

Coast Guard Reserve Medical Guide



U. S. Coast Guard
Personnel Service Center - Reserve Personnel Management Division
4200 Wilson Blvd., Suite 1100, Stop 7200
Arlington, VA 20598-7200

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Introduction

Background

The purpose for creating this guide is to provide a “one-stop shopping” resource for reserve medical issues, which can be used by reserve members, their commands, Reserve Forces Readiness System (RFRS) staffs (including Reserve Program Administrators, District (Dxr) and Full Time Support active duty and civilian personnel) and medical personnel.

The policies and procedures guiding management of reserve medical and incapacitation issues can be found in numerous Coast Guard directives (e.g., Instructions and Manuals), ALCOAST and ALCGRSV messages, DoD directives and laws. This guide brings together the most important and most frequently encountered reserve medical issues into one place. The guide also contains references for obtaining further guidance on each topic listed.

A copy of this guide can be downloaded from the [PSC-rpm-3 website](#) and [PSC-rpm Coast Guard Portal site](#). Users are encouraged to periodically review the website and/or portal site for updates and changes.

CG-PSC-rpm

Contact

Information

Commander, Personnel Service Center, serves as the Commanding Officer for the Reserve Personnel Management Division (PSC-rpm).

Our mailing address is:

COMMANDER (RPM-3)
PERSONNEL SERVICE CENTER
US COAST GUARD STOP 7200
4200 WILSON BLVD STE 1100
ARLINGTON VA 20598-7200

Please visit our web page at: <http://www.uscg.mil/rpm/rpm3/medical/>.

Please visit our portal site at: <https://collab.uscg.mil/lotus/myquickr/psc-rpm/rpm-3>.

The Reserve Medical Management section of PSC-rpm-3 can also be reached at the following email address: ARL-DG-CGPSC-RPM_RESERVE_MEDICAL@USCG.MIL.

PSC-rpm-3 Branch Chief: (202) 493-1761

PSC-rpm-3 Medical: (202) 493-1766

PSC-rpm-3 Medical Admin Staff: (202) 493-1765/1722

Section I: Individual Medical Readiness (IMR)

Background

Individual Medical Readiness (IMR) is the foundation of the reserve medical management program. By definition, IMR is the extent to which a Coast Guard member is free from health-related conditions that could limit his/her ability to fully participate in Coast Guard operations.

All Coast Guard members are required to be medically ready for deployment and IMR requirements apply to all Coast Guard Active Duty and Selected Reserve (SELRES) members alike.

IMR Elements

There are six elements of IMR:

1. Periodic Health Assessment (PHA)
2. Dental Readiness
3. Immunizations
4. Readiness Laboratory Studies
5. Individual Medical Equipment (IME)
6. No Deployment Limiting Medical Conditions (DLMC)

Prior to issuing active duty orders for 31 days or more, a reservist's IMR must be verified and must reflect "fully medically ready" (i.e., "green" in CGBI).

PHAs, dental readiness, DLMC and immunizations will be explored in more detail within this section. Additional information regarding readiness laboratory studies and IME may be found in the [Coast Guard Periodic Health Assessment Manual, COMDTINST M6150.3 \(series\)](#).

IMR Data

In accordance with the [Coast Guard Periodic Health Assessment Manual, COMDTINST M6150.3 \(series\)](#), Coast Guard clinics and Independent Duty Health Services Technicians (IDHS) are responsible for ensuring all IMR data for Coast Guard members within their service area of responsibility is captured in the Medical Readiness Reporting System (MRRS).

The Coast Guard Director, Health, Safety and Work-Life (CG-11) reports IMR summary data, which are incorporated into the Military Health System enterprise performance measures and submitted to the Force Health Protection Integrating Council each quarter.

CGBI

All members, units and COs/OICs should have access to the Coast Guard Portal. Individual member and unit medical readiness measures are reflected in the Coast Guard Portal under the Coast Guard Business Intelligence (CGBI) tab.

An IMR summary is captured in CGBI and this measure can be accessed at: <http://cgbi.osc.uscg.mil>.

References

[Coast Guard Medical Manual, COMDTINST M6000.1 \(series\)](#)

Periodic Health Assessment (PHA)

Background

By definition and design, the PHA is a multi-component process that will ensure all Coast Guard members are ready for deployment, ensure IMR data is electronically recorded, and deliver evidence-based clinical preventative services.

Annually, all reservists in a SELRES status will receive an individualized face-to-face assessment of their health status via the PHA on or two months prior to their birth month.

The PHA provides the opportunity to assess changes in health status, especially those that could impact a reservist's readiness to perform military duties.

The PHA will be used to review, verify, and correct IMR deficiencies. It also will be used to verify compliance with various elements of Deployment Health to include Pre- and Post-Deployment Health Assessments and the Post-Deployment Health Reassessment (PDHRA).

Note: Contingent upon funds availability, reservists may be authorized a Readiness Management Period (RMP) for completing their PHA (DA code: PHA, RMP Periodic Health Assessment).

Scheduling

Reservists in Drilling Status or on Active Duty of 30 Days or Less. Reservists in an IDT (i.e., drilling) status or on active duty of 30 days or less, who do not receive their primary care at a Coast Guard clinic, must utilize the Reserve Health Readiness Program (RHRP) for completing their PHA and DD-2697 by calling 1-888-697-4299 as outlined in the "Process" section below. A waiver may be requested from Health, Safety, and Work-Life Service Center (HSWL SC) to have a PHA performed at a Coast Guard clinic.

Reservists on Active Duty of 31 Days or More. Reservists on active duty orders for 31 days or more, who receive their primary care at a Coast Guard clinic, will have their PHA and DD-2697 performed at their assigned Coast Guard clinic. Reservists who receive their primary care at a Department of Defense (DoD) Military Treatment Facility (MTF), or receive their care at a civilian health care facility, will use the RHRP as outlined in Enclosure 5 of the [Coast Guard Periodic Health Assessment \(PHA\) Manual, COMDTINST M6150.3 \(series\)](#).

Process

To make an appointment for a PHA, contact the RHRP Call Center at 1-888-697-4299. Be prepared to provide your personal information (e.g., name, SSN, etc.) and the OPFAC of your assigned unit.

You will be directed to complete and print out the Fleet Health Risk Assessment, which you will take with you to your PHA appointment.

If you wear corrective lenses, you are required to take two pairs of glasses to your appointment. You also need to take any IME such as medical alert tags, ballistic optical inserts or protective and gas mask optical inserts as required by your duties.

You should have a complete list of all prescription and over-the-counter items (including medications, vitamins, supplements, etc.) that you currently use.

Certain preventive screenings such as mammograms, pap smears, cholesterol, and prostate screenings are included by the PHA provider in accordance with the [Coast Guard Periodic Health Assessment \(PHA\) Manual, COMDTINST M6150.3 \(series\)](#) at no cost to the member.

If a medical condition or abnormality is documented during your PHA, including any condition or abnormality documented during an authorized preventive screening, the Logistics Health, Inc. (LHI) provider will refer you to your personal medical provider for follow-up evaluation. Reserve members who are not serving on active duty orders over 30 days are responsible for all costs for follow-up evaluations provided by their personal medical providers.

References

[PHA Frequently Asked Questions](#)

[ALCOAST 105/10 – Periodic Health Assessment \(PHA\) Update](#)

[Coast Guard Medical Manual, COMDTINST M6000.1 \(series\)](#)

Dental Readiness

Background

All SELRES members shall meet the dental readiness requirements outlined in the [Coast Guard Medical Manual, COMDTINST M60001. \(series\)](#), to maintain IMR and deployment health requirements.

SELRES members must be in compliance with the requirement for an annual dental examination and be classified as Dental Class 1 or 2. Dental Class 1 is defined as a service member who does not require dental treatment or evaluation within 12 months. Dental Class 2 is defined as 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. All IRR members who volunteer for active duty orders for more than 30 days must be classified as Dental Class 1 or 2.

The servicing dental clinic will enter a reserve member's dental readiness classification into the Dental Common Access System (DENCAS). The readiness database (i.e., MRRS) will automatically be populated with DENCAS data, which will update the Coast Guard Business Intelligence (CGBI).

A member's dental status will be "green" when classified as Dental Class 1 or 2. Dental classifications of 3 or 4 will turn a member's IMR "red."

Note: Contingent upon funds availability, reservists may be authorized a Readiness Management Period (RMP) for their annual dental readiness exam (DA Code: DN, RMP Dental Readiness).

Dental Options

Reserve members have several options for maintaining dental readiness as outlined below. Reservists are encouraged to enroll in TRICARE Dental Program (TDP), especially if they do not have dental coverage through their civilian employer.

- a) Use of a private dentist (at the member's own expense), utilizing a completed and signed DD-2813, which should be faxed, scanned and emailed, or hand delivered to the reservist's CG clinic (a copy should be retained for the reservist's personal records);
- b) Enrollment in the TRICARE Dental Program (TDP) (www.tricare dental program.com);
- c) Schedule a dental exam at a CG clinic or local Military Treatment Facility (MTF) (this requires a waiver from member's command);
- d) Reserve Health Readiness Program (RHRP) Dental Screening is a free dental screening available to Reservists on orders for 30 days or less, without dental insurance, and who live in geographically remote areas (50+ miles from nearest MTF). Contact RHRP at 1-888-697-4299 to schedule an appointment with a contract dentist for a dental screening examination. Dental treatment or cleaning is not authorized and all follow-up care is at the expense of the reserve member.

Important Information

Reserve members who are in an IDT (i.e., drilling) status or serving on active duty orders for 30 days or less are not authorized any dental treatment at government expense during a dental readiness examination even if the readiness examination was performed at a Military Treatment Facility (MTF). Treatment includes, but is not limited to, dental cleanings and filling of cavities.

Any dental treatment required as a result of the dental readiness examination, including cleaning, is the financial responsibility of the reserve member. Accepting unauthorized dental treatment can result in significant personal expense that will not be reimbursed. Reserve members are encouraged to consider enrollment in the TRICARE Dental Program if they do not have dental insurance coverage.

References

[Coast Guard Periodic Health Assessment \(PHA\) Manual, COMDTINST M6150.3](#)

Deployment Limiting Medical Condition (DLMC)

Background

As discussed in this section, an individual must meet all six IMR requirements to be “fully medically ready.” However, medical readiness does not equal deployability. In accordance with [Chapter 6 of the Coast Guard Medical Manual, COMDTINST M6000.1 \(series\)](#) and the [Coast Guard Periodic Health Assessment \(PHA\) Manual, COMDTINST M6150.3 \(series\)](#), Coast Guard members are considered to have Deployment Limiting Medical Conditions (DLMC) if they;

- a) are pregnant (including six months post-partum);
- b) are Dental Class III or IV or designated Temporarily Not Dentally Qualified (TNDQ);
- c) are designated as Temporary Limited Duty (TLD) status by HSWL SC or are otherwise Temporarily Not Physically Qualified (TNPQ);
- d) have a Medical Evaluation Board (MEB), Informal Physical Evaluation Board (IPEB) or Formal Physical Evaluation Board (FPEB) in process; or
- e) are receiving reserve incapacitation benefits due to a documented Line-of-Duty (LOD) injury, illness or disease.

Process

Proper documentation of a DLMC in the Medical Readiness Reporting System (MRRS) will turn a member’s IMR status to “red” in CGBI creating a “flag” indicating that a reservist cannot be deployed or approved for active duty orders.

PSC-rpm-3 staff can assist commands with documenting a reserve member’s DLMC in MRRS.

Immunizations

Background

All SELRES personnel are required to have the same immunizations as active duty members. Additional immunizations may be required for deployment to endemic geographic areas or for occupationally at-risk personnel.

A complete list of required immunizations can be found in Appendix D of the [Immunizations and Chemoprophylaxis Manual, COMDTINST M6230.4F \(Joint Publication\)](#).

Immunizations should be recorded in the Medical Readiness Reporting System (MRRS) to ensure updated IMR status.

Influenza Vaccine

In accordance with the [Immunizations and Chemoprophylaxis Manual, COMDTINST M6230.4F \(Joint Publication\)](#), all active duty and reserve personnel are required to have an annual influenza vaccination.

SELRES members who are unable to be present during scheduled unit immunization periods may provide proof of influenza vaccination from a civilian source obtained at their own expense. Documentation should include date, immunization given, dose, lot number, manufacturer and the identification of the person administering the vaccine.

Reserve members must be in a duty status to receive required immunizations from the Coast Guard or a Military Treatment Facility (MTF).

Influenza vaccination requirements are communicated annually via CGMS, typically in advance of the flu season. The messages outline the requirements for obtaining the influenza vaccination and can be accessed via the General Message Traffic page of the Reserve website.

References

[Coast Guard Medical Manual, COMDTINST M6000.1 \(series\)](#)

[Coast Guard Periodic Health Assessment \(PHA\) Manual, COMDTINST M6150.3 \(series\)](#)

Section II: Reserve Incapacitation System

Background

This section includes an overview of reserve incapacitation benefits and outlines the processes as well as the roles and responsibilities related to each program.

The Coast Guard Reserve Incapacitation System implements policies and prescribes procedures to authorize medical and dental care for Reserve Component (RC) members who incur or aggravate an injury, illness or disease in the line of duty and authorizes appropriate pay and allowances related to line of duty injuries, illnesses and diseases. The governing statutes, contained in 10 USC 1074, 10 USC 1074a and 37 USC 204, provide healthcare and compensation entitlements to these RC members. **There is no statutory entitlement for a reservist to remain in an active duty status in order to receive such healthcare and compensation.**

Authorization

[ALCOAST 609/10](#) delegated Benefits Issuing Authority (BIA) to PSC-rpm to administer the Coast Guard's incapacitation benefits programs, including medical hold, Active Duty for Health Care (ADHC) and Notice of Eligibility (NOE). As the BIA, PSC-rpm subsequently issued incapacitation process guidance for these programs via ALCGRSV messages, which have been included as references in each applicable section.

The incapacitation benefits process is initiated when a reservist reports an injury or illness while in a qualifying duty status such as Inactive Duty Training (IDT) or active duty. In order to receive incapacitation benefits a member must be in an Available for Limited Duty (ALFD) or Not Fit for Duty (NFFD) status.

A generic process flowchart for incapacitation benefits can be downloaded from [PSC-rpm-3's web page](#) and [CG portal site](#).

Restrictions

Any member, whose medical status is Available for Full Duty (AFFD), as determined by a Military Medical Officer, is not eligible for incapacitation benefits.

In addition, incapacitation benefits are not authorized for reservists who incur an injury, illness or disease while not in an authorized duty status, for pre-existing conditions or for an injury, illness or disease resulting from a member's gross negligence or misconduct.

Finally, incapacitation benefits shall not be used for completing Individual Medical Readiness (IMR) elements (e.g., Periodic Health Assessment (PHA), dental exam, etc.).

**Incapacitation
Benefits
Programs**

The incapacitation programs covered in this section are:

1. Medical Hold
2. Active Duty for Health Care (ADHC)
3. Notice of Eligibility (NOE) for Authorized Medical Care
4. Dental NOE
5. Incapacitation Pay

**Initial Request
Process**

The process for requesting medical hold orders, Active Duty for Health Care (ADHC) and a Notice of Eligibility (NOE) is essentially the same as outlined below:

Member: Reports the initial illness, injury or disease to his/her command.

Command: Determines whether the member was in a qualifying duty status and validates that the illness, injury or disease was not caused by the member's misconduct.

If there is no suspicion of misconduct, the line of duty injury/illness can be documented through completion of a CG-3822 (Report of Injury) or CG-4614 (Report of Illness) and a copy of the member's orders. Commands may use a screen print from Direct Access showing the member's completed drills to document IDT orders.

If misconduct is suspected, a full Line of Duty (LOD) investigation must be completed in accordance with [Chapter 7 of the Administrative Investigations Manual, COMDTINST M5830.1 \(series\)](#).

All line-of-duty determinations — whether a full investigation or a completed CG-3822/CG-4614 — must be signed by the member's Commanding Officer or his/her delegate and submitted with the request for incapacitation benefits.

The command also must obtain and submit pertinent medical documentation for the injury/illness and a physician's report form completed by the member's civilian health care provider or their assigned military medical officer.

Finally, the command shall submit the request for incapacitation benefits, with all supporting documentation, to their District (Dxr)/DG-1 staff (or equivalent) for review and endorsement.

District (Dxr)/DG-1: Reviews the command's request for incapacitation benefits and supporting documents for accuracy and completeness. Once reviewed, the District (Dxr)/DG-1 submits a

request for incapacitation benefits (medical hold, ADHC or NOE) via CGMS and emails supporting documents to PSC-rpm-3 at ARL-DG-CGPSC-RPM_RESERVE_MEDICAL@USCG.MIL. Requests for incapacitation benefits cannot be approved without the required supporting documents. Templates for message formats and other required forms (e.g., CG-3822, CG-4614, physician's report) can be downloaded from PSC-rpm-3's website at: www.uscg.mil/psc/rpm/rpm3/medical/.

PSC-rpm-3: Reviews requests for incapacitation benefits and approves or disapproves the requests via CGMS. For approved medical holds and ADHC requests, PSC-rpm-3 will provide all applicable data needed to prepare orders in the approval message. Responsibility for preparing medical hold and ADHC orders lies with the command and the District (Dxr)/DG-1 staff. NOE memos will be created by PSC-rpm-3 and forwarded electronically to the requesting District (Dxr)/DG-1 staff for further distribution. PSC-rpm-3 will reply via CGMS when disapproving requests for incapacitation benefits after discussing the reason for disapproval with the District (Dxr)/DG-1 staff and/or command.

Requests for Extension

If the member has not regained Available for Full Duty (AFFD) status by the end of the medical hold, ADHC or NOE eligibility period, a request for extension of incapacitation benefits should be submitted to PSC-rpm-3 via CGMS as outlined above. All requests for extension require submission of a current physician's report form and relevant medical documentation, and should be submitted to allow sufficient time for review to avoid any interruption of a member's pay/allowances and benefits.

Medical Status Updates

Once incapacitation benefits have been authorized (i.e. medical hold, ADHC or NOE), members are required to obtain a medical status update every 30 days until they have been found AFFD. Members are required to submit a Physician's Report form completed by their primary care manager, along with relevant medical documentation to their District (Dxr)/DG-1 (or equivalent) staff who will submit it to PSC-rpm-3. These updates are necessary to track a member's progress toward reaching AFFD status or for timely submission of a medical board if the member will not be AFFD status within 180 days or the time period allowed by his/her designated Temporary Limited Duty (TLD) status. Failure to submit required medical documentation may result in a termination of incapacitation benefits.

Waivers

Reserve members on authorized medical hold or ADHC orders accrue creditable service for retirement. If the member will reach 16 or 18 years of total active duty service as a result of medical hold or ADHC orders, a 16/18-year waiver must be submitted at the time of the request for incapacitation benefits. Guidance for submission of 16/18 year waivers can be found in [ALCGPSC 009/12 - Retention of Reservists on Active Duty Beyond 16 or 18 Years of Total Combined Active Duty - Update 1](#).

Reserve members on authorized medical hold or ADHC orders who will achieve age 60 as a result of the orders must have an approved over-60 age waiver. The request for an age 60 waiver must be submitted at the time of the request for incapacitation benefits.

Termination of Benefits

Incapacitation benefits will be terminated under the following circumstances:

- The member has been found Available for Full Duty (AFFD) by a Military Medical Officer. If a civilian medical provider has recommended a return to AFFD status, the Military Medical Officer must concur before the member can return to full duty status in accordance with the [Coast Guard Medical Manual, COMDTINST M6000.1 \(series\)](#).
- The member has reached maximum medical improvement and requires no further care.
- The member is processed through the Coast Guard Physical Disability Evaluation System (PDES).

Members who are found AFFD prior to the end date of their medical hold or ADHC orders shall be given sufficient time to complete the demobilization process before the orders are terminated. Commands and/or District (Dxr)/DG-1 should contact PSC-rpm-3 to determine the appropriate orders end date.

Medical hold and ADHC orders shall not be extended for the purpose of allowing a member to take terminal leave. Members should maintain awareness of their leave balances and manage leave accordingly. Members may take earned leave while in on medical hold or ADHC orders provided the leave period does not interfere with the member's treatment plan and won't be detrimental to the member's recovery in accordance with the Primary Care Manager's (PCM) instructions. Medical appointments are expected to be scheduled and kept despite being in a leave status.

References

10 USC 1074

10 USC 1074a

37 USC 204

[Reserve Policy Manual, COMDTINST M1001.28 \(series\), Chapter 6](#)

[ALCGRSV 058/10 – Retention of Reservists on Medical Hold](#)

[ALCGRSV 061/10 – Active Duty for Health Care](#)

[ALCGRSV 054/11 – Updated Notice of Eligibility \(NOE\) Issuing Authority and Guidance](#)

Medical Hold

Background

Reservists who become ill or injured while serving on active duty orders for a period of 31 days or more may be retained for medical care or evaluation. This practice is commonly referred to as Medical Hold. Medical hold orders are issued under authority of 10 USC 12301(h).

Determinations

Medical hold determinations will include the following:

- Severity of the illness/injury
- Prognosis/expected recovery time
- Anticipated time for return to Available for Full Duty (AFFD) status
- Line of duty determination
- Input from the Military Medical Officer
- Member's documented consent to remain on or be recalled to active duty

Duty Type

Medical hold orders are issued under authority of 10 USC 12301(h) and created as duty type Active Duty Operational Support-Active Component (ADOS-AC) or Active Duty Operational Support-Reserve Component (ADOS-RC) as appropriate based on the member's original orders.

Medical hold orders resulting from duty performed in support of named contingency or disaster response operations shall be properly coded as such using the proper operational ID contained in the "Contingency/Disaster Data" tab of the Reserve Orders module in Direct Access. For example, medical hold orders in conjunction with Overseas Contingency Orders (OCO) shall be coded with operational ID 00000.23 and medical hold orders in conjunction with Operation Deepwater Horizon shall be coded with operational ID 00000.28.

Funding

Short-term medical hold orders (180 days or less) are funded by the same funding source as the original active duty orders. Funding for medical holds in excess of 180 days will be provided by AFC-01 (ADOS-AC) or AFC-90 (ADOS-RC). Medical holds in excess of 180 days require initiation of a Medical Evaluation Board (MEB) in accordance with the [Physical Disability Evaluation System \(PDES\) Manual, COMDTINST M1850.2 \(series\)](#) unless the member is designated as Temporary Limited Duty (TLD) status by HSWL-SC.

Medical Support Allowance

Members on approved medical holds in excess of 180 days who are awaiting the results of a Physical Evaluation Board may be placed in a medical support allowance billet as directed by PSC-rpm-3.

Process

Specific guidance for requesting medical hold orders can be found in [ALCGRSV 058/10 – Retention of Reservists on Medical Hold](#).

Approval

PSC-rpm is the Benefits Issuing Authority (BIA) for medical hold orders. Commands shall not issue/approve medical hold orders without prior approval from PSC-rpm-3.

References

10 USC 12301(d)

[ALCGRSV 058/10 – Retention of Reservists on Medical Hold](#)

Active Duty for Health Care (ADHC)

Background

Under authority of 10 USC 12322, Active Duty for Health Care (ADHC) may be authorized for a reservist who incurs or aggravates an injury, illness or disease in the line of duty while performing the duty described below, or while travelling directly to or from the duty:

- Active duty for 30 days or less;
- Inactive duty training (IDT); or
- Funeral honors duty (FHD)

ADHC also may be authorized for a reservist who incurs or aggravates an injury, illness or disease in the line of duty while remaining overnight immediately before the commencement of IDT aboard the IDT site or in Coast Guard-procured quarters near the IDT site; or while remaining overnight, between successive periods of IDT, aboard the IDT site or in Coast Guard-procured quarters near the IDT site.

Determinations

While each case is unique, ADHC determinations will be evaluated based on:

- Severity of illness/injury/disease
- Prognosis/expected recovery time
- Anticipated time for return to Available for Full Duty (AFFD) status
- Line of Duty (LOD) determination
- Input from the Military Medical Officer
- Member's documented consent to be recalled to or retained on active duty

Duty Type

Active Duty for Health Care (ADHC) orders are issued under authority of 10 USC 12322 and created as duty type ADHC.

Funding

ADHC orders, regardless of duration, are funded from the Reserve Training (RT) appropriation through the RT to OE refund process. ADHC orders created in Direct Access will auto-generate TONOs and lines of accounting for pay and allowances and travel. ADHC orders in excess of 180 days require initiation of a Medical Evaluation Board (MEB) in accordance with the [Physical Disability Evaluation System \(PDES\) Manual, COMDTINST M1850.2 \(series\)](#) unless the member is designated as Temporary Limited Duty (TLD) status by HSWL SC.

**Medical
Support
Allowance**

Members on approved ADHC orders in excess of 180 days who are awaiting the results of a Physical Evaluation Board may be placed in a medical support allowance billet as directed by PSC-rpm-3.

Process

Specific guidance for requesting ADHC orders can be found in [ALCGRSV 061/10 – Active Duty for Health Care](#).

Approval

PSC-rpm is the Benefits Issuing Authority (BIA) for ADHC orders. Commands shall not issue/approve ADHC orders without prior approval from PSC-rpm-3.

References

10 USC 12322

[ALCGRSV 061/10 – Active Duty for Health Care](#)

Notice of Eligibility (NOE) for Authorized Medical Treatment

Background

A reservist who incurs a line of duty injury or illness and is not on, or does not remain on, active duty is entitled to medical care for that injury/illness. A notice of eligibility (NOE) for authorized medical treatment is issued to a reservist following service on active duty or Inactive Duty Training (IDT) to document eligibility for medical care as a result of an injury, illness, or disease incurred or aggravated in the line of duty. The NOE establishes the member's eligibility for medical care from a Military Treatment Facility (MTF) or TRICARE-approved provider at government expense.

Members with an approved NOE may file an incapacitation pay claim for wages lost due to the illness or injury or for time missed from their civilian employment for medical appointments, treatments or recovery time. Assistance in filing claims should be provided as needed by the member's local command. Specific guidance for filing an incapacitation pay claim can be found in [Chapter 6 of the Reserve Policy Manual, COMDTINST M1001.28 \(series\)](#).

A NOE recipient typically shall not be transferred from a Selected Reserve (SELRES) assignment while his or her incapacitation is unresolved, unless the member specifically requests transfer and is authorized to transfer by PSC-rpm. Commands may schedule the reservist for Inactive Duty Training (IDT) in a limited duty status or reschedule drills for future dates when the member will be Available for Full Duty (AFFD). However, Active Duty for Training (ADT), Active Duty Training Other than Training (ADOT), which includes ADOS-AC and ADOS-RC, and active duty in support of involuntary mobilization (T10, T14) are not authorized and must be deferred until the member is Available for Full Duty (AFFD).

Determinations

As the Benefits Issuing Authority (BIA), PSC-rpm issues NOE memos to authorize medical care for a specific injury or illness (with ICD-9 code), which has been diagnosed by the Primary Care Manager (PCM). NOEs do not confer eligibility for general medical or dental care, nor do they do authorize medical or dental coverage for a member's dependents. Members who obtain medical care for non-approved injuries or illnesses do so at their own expense.

Travel Funding

The NOE authorization memo will provide a travel TONO and line of accounting to allow the member to file claims for associated travel costs.

Members with an authorized NOE who are not Available for Full Duty (AFFD) after 180 days require initiation of a Medical Evaluation Board (MEB) in accordance with the [Physical Disability Evaluation System \(PDES\) Manual, COMDTINST M1850.2 \(series\)](#) unless the member is designated as Temporary Limited Duty (TLD) status by HSWL SC.

Process

Specific guidance for requesting a NOE can be found in [ALCGRSV 054/11 – Updated Notice of Eligibility \(NOE\) Issuing Authority and Guidance](#).

Upon receipt of the NOE authorization memo from PSC-rpm-3, the command shall provide the NOE memo to the member as quickly as possible. The member shall sign the NOE endorsement within five business days and return it to PSC-rpm-3 without delay. Failure to return a signed NOE endorsement may delay a member's authorized medical care and treatment plan.

Approval

PSC-rpm is the Benefits Issuing Authority (BIA) for NOEs. Commands shall not issue/approve a NOE without prior approval from PSC-rpm-3.

References

[ALCGRSV 054/11 – Updated Notice of Eligibility \(NOE\) Issuing Authority and Guidance](#)

Dental Notice of Eligibility (NOE)

Background

Reserve members are responsible for maintaining dental readiness at their own expense. A NOE is not a resource for funding civilian dental care for pre-existing dental conditions or routine care (e.g., untreated cavities, wisdom tooth extraction, dental cleaning, etc.) and will not be issued for care of dental disease caused by neglect or failure to obtain the recommended standard dental care required to maintain a Class I or II dental status.

Emergency Care

Dental emergency treatment required prior to authorization of a dental NOE is limited to emergent care for immediate treatment of bleeding, pain or infection. No definitive treatments are authorized and members will not receive reimbursement for non-emergent care.

Civilian-Provider

Process

NOE dental care is provided by the Active Duty Dental Program (ADDP) and all NOEs require pre-approval of dental care services by the Dental Service Point of Contact (DSPOC) prior to treatment. An overview of the dental NOE process is provided below:

1. The member reports the dental injury/illness to his or her chain of command.
2. The command completes the CG-3822/CG-4614 and provides the forms with appropriate medical documentation to the District (Dxr)/DG-1.
3. District (Dxr)/DG-1 provides all documentation and requests NOE from PSC-rpm.
4. PSC-rpm submits approved NOE documentation to United Concordia for government review by a Dental Service Point of Contact (DSPOC) .
5. Member schedules follow-up appointment with designated civilian dental provider to plan dental treatment. No dental care is authorized at this point.
6. The civilian dental provider submits the Active Duty Dental Program (ADDP) Authorization Form and appropriate diagnostic materials to United Concordia.
7. The NOE submission and civilian dental provider's plan is reviewed by a DSPOC.
8. United Concordia notifies the service member of the DSPOC determination, including any approved course of treatment.

Members should understand that it may take six weeks to four months to receive an approved determination for dental care.

MTF Process

A dental NOE allowing use of a nearby Military Treatment Facility (MTF) on a space-available basis may be issued for items such as repair of a tooth that gets broken while in a qualifying duty status. The request process is the same as for medical NOEs.

References

[ALCGRSV 054/11 – Updated Notice of Eligibility \(NOE\) Issuing Authority and Guidance](#)

Incapacitation Pay

Background

A reservist who incurs or aggravates an injury, illness, or disease in the line of duty is entitled to pay and allowances, and travel and transportation incident to medical and/or dental care, in accordance with 37 USC 204 and 206. The amount of incapacitation pay and allowances authorized is determined in accordance with the [Coast Guard Pay Manual, COMDTINST M7220.29 \(series\)](#).

In accordance with 37 U.S.C. 204, incapacitation pay may not be provided for a period greater than 6 months unless directed by, the Coast Guard Office of Reserve Affairs, COMDT (CG-131).

Personnel Support Command-Reserve Personnel Management (PSC-RPM) is the issuing authority for Reserve Incapacitation Benefits and COMDT (CG-131) has appeal authority.

Claims Process

Individual claims for incapacitation pay shall be submitted to the District (Dxr) or Deployable Operations Group (DG-1) via the chain of command as soon as possible following documentation of lost civilian wages.

District (Dxr) or DG-1 shall verify entitlements and endorse the member's request.

Claims with District (Dxr) or DG-1 endorsements shall then be forwarded to Pay and Personnel Center-Separations and Validation (PPC-ses) via PSC-rpm-3 for processing. A copy of each endorsed request for incapacitation pay shall be sent to COMDT (CG-131).

Additional details for completing requests for incapacitation pay claims can be found in [Chapter 6 of the Reserve Policy Manual, COMDTINST M1001.28 \(series\)](#).

References

37 USC 204
37 USC 206

Section III: Miscellaneous Topics

Background

This section provides information on a variety of miscellaneous medical topics, which have not been covered elsewhere in this guide.

Miscellaneous Topics

This section will explore the following topics:

- Assignment & Deployment Restrictions
- Defense Enrollment Eligibility Reporting System (DEERS)
- Disqualifying Medical Conditions & Waivers
- Emergency Medical Treatment
- Fitness & Weight Standards
- Human Immunodeficiency Virus (HIV)
- Illness or Injury Incurred While Not on Coast Guard Duty
- Medical Duty Status
- Medical Evaluation & Physical Examinations
- Medical Support Allowance Billets
- Organ Donation
- Physical Disability Evaluation System (PDES)
- Post-Deployment Health Reassessment (PDHRA)
- Pregnancy in the Coast Guard
- Qualifying Duty Status
- Rabies Exposure While in Combat Theater
- Readiness Management Periods (RMP)
- Reserve Health Readiness Program (RHRP)
- Smoking Cessation Counseling
- TRICARE Resources for Reservists
- Yellow Ribbon Program

Assignment & Deployment Restrictions

Background

A reserve member's pregnancy status or medical duty status must be considered when making assignments or when determining eligibility for deployment.

Pregnancy & Adoption

Reservists who become pregnant shall not be transferred from their SELRES positions during pregnancy or for six months following although voluntary reassignments may be allowed. Special considerations should be made for reservists assigned to Deployable Specialized Forces (DSF) units.

Pregnancy through six-weeks post-partum is not a disease or illness but is a Deployment Limiting Medical Condition (DLMC). A reservist's pregnancy status shall be noted in the Medical Readiness Reporting System (MRRS) by Clinic staff as a DLMC, which will update the member's Individual Medical Readiness (IMR) status in CGBI to "not medically ready."

Mobilization for new mothers (by birth or adoption) shall be deferred for six months from the time of delivery or placement of an adopted child in the home. Although pregnant reservists shall not be involuntarily mobilized, they may volunteer for active duty with appropriate medical clearance.

HIV Positive Members

SELRES members who are HIV antibody positive shall not be assigned to deployable billets to include: Coast Guard cutters, Patrol Force South West Asia (PATFORSWA), Deployable Operations Group Units, small boat stations, or outside the continental United States.

Medical Status

Reserve members who are not in Available for Full Duty (AFFD) medical status may not be involuntarily transferred to another SELRES assignment until they are cleared AFFD by a military medical officer. The only exception to this is when necessary medical care is unavailable at the member's current location.

No reserve member in an AFLD or Not Fit for Duty (NFFD) medical status is eligible for deployment until returned to AFFD status. Members in an Available for Limited Duty (ALFD) or NFFD medical status may not be offered, nor may they accept, active duty orders of any kind, including but not limited to ADT-AT, ADT-OTD, Title 10, Title 14, ADOS-AC, ADOS-RC, etc., in accordance with the [Reserve Policy Manual, COMDINTST M1001.28 \(series\)](#).

AFFD

When a member has regained AFFD status per his or her civilian provider, he or she must be seen by a military medical officer for clearance before returning to full duty. Members must present the AFFD chit to their command and update their ASQ.

Once the member is found AFFD, clinics should lift the TNPQ or TNDQ restriction in MRRS, so the member no longer appears to have a DLMC in CGBI and regains eligibility for active duty orders or deployments.

References

[Pregnancy in the Coast Guard, COMDTINST 1000.9 \(series\)](#)

[Coast Guard Human Immunodeficiency Virus \(HIV\) Program, COMDTINST M6230.9 \(series\)](#)

[Coast Guard Periodic Health Assessment \(PHA\) Manual, COMDTINST M6150.3 \(series\)](#)

Defense Enrollment Eligibility Reporting System (DEERS)

Background

The [Defense Enrollment Eligibility Reporting System \(DEERS\)](#) is a worldwide, computerized database of uniformed services members (sponsors), their family members, and others who are eligible for military benefits, including TRICARE. All sponsors are automatically registered in DEERS. However, the sponsor must register eligible family members. Family members can update personal information such as addresses and phone numbers once they are registered in DEERS.

It is each reservist's responsibility to ensure that his or her information is current in DEERS in accordance with the [Military Assignments and Authorized Absences Manual, COMDTINST M1000.8 \(series\)](#) and the [Personnel and Pay Procedures Manual, \(3PM\), PPCINST M1000.2 \(series\)](#).

At a minimum, reservists shall contact DEERS to validate eligibility once each year. Reservists also are encouraged to validate eligibility upon Reserve Component Category (RCC) change, SELRES PCS assignment, long-term ADOS assignment, or when they have a change in dependency status.

Note: It may take up to two weeks for changes to be updated in the system.

Disqualifying Medical Conditions & Waivers

Background

All reserve members are subject to the retention physical standards outlined in [Chapter 3 of the Coast Guard Medical Manual, COMDTINST M6000.1 \(series\)](#), which also contains a list of medical conditions and defects that normally are disqualifying for continued service.

A waiver is an authorization to retain the member when an individual does not meet the physical standards prescribed for the purpose of the examination.

If the member's condition is disqualifying but he or she can perform his or her duty, a waiver request may be submitted in lieu of immediate referral to a Medical Evaluation Board. If the waiver request is denied, then a Medical Evaluation Board is required. The only exception is HIV infection, which may not require waiver or referral to MEB if the member continues to fully perform duties.

Waiver Process

The medical waiver process is outlined in [Chapter 3.A.8 of the Coast Guard Medical Manual, COMDTINST M6000.1 \(series\)](#).

Commander PSC-rpm has the sole authority to grant medical waivers for reserve members. The decision to authorize a medical waiver is based on many factors, including the recommendations of the PSC Senior Medical Officer and the Chief, Office of Health Services, Commandant (CG-112).

Waiver Types

There are two waivers types: temporary and permanent.

A temporary waiver may be authorized when a physical defect or condition is not stabilized and may either progressively increase or decrease in severity. These waivers are authorized for a specific period of time and require medical reevaluation prior to being extended.

A permanent waiver may be authorized when a defect or condition is not normally subject to change or progressive deterioration, and it has been clearly demonstrated that the condition does not impair the individual's ability to perform general duty, or the requirements of a particular specialty, grade, or rate.

Emergency Medical Treatment

Background

Emergency medical treatment is always authorized for a reservist in a qualified duty status (e.g., IDT, active duty, etc.).

Reserve members who become ill or sustain an injury severe enough to need emergency room treatment should provide their military ID card as proof of insurance at the time of the visit to ensure medical charges will be billed directly to TRICARE rather than to the member or his or her civilian insurance provider.

Members who show their civilian insurance card for an emergency visit while in a qualifying duty status can experience a number of problems, including getting billed for co-pays and/or denial of service due to being in a military duty status. Additionally, insurance companies often recoup payments from the member for medical services that should have charged to TRICARE.

Incapacitation Benefits

If follow-up care is recommended after the emergency medical treatment, the NOE request process should be initiated as outlined in Section II of this guide.

If the member's injuries are severe enough to warrant hospitalization, the command should notify PSC-rpm-3 who will determine what type and duration of reserve incapacitation benefits should be authorized.

Care After Duty

A reservist presenting for emergency treatment at a military treatment facility after termination of military duty, stating that the emergent condition is related to an injury, illness, or disease incurred or aggravated as a result of a period of duty, shall be examined and provided necessary medical care.

The circumstances surrounding the condition will be resolved by a line of duty determination after the emergency has been stabilized. The member shall report this care to his or her command as soon as possible after the emergency medical care so that appropriate line-of-duty documentation can be completed.

References

[Reserve Policy Manual, COMDTINST M1001.28 \(series\), Chapter 6](#)

Fitness & Weight Standards

Background

In accordance with the [Coast Guard Weight and Body Fat Standards Program Manual, COMDTINST M1020.8 \(series\)](#), reservists are required to meet the Coast Guard's weight standards and the physical fitness standards for their assigned positions. The requirements for reserve members are the same as those for active duty members.

In addition, all Coast Guard military personnel are required to develop an annual fitness plan ([see Chapter 7.6 of COMDTINST M1020.8G](#)).

Weigh-in Process

All Coast Guard members must be evaluated each April and October to determine whether they are in compliance with weight and body fat standards as set forth in applicable instructions.

SELRES members shall report as directed to their unit during the months of April and October to be weighed. It is the member's responsibility to make alternate arrangements to meet this requirement if he or she is unable to attend their unit's scheduled weigh-in date. Members who do not obtain prior permission to reschedule their weigh-in are subject to disciplinary action for not meeting participation standards.

Pregnant members are excused from meeting MAW standards until they are 6 months postpartum.

Any reservist who fails to meet weight and/or body fat standards at the conclusion of his or her probationary period shall be transferred to the Standby Reserve, Inactive Status List (ISL) for a period not to exceed one year. A reservist who fails to meet weight and/or body fat standards after one year in the ISL shall be processed for separation as outlined in [Chapter 3 of the Coast Guard Weight and Body Fat Standards Program Manual, COMDTINST M1020.8 \(series\)](#).

Human Immunodeficiency Virus (HIV)

Background

All SELRES members must be screened by the Coast Guard for HIV infection every two years using serological studies (laboratory blood tests). Additionally, SELRES members who are called to active duty for more than 30 days shall be tested by the Coast Guard within five working days of reporting if they have not been screened within the last two years or if the test will become out-of-date during the period of the orders.

Civilian sources of HIV test results are not authorized to fulfill this requirement for members of the Coast Guard or any DoD component. Units may not contact civilian blood collection agencies requesting HIV results for reservists who have donated blood.

HIV Positive Members

SELRES members performing IDT drills or on active duty for 30 days or less who are found to be HIV antibody positive may be retained in the SELRES and may continue to perform a maximum of 12 days of ADT-AT and 48 IDT drills. However, HIV antibody positive members shall not perform any other type of active duty orders, including Active Duty for Operational Support (ADOS) and Extended Active Duty (EAD) nor shall they be mobilized for involuntary duty (i.e., T10 or T14). These members shall not be eligible for routine medical evaluation in Military Treatment Facilities (MTF) unless they are on active duty orders for 31 days or more.

In accordance with the [Coast Guard Human Immunodeficiency Virus \(HIV\) Program, COMDTINST M6230.9 \(series\)](#), Selected Reserve (SELRES) members on active duty orders for 31 days or more who test positive for exposure to the HIV virus will be medically evaluated initially at a designated Navy HETU (HIV Evaluation Treatment Unit) to determine the medical status of their infection. If the SELRES member demonstrates any unfitting conditions of immunologic deficiency, neurologic deficiency, progressive clinical or laboratory abnormalities associated with HIV, or AIDS-defining condition, convening of a Medical Evaluation Board (MEB) is indicated.

Any member who discovers that he or she is HIV antibody positive should contact the HIV Program Manager, Office of Health Services, Operational Medicine and Medical Readiness (CG-1121) for additional guidance; CG-1121 will contact PSC-rpm as appropriate.

Assignment Limitations

SELRES members who are HIV antibody positive shall not be assigned to deployable billets to include: Coast Guard cutters, Patrol Force South West Asia (PATFORSWA), Deployable Operations Group Units, small boat stations, or outside the continental United States.

Injury or Illness Incurred While Not on Coast Guard Duty

Background

Members who become ill or experience an injury/have surgery while not in a qualifying duty status are not eligible for reserve incapacitation benefits, however they are required to report it to their command. Members also must supply the pertinent civilian medical documents to the command medical department and update their ASQ in Direct-Access to reflect any changes from an Available for Full Duty (AFFD) status.

Due caution should be taken to preserve the member's right to privacy under the Privacy Act of 1974 and pertinent HIPAA guidelines when inquiring about a member's medical condition.

Process

Reserve members are required to:

- Contact their command to report any change in their physical condition which affects their immediate availability for military service;
- Provide all relevant medical documentation from their private Health Care Provider (HCP) to their Coast Guard Clinic to be included in their medical record;
- Update the Annual Screening Questionnaire (ASQ) upon occurrence of illness or injury and when found Available for Full Duty (AFFD).
- HIV antibody positive members should contact the HIV Program Manager, Office of Health Services, Operational Medicine and Medical Readiness (CG-1121) for additional guidance; CG-1121 will contact PSC-rpm as appropriate.

Additional Requirements

Members must obtain an official medical duty status determination from a military medical officer and report this status to their command.

- If found Available for Full Duty (AFFD), the member must present this finding to his or her command before returning to normal duties. Copies of all pertinent medical documents should be filed in the member's medical record.
- If found Available for Limited Duty (AFLD), the member must present this finding to his or her command. Typically, AFLD status should not exceed 180 days. Members on light duty may perform IDT within their duty limitations. Members are not allowed to complete active duty of any type or duration while in limited duty status. A medical status update should be provided to the member's command every 30 days until the member is AFFD.
- If found Not Fit for Duty (NFFD) at the initial evaluation, the member must present this status to the command to be excused from performing IDT and ADT for a period of time not to exceed 180 days. A medical status update should be provided to the member's command every 30 days until the member is AFFD.
- SELRES members unable to drill, either due to their duty limitations or because their command is unable to reasonably accommodate their medical status, shall be afforded

the opportunity to earn retirement points by completing correspondence courses. A list of qualifying courses is available at: <http://www.uscg.mil/reserve/retirement.asp>.

- If a member is not FFD within 180 days of injury/illness, or is found to have a disqualifying condition, he or she shall be referred for a medical board in accordance with the [Physical Disability Evaluation System \(PDES\) Manual, COMDTINST M1850.2 \(series\)](#).

Ready Reserve members (SELRES and IRR) who are temporarily unable to perform military duties because of an injury or illness incurred while not on Coast Guard duty may request a change in Reserve Component Category (RCC) to the Standby Reserve until they can return to the Ready Reserve.

Separation

Reserve members who are not eligible for retirement and have a permanent disqualifying condition or physical disability that is not the proximate result of performing active or inactive duty (i.e., not incurred in the line of duty), will be separated from the Coast Guard Reserve.

Retirement

Reserve members who are eligible for retirement and have a permanent disqualifying condition or physical disability that is not the proximate result of performing active or inactive duty (i.e., not incurred in the line of duty), may request RET-2 (retired awaiting pay) status.

Special Rule

Under authority of 10 U.S.C. 12731b, in the case of a SELRES member who no longer meets the qualifications for SELRES membership solely because the member is unfit because of physical disability, PSC-rpm may determine to treat the member as having met the service requirements for non-regular retirement if the member has completed at least 15, and less than 20, years of service ([see Chapter 8 of the Reserve Policy Manual, COMDTINST M1001.28 \(series\)](#)).

Such determination shall not be made if:

- The disability was the result of the member's intentional misconduct, willful neglect, or willful failure to comply with standards and qualifications for retention; or
- The disability was incurred during a period of unauthorized absence.

The following conditions must be met to request retirement under this special rule:

- The unfitting condition/disability was not incurred in the line of duty;
- The unfitting condition/disability is the sole reason for the member's inability to meet SELRES satisfactory participation standards;
- The member has complete at least 15 but less than 20 years of creditable service;
- A physical evaluation board has rendered a finding that the member is not fit for continued service and the unfitting condition/disability was not incurred while entitled to basic pay (i.e., not in the line of duty).

Medical Duty Status

Background

Medical duty status is a determination of the member's ability to perform the assigned tasks at the assigned work station. Medical duty status is not the same as fitness for continued service, which is a determination made by the Physical Disability Evaluation System (PDES) process.

Medical Duty Status

Available for Full Duty (AFFD): the final status of a member who is able to perform all of the duties of the member's office, grade, rank or rate. A member placed in this status will have been determined to be fully ready for those duties expected of the member, given their current office, grade, rank, or rating.

Available for Limited Duty (AFLD): the interim status of a member who is temporarily unable to perform all of the duties of the member's office, grade, rank, or rating. A member placed in this temporary status will have duty limitations specified, such as: no prolonged standing, lifting, climbing, or unfit for sea or flight duty.

Temporary Limited Duty (TLD): a determination by a physician that a member is temporarily unable to perform the essential duties of the member's office, grade, rank or rate. A member placed on TLD will have duty limitations specified, such as: no prolonged standing, lifting, climbing, or unfit for sea or flight duty. Before placing a member on TLD, the physician must have an expectation that the member's condition will result in AFFD status within nine months. Only HSWL-SC can place a member in TLD status.

Not Fit for Duty (NFFD): the status of a member who cannot perform any assigned tasks at the assigned work station.

Any case where a reserve member is AFLD or NFFD status for more than 180 days, and has not been designated TLD, must be referred to a medical evaluation board in accordance with the [Physical Disability Evaluation System Manual, COMDTINST M1850.2 \(series\)](#).

References

[Reserve Policy Manual, COMDTINST M1001.28 \(series\), Chapter 6](#)

[Physical Disability Evaluation System Manual, COMDTINST M1850.2 \(series\)](#)

Medical Evaluation & Physical Examinations

Background

Medical evaluation and physical examination requirements were updated by Commandant, Office of Health Services, via release of [COMDT COGARD WAHINGTON DC 181523Z JUL 11](#), which clarified medical evaluation and physical examination requirements for reserve members and active duty members who are changing status.

PHA & Form DD-2697

A completed Periodic Health Assessment (PHA) and Report of Medical Assessment, Form DD-2697 shall be used for the following:

- Reserve members being released from active duty orders (31 days or more);
- Individual Ready Reserve (IRR) members who are changing status to the Selected Reserve (SELRES) or requesting active duty orders;
- Retired Reservists (RET-1 or RET-2) who are being recalled to active duty; and
- Active Duty members changing status to the Ready Reserve (SELRES or IRR).

Form DD-2807-1 & DD-2808

A completed Report of Medical History, Form DD-2807-1, and Report of Medical Examination, Form DD-2808, shall be used for the following:

- Reserve members on active duty orders for 31 days or more who are separating or retiring from the Coast Guard and who are not planning to rejoin a military service.
- May be used by reserve members who are on orders for 30 days or less who are separating or retiring from the Ready Reserve (SELRES or IRR).

Separation or retirement examinations are optional for reserve members on orders for 30 days or less.

Miscellaneous

Objections to assumptions of fitness at separation or retirement are addressed in the [Physical Disability Evaluation System Manual, COMDTINST 1850.2 \(series\)](#).

Medical Officers shall clearly annotate in Block 20 or the DD-2697 whether the member meets retention standards as outlined in the [Coast Guard Medical Manual, COMDTINST M6000.1 \(series\)](#).

Only PHAs completed to meet the annual IMR requirement (i.e. annual PHA) must be documented in MRRS. There is no requirement to document a PHA/DD-2697 completed for a status change in the Medical Readiness Reporting System (MRRS).

Medical Support Allowance Billets

Background

[ALCOAST 609/10](#) provides PSC-rpm with authority to exercise assignment actions for reservists assigned to Medical Support Allowance Billets.

The purpose for assigning reservists to medical support allowance billet positions is to:

- Create PAL visibility of reservists who are on medical hold or Active Duty for Health Care (ADHC) orders;
- Promote adequate medical oversight and coordination of medical care until a member is Available for Full Duty (AFFD) or is processed for separation or retirement as a result of a Physical Disability Evaluation System decision; and
- Align active duty and reserve component assignment practices.

Assignment Criteria

Assignment to a medical support allowance billet is limited to reserve members who are serving on authorized medical hold or ADHC orders for a period of more than six months and who have a documented medical evaluation board in process.

Process

The general process for medical support allowance billets is as follows:

1. An incapacitated reservist is retained on medical hold or ADHC orders and is expected to remain incapacitated for more than six months.
2. The responsible HSWL clinic or member's command convenes a medical evaluation board (MEB) for the reservist. The command requests a medical support allowance billet from PSC-rpm-3 via email, which includes a copy of the MEB cover sheet (narrative summary), MEB command endorsement, department for the member's assignment and a command POC.
3. PSC-rpm-3 reviews the request and submits approved request to CG-833.
4. CG-833 creates a medical support allowance position at the designated department and provides the position number to PSC-rpm-3. Medical support allowance positions are created with expiration dates of 31 Mar or 30 Sep to allow for periodic tracking.
5. PSC-rpm-3 assigns the member to the medical support allowance position number.
6. PSC-rpm-3 tracks the assignments and requests extension or termination of billets from CG-833.

Organ Donation

Background

Coast Guard members who desire to donate an organ (e.g., kidney, bone marrow, skin, etc.) should review and follow the guidelines outlined in [Chapter 1.N of the Military Civil and Dependent Affairs Manual, COMDTINST M1700.1 \(series\)](#).

Process

A reserve member who wishes to donate an organ must submit a letter with all pertinent information to Commander (PSC-rpm).

In addition, members must undergo medical and financial counseling as set forth in [Chapter 1.N of the Military Civil and Dependent Affairs Manual](#).

Members considering organ donation are strongly encouraged to read this chapter to ensure they have a clear and thorough understanding of the organ donation process.

No post-donation deployment restrictions exist provided the member donating the organ has been found Available for Full Duty (AFFD) by a military medical officer after an appropriate convalescent period.

Physical Disability Evaluation System

Background

The Physical Disability Evaluation System (PDES) exists to ensure equitable application of the provisions of Title 10 USC, Chapter 61, which relates to the separation or retirement of military personnel by reason of physical disability.

These laws were enacted primarily for the purpose of maintaining a vital and fit military organization with full consciousness of the necessity for maximum use of the available work force. These laws provide benefits for eligible members whose military service is terminated due to a service-connected disability, and they prevent the arbitrary separation from the service of those members who incur a disabling injury or disease, yet remain fit for duty.

The PDES is managed by Coast Guard Personnel Service Center, Personnel Services Division, Physical Disability Evaluation Branch, PSC-psd-de.

Reserve

Members

Commands shall refer cases in which a reservist is expected to remain incapacitated for more than six months to the PDES.

References

[Physical Disability Evaluation System Manual, COMDTINSTS M1850.2 \(series\)](#)

[Reserve Policy Manual, COMDTINST M1001.28 \(series\)](#)

Post-Deployment Health Reassessment

Background

The Post-Deployment Health Reassessment (PDHRA) Program, mandated by the Assistant Secretary of Defense for Health Affairs in March 2005, is designed to identify and address deployment-related health concerns with specific emphasis on mental health. The PDHRA provides for a second health assessment during the three- to six-month time period after return from deployment, ideally at the three- to four-month mark. The reassessment is scheduled for completion before the end of 180 days after return so that Reserve Component members have the option of treatment using their TRICARE TAMP benefits.

Process

The following steps apply to the PDHRA process:

1. A Coast Guard member will complete his or her PDHRA (DD-2900) via the Electronic Deployment Health Assessment (EDHA) database at: <https://data.nmcphc.med.navy.mil/edha>.
2. The member will call 1-888-PDHRA-99 to review his or her PDHRA with a Logistics Health, Inc. (LHI) contracted healthcare provider.
3. LHI will screen the member. For all urgent cases, LHI will contact the Health, Safety and Work-Life Service Center (HSWL), Command Duty Officer at (757) 846-5348.
4. If the member has a “positive” screening result, LHI will inform the member to contact his or her primary care manager (civilian or military) for further evaluation.
5. LHI will send a list of all Coast Guard members who have been recommended for a referral to CG-1121, Operational Medicine & Medical Readiness.
6. CG-1121 will send a list of those members who need referrals to PSC-rpm-3 and to the HSWL-SC Reserve Medical Liaison Officer (RMLO).
7. PSC-rpm-3 will determine the member’s status and whether reserve incapacitation benefits should be authorized. The member’s command is responsible for completing and providing Line of Duty (LOD) investigations and associated medical documentation to PSC-rpm-3 and HSWL-SC.
8. The RMLO will send the referral recommendation to the member’s assigned Clinic Administrator. The Clinic Administrator will track completion of the referral with the member and command and will communicate the medical duty status and follow-on care determinations back to the RMLO. The RMLO will validate and forward the response to PSC-rpm-3.
9. PSC-rpm-3 will authorize medical care as needed and will track the member through the completion of the care.
10. Once care has been completed, the RMLO will review the case and ensure the member’s medical duty status is updated. If the member is Not Fit for Duty (NFFD), the RMLO will coordinate the initiation of the medical evaluation board if necessary.

References

[Coast Guard Medical Manual, COMDTINST M6000.1 \(series\)](#)

Pregnancy in the Reserve Component

Background

Pregnancy is a natural event that can occur in the lives of service members and is not a presumption of medical incapacity. Pregnancy and parenthood are compatible with a Coast Guard service career. However, there are responsibilities that come with parenthood, and for those in uniform, these responsibilities require careful consideration and planning due to military commitments.

Reserve Issues

The following policy applies for reservists:

- a. Pregnancy through 6 weeks post-partum is not a disease or illness but is a Deployment Limiting Medical Condition (DLMC). The reservist's pregnancy status shall be noted in the Medical Readiness Reporting System (MRRS) by Clinic Staff as a DLMC, this will update the Individual Medical (IMR) status to Not Medically Ready within CGBI.
- b. Pregnant reservists shall use the Annual Screening Questionnaire (ASQ) module in Direct Access to update their mobilization readiness status as soon as possible; ASQ update shall be made no later than two weeks after pregnancy has been confirmed by a Medical Officer of the Uniformed Services. ASQ shall also be updated as soon as possible and no later than 8 weeks post-partum.
- c. Pregnant reservists shall receive informal counseling and advisement to include the following additional information:
 - (1) It is the reservist's responsibility for maintaining satisfactory participation outlined in the Reserve Policy Manual.
 - (2) The member's entitlement or lack of entitlement to general healthcare benefits (Note: Reservists are not entitled to routine healthcare while on inactive duty or while on active duty for a period of 30 days or less. While on active duty for 31 days or more, reservists are enrolled in TRICARE Prime and routine care will be provided for the duration of the active duty period).
- d. Pregnant reservists may not be recalled to active duty for the duration of the pregnancy through six months post-partum. Pregnant reservists and new mothers (by birth or adoption) shall NOT be involuntarily recalled, and shall be deferred from involuntary recall for six months from the time of child birth or child placement in home. New mothers may volunteer for active duty prior to six months after the birth/arrival of the child only if they have been cleared by a Medical Officer of the Uniformed Services as Available for Full Duty (AFFD).

e. Reservists who become pregnant shall NOT be involuntarily reassigned from their Selected Reserve (SELRES) positions during pregnancy or the six months following, but voluntary reassignments may be allowed. However, before a pregnant reservist can perform Inactive Duty Training (IDT) or Active Duty Training (ADT) or undertake any travel associated with such duty, she shall obtain written authorization from her attending physician. Commands may also reschedule IDT drills and ADT to accommodate pregnant reservists or a new mother.

f. The Coast Guard does not permit pregnant women to perform physical duties that could threaten the pregnancy or assign them beyond the availability of medical attention, e.g., shipboard duty, boat crews, or vessel inspection teams. Special considerations should be made for reservists assigned to Deployable Specialized Forces (DSF) units.

g. Pregnancy is not a disease or illness covered under the Incapacitation System. Therefore, a reservist who is unable to perform duty as a result of pregnancy or childbirth is not eligible for incapacitation benefits.

References

[Pregnancy in the Coast Guard, COMDTINST 1000.9 \(series\)](#)

Qualifying Duty Status

Background

For the purpose of authorizing reserve incapacitation benefits, a reservist is considered to be in a duty status during the following:

- any period of active duty (including authorized travel in accordance with active duty orders);
- any period of inactive duty;
- while traveling directly to or from the place where inactive duty is performed;
- while remaining overnight aboard the IDT site or in Coast Guard-procured quarters near the IDT site immediately before the commencement of duty; or
- while remaining overnight, between successive periods of IDT, aboard the IDT site or in Coast Guard-procured quarters near the IDT site.

If a reservist is injured or becomes ill while performing duty, the qualifying duty status will determine the incapacitation benefit options available to the member.

Qualifying duty status also determines pay and allowances, TRICARE coverage and other entitlements.

References

10 USC 1074a

Rabies Exposure While in Combat Theater

Background

The Department of Defense (DoD) has documented at least one case of a service member's death due to rabies several months after returning from deployment to the combat theater where he had sustained an animal bite. Other members of the member's unit also reported exposures that would place them at risk of contracting rabies.

DoD's Policy on Access to Medical Services for Individuals Who Were Exposed to Rabies While in a Combat Theater identifies the sources of medical services for evaluation and, if indicated, treatment of animal bites and high-risk animal exposures experiences any time subsequent to February 28, 2010, and not more than 18 months since the date of the last potential exposure, based on an individual's duty status at the time of the exposure.

Process

Reservists currently on active duty shall seek services from the Military Health System (MHS); direct care at a Military Treatment Facility (MTF) is preferred. Service members enrolled in TRICARE shall seek care from their assigned Primary Care Manager (PCM) or usual Primary Care Provider.

Reservists not current on active duty should seek services from a nearby federal health facility, wither it be a DoD MTF, of a Department of Veterans Affairs (VA) facility or clinic.

Any reservist who served in a combat theater since February 28, 2010, and received an animal bite or believes he or she may have been exposed to rabies, should seek medical care and report this exposure to his or her command and Coast Guard Clinic Administrator.

References

Deputy Secretary of Defense Memorandum, "Policy on Access to Medical Services for Individuals Who Were Exposed to Rabies While in a Combat Theater," November 18, 2011.

Readiness Management Periods (RMP)

Background

RMPs are additional inactive duty periods authorized in excess of scheduled IDT drills. Their primary purpose is to accomplish training preparation or unit administration and maintenance functions, such as medical and dental readiness examinations and participation in enlisted Servicewide examinations. RMPs may be performed for pay or without pay (retirement points only), depending on the member's Reserve Component Category (RCC) status (e.g., SELRES, IRR, ASL) and the most current guidance from the funding authority, CG-131.

Medical RMPs

Currently, paid RMPs are authorized for the following medical readiness purposes:

1. Annual PHA
2. Annual dental screening
3. Medical appointments required for participation in the Occupational Medical Surveillance and Evaluation Program (OMSEP)
4. Physical examinations for the purpose of evaluating an injury or illness reported during Post Deployment Health Reassessment (PDHRA)
5. Physical examination for completing a LOD determination for an illness or injury that occurred during Inactive Duty Training (IDT).

Additionally, RMPs without pay (retirement points only) are authorized for:

1. Mandatory nutritionist visits required for members placed on weight probation. A maximum of four RMPs are authorized for this purpose.
2. Physical examinations for determining fitness for transfer back to SELRES status from IRR or Standby Reserve components.

RMPs are not authorized for medical appointments in conjunction with a Notice of Eligibility (NOE) for medical care/treatment related to a LOD injury or illness. However, members may be eligible for incapacitation pay in accordance with [Chapter 6 of the Reserve Policy Manual, COMDTINST M1001.28 \(series\)](#).

References

[ALCOAST 019/12 - FY12 Reserve Readiness Management Period \(RMP\) Policy Update](#)

Reserve Health Readiness Program

Background

The Reserve Health Readiness Program (RHRP) is a DoD Health Affairs program, developed by Force Health Protection & Readiness, and executed by Logistics Health, Inc. The program is designed to supplement the Reserve Component's readiness mission by providing Periodic Health Assessment (PHA), Post-Deployment Health Reassessment (PDHRA), dental exams and x-rays, dental treatment, immunizations and other Individual Medical Readiness (IMR) services that satisfy key deployment requirements.

Currently, RHRP services are only available to members of the Selected Reserve.

Additional information about the RHRP is available from the Force Protection & Readiness website at: [Reserve Health Readiness Program \(RHRP\)](#).

The RHRP website has been designed to assist Reserve Component representatives, service members, and providers with understanding basic information about RHRP, its many diverse services, the processing of information gathered as a result of services and how to order RHRP services.

References

Reserve website: www.uscg.mil/reserve/member_links.asp#medical

Smoking Cessation Counseling

Background

According to the United States Preventive Services Task Force (USPSTF), “tobacco use, cigarette smoking in particular, is the leading preventable cause of death in the United States.” With this in mind, the Coast Guard Health, Safety, and Work-Life (HSWL) Directorate reminds all Coast Guard members of the TRICARE smoking cessation counseling program.

Reserve Eligibility

Reserve members are eligible for this program as follows:

- Reserve members on active duty orders for 31 days or more,
- Reserve members who have selected to participate in the TRICARE Reserve Select (TRS) program, and
- Dependents of eligible members

Program Details

This program offers up to 18 smoking cessation counseling sessions per quit attempt.

Eligible members who are enrolled in a Coast Guard clinic or a DoD Military Treatment Facility (MTF) should contact their primary care manager (PCM) to discuss additional treatment.

Eligible members who are not enrolled in a Coast Guard clinic or DoD MTF should give their TRICARE provider a copy of the smoking cessation counseling document located at: www.uscg.mil/worklife/tobacco_cessation.asp.

To find out more about this program and other tobacco cessation programs, contact your PCM or your regional Health Promotion Manager.

TRICARE Resources for Reservists

Background

TRICARE provides various medical and dental programs for reservists. The eligibility for and details of the programs and plans differ. Interested members should refer to the TRICARE website or speak with their local Beneficiary Counseling and Assistance Coordinator (BCAC) for more information.

Common TRICARE Programs

The four most common programs for Reserve members are outlined below.

TRICARE Reserve Select (TRS)

Most SELRES members in good standing are eligible for TRICARE Reserve Select (TRS) health care coverage. IRR members may be eligible for TRS under certain circumstances.

TRS provides premium-based health care plans for qualified reserve members who are currently drilling and not eligible for, or enrolled in, the Federal Employee Health Benefits (FEHB) program.

TRS benefits are similar to TRICARE Standard and Extra and provide two types of coverage: member-only, and member and family. TRS provides freedom to obtain covered services from any TRICARE-authorized provider or hospital, and access to Military Treatment Facilities (MTF) on a space-available basis, including clinics.

Additional details of the TRS program are available in a brochure, which can be downloaded from the Reserve website at:

http://www.uscg.mil/reserve/docs/member_resources/TRS_Flyer_3_09.pdf

TRICARE Dental Program (TDP)

The TDP is available to Selected Reserve (SELRES) and Individual Ready Reserve (IRR) members, who are not on active duty for 31 days or more, and their families.

The TDP provides a range of covered dental services with corresponding enrollee cost-shares.

Additional details of the TDP program are available in a brochure, which can be downloaded from the Reserve website at:

http://www.uscg.mil/reserve/docs/member_resources/TDP-Brochure.pdf

Transition Assistance Medical Program (TAMP)

You and your eligible family members are covered for health benefits under TAMP if you, the sponsor, are a Reserve Component member who is separating from an active duty period of more than 30 days in support of a contingency operation.

TAMP provides health care coverage as you transition to civilian life. TAMP coverage begins on your separation date. You and your eligible family members are covered by TAMP health care benefits for 180 days after separation from (Federal) active duty service.

The TRICARE Dental Program (TDP) is available to active duty family members, members of the Selected Reserve and Individual Ready Reserve, and their eligible family members during the TAMP period.

Additional details of the TAMP program are available in a brochure, which can be downloaded from the Reserve website at:

http://www.uscg.mil/reserve/docs/member_resources/TAMP.pdf.

Early ID TRICARE Eligibility

Reserve component members who are issued delayed-effective-date active duty orders for more than 30 days in support of a contingency operation may be eligible for early TRICARE medical and dental benefits. Under this program, TRICARE medical and dental benefits are effective beginning on the later of either: (a) the date the orders are issued; or (b) 90 days before the member's active duty reporting date.

References

Reserve website: <http://www.uscg.mil/reserve/medical.asp>

TRICARE website: <http://www.tricare.mil/>

Yellow Ribbon Program

Background

The Yellow Ribbon Program is a DoD-wide effort to support National Guard and Reserve Service members and families with information on benefits and referrals before, during and after deployments.

The Yellow Ribbon Reintegration Program consists of a series of events at key stages in the deployment cycle such as:

Phase 1: Pre-deployment

Phase 2: During deployment (for families)

Phase 3: Demobilization

Phase 4: Post-Deployment (30, 60 and 90 days after deployment)

References

More information on the Yellow Ribbon program and other related services can be found on the following websites:

http://www.uscg.mil/reserve/yellow_ribbