisites will have to meet specific U.S. military medical standards before full enrollment in those courses of study. The only exceptions are if previous NATO or other memoranda of agreements have waived this requirement.

NOTE: IMS found to have medical conditions not meeting established or specific training requirements which cannot be

resolved prior to commencement of training will be disenrolled and returned to their country.

(3) When training is to take place in the home country of the IMS, or in a third country (e.g. a regional MTT), the U.S. will not require medical screening. The SCO should make sure the country representative understands that the IMS must meet the specific medical/physical fitness prerequisites for the education/training to be provided.

(4) When the individual is in the U.S. for other than education/training purposes and the purpose of presence changes such that the primary reason the person is now in the U.S. is to attend Security Assistance /Cooperation education/training, the health screening requirements described in this policy memorandum, including use of DD forms, apply.

c. For each authorized dependent:

(1) Complete medical examination consistent with section 3.b. of this policy to include chest X-ray for TB and serological test for HIV is required. If the authorized dependent is under age of 15 a TB and HIV test are not required unless the authorized dependent has symptoms that are consistent with TB or are in contact with a person with infection, or there is reason to believe the dependent has been exposed to either TB or HIV.

(2) Medical certification signed by a licensed, practicing medical authority (physician or dentist) from the list of qualified practitioners maintained by the U.S. Embassy, documented on DD form 2808, block 82, certifies that the named individual is free of communicable diseases and has complied with recommended immunizations [listed in section 3.b.(1)(e)(2) above]. If authorized dependents are going to accompany or join the IMS, the SCO is required to check with the IMSO at the final destination to determine what additional immunizations are required for schools and day care entry in their area.

(3) A pregnancy test for each authorized female dependent between the ages of 18 and 44 years old is required. If an authorized dependent is pregnant, the SCO will be required to submit a request for a health policy waiver (See section 5 for waiver procedures).

d. Fast Track:

(1) The purpose of medical fast tracking is to relieve students from approved countries of redundant medical tests and to eliminate the need for

fast track countries to complete U.S as well as their national medical examination and medical history forms.

(a) Annex A to this memo provides the list of approved fast track countries. Annex A will be reviewed annually by DSCA, COCOMS, and MILDEPs to determine if a country should be removed or others added.

(b) If an IMS from a country specified in Annex A arrives for training with medical/dental conditions that should have been identified during their screening programs, DSCA will re-evaluate the country's eligibility status for fast track medical screening.

(2) The IMS of fast track countries can submit their country's medical examination and medical history forms (in English) to the SCO in lieu of DD Forms 2808 and 2807-1; however, the SCO may still insist on using DD form 2808 and 2807-1 if desired.

(3) Students of fast track countries must provide certification in writing to the SCO that their medical examination includes all of the required items included on DD form 2808 plus a chest X-ray. Certification will state that the IMS has been medically screened and is medically fit to participate in the education/training he/she is scheduled to attend.

(4) For female IMS and authorized dependents, pregnancy test results are required.

(5) When a course has special medical screening requirements (e.g., flight, diving, Special Forces, Ranger, etc.), the requirements of the receiving schoolhouse will apply.

(6) Medical Fast Tracking is applicable to the following:

(a) The IMS (not applicable to authorized dependents) of eligible countries designated in Annex A of this policy; without a medical condition(s) requiring maintenance medication(s) and routine follow ups during training (e.g., low or high blood pressure, diabetes, cardiac condition, allergies, etc.); that are funded via an FMS case with a corresponding medical line (or some other form of coverage provided by their government) that covers all potential medical cost.

(b) Participants in RC programs (see section 8 below).

(7) Medical Fast Tracking DOES NOT:

(a) Relieve the country/student of the responsibility of providing health care coverage (insurance) for the IMS and/or accompanying dependents (refer to DSCA policy memo on health care requirements).

(b) Relieve the country of complying with all medical screening requirements stipulated in paragraphs 3.b.(1)(a) through 3.b.(1)(e) of this policy.

(8) Although the SCO does not need to review medical tests for individuals from fast track countries, the IMS is required to receive and forward/hand carry copies of medical exam, medical history and any relevant medical test results for delivery to their medical treatment facility upon arrival in the U.S. Medical test results must be in English or translated into English.

NOTE: This requirement is not applicable for RC participants attending a short term activity (e.g., less than seven days).

4. Invitational Travel Order:

a. Complete health screening and proof of health care coverage is required and must be provided to the SCO prior to dependents being authorized on the ITO. (Refer to Chapter 10 of SAMM for list of schools that encourage dependents to accompany an IMS).

b. The SCO will annotate the required health screening and health care financial responsibility entries for the IMS and dependents appropriately and accurately on the ITO. Authorized dependents will not be added to the ITO until all medical screening and health care coverage requirements have been verified by the SCO.

5. Health Policy Waivers for IMS and Authorized Dependents:

a. Health policy waivers based on the specific training requirements or the person's health condition may be requested.

b. For individuals testing positive for communicable diseases not included in the DHHS regulations (e.g. Hepatitis A, Hepatitis B, and Hepatitis C, etc.), health policy waivers will be considered on a case-by-case basis. Requests for health policy waivers are to be tracked and referenced by the MILDEPs to ensure consistent application of criteria for each individual case.

NOTE: Health policy waivers for a communicable diseases listed in the most current DHHS Regulation will also require USCIS Form I-601.

c. Requests for health policy waivers will be submitted by the SCO through the COCOM to the appropriate MILDEP policy contact. The health policy waiver requests should include the IMS WCN and program type, (i.e. IMET, FMS case, etc.) and schedule of training including dates and locations. Health policy waiver requests for authorized dependents should include corresponding IMS identifying information along with information on the dependent/IMS relationship. All health policy waiver requests will include attached copies of the pertinent laboratory results. The MILDEP policy contact will coordinate health policy waiver requests with the appropriate medical personnel, training field activity and school personnel.

d. Health policy waivers will not be approved for a pregnant IMS or authorized dependent under any program unless the IMS has documented medical coverage for pre/post natal care, delivery, and care for the newborn. Health policy waiver request will also include the address where bills will be sent for payment.

e. All health policy waivers granted must be noted on the ITO. A health policy waiver may only be granted based on criteria established by the MILDEP.

6. Right to Privacy:

a. The individual's right to privacy of health information will be maintained, ensuring only those with a need to know have access to this information:

(1) When reporting health information, required by policy or regulation, use only the individual's country, WCN, and type of program sponsor (e.g. IMET, FMS case, etc.).

(2) When requesting health policy waivers the SCO will obtain a release of health information from the IMS prior to submitting the health policy waiver request (reference DD form 2870).

(3) SCOs and IMSOs should not maintain IMS or dependent's health information as part of IMS education/training historical records. While medical service providers should maintain their own treatment records, the IMS will maintain a copy of their own health information during their stay in the U.S. for reference in medical treatment and emergencies.

7. Responsibilities:

a. Country Responsibilities:

(1) Have required IMS health screening performed by a licensed, practicing medical authority (physician or dentist) from the list of qualified practitioners maintained by the U.S. Embassy, to ensure that IMS meets the specific medical and dental prerequisites for scheduled education/training and are in compliance with the requirements described in this memorandum.

(1) Have authorized dependents screened by a licensed, practicing medical authority (physician or dentist) from the list of qualified practitioners maintained by the U.S. Embassy, to ensure dependents meet health screening requirements identified in this policy.

(a) When health screening for authorized dependents, provide to the SCO copies of the DD forms 2808 and 2807-1 along with any additional documentation required.

(3) Provide medical/dental certification, signed by a licensed, practicing medical authority (physician or dentist) from the list of qualified practitioners maintained by the U.S. Embassy, (documented on DD form 2808 and DD form 2807-1) to the SCO. These documents must be received through official channels; at no time should the medical documentation be presented to the SCO by the IMS.

(4) When warranted, adhere to fast track procedures developed by SCO.

b. SCO Responsibilities:

(1) Review updated medical insurance policy coverage options to ensure compliance with DSCA policy on healthcare coverage requirements and coordinate available options with host nation and IMS.

(2) Before issuing the ITO, obtain and thoroughly examine completeness and authenticity of medical/dental certification, copies of the DD forms 2808 and 2807-1 and copies of required test results. If there are any health conditions noted by the examining physician or dentist that may require attention during training (e.g., low or high blood pressure, diabetes, cardiac condition, allergies, etc.) alert the school by annotating in item 15 of the ITO that the IMS has a medical condition(s) requiring maintenance medication(s) and routine follow ups.

NOTE 1: Not applicable to fast track countries.

NOTE 2: To protect the IMS' privacy, do not specify conditions on the ITO, only annotate that the IMS has a maintenance medical condition(s).

(3) If warranted, develop fast track procedure with host country, to include identifying what documentation will be required to certify medical screening (e.g. certification from host government/ letter from physician, and/or copies of host countries test results, etc.)

(4) Assemble all required health documentation and English version of the health care insurance policy, if applicable, for IMS and authorized dependents and place in a sealed packet. Provide second sealed copy of medical insurance policy in English to the IMS to provide to the IMSO. Advise IMS to travel with sealed packet containing health screening documents for self and authorized dependents for delivery to U.S. health care provider. Inform IMS that proof of medical insurance policy coverage, if applicable, is to be presented to the IMSO upon their arrival at first education/training site.

c. IMS Responsibilities:

(1) Notify IMSO immediately of any and all known medical conditions that arise while residing in the U.S., to include pregnancy. This applies to IMS and all dependents.

(2) Ensure familiarity with all medical policies, procedures and requirements as identified in this policy document.

(3) If applicable, deliver English copy of medical insurance to IMSO.

(4) Deliver sealed envelope of medical history and test documentation to medical treatment facility.

NOTE: IMS will keep all medical documentation if medical treatment facility will not retain this data in IMS medical file.

d. IMSO Responsibilities:

(1) Review ITO for compliance with medical screening requirements to include chest X-ray and HIV test results.

(2) Brief IMS and dependents of medical facilities/options available in the area.

(3) Verify with IMS that envelope containing medical test for screening has been delivered to medical treatment facility.

8. Regional Centers:

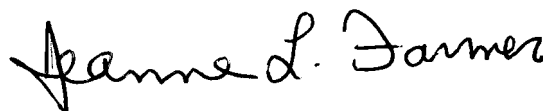
a. Participants traveling to an RC program or event in the U.S. with an ITO issued by SCO will adhere to the fast track procedures described in section 3.b.(1)(a) through 3.b.(1)(e) of this policy.

b. Participants traveling to an RC program or event in the U.S. with an ITO or a letter of invitation issued by the RC must meet Department of State medical screening entry requirements as determined by U.S. Consular Office in embassy.

c. Participants traveling to an RC program or event in a third country will be responsible for meeting health requirements of the host country (e.g., German requirements for participants to enter Germany going to Marshal Center).

d. Participants traveling to an RC program or event do not require a pregnancy test.

9. The DSCA point of contact for this policy memorandum is J.P. Hoefling or Kay Judkins, DSCA PGM/BPC; telephone 703 601 3655/3719; e-mail: john.hoefling@dsc.mil or kay.judkins@dsc.mil.



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Attachment:
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Annex A (DSCA Policy Memo 09 – 42):

The internal medical screening procedures, as required by the armed forces of the following countries, have been determined by the COCOMs, MILDEPs and DSCA to be adequate for the medical screening of an IMS to attend DoD sponsored education/training courses provided under an FMS training case:

AFRICOM: None

EUCOM: Austria, Belgium, Denmark, Finland, France, Germany, Ireland, Italy, Luxembourg, the Netherlands, Norway, Portugal, Spain, Sweden, Switzerland, and the United Kingdom

CENTCOM: Lebanon

NORTHCOM: Canada

PACOM: Australia, Japan, and New Zealand

SOUTHCOM: Argentina, Barbados, Chile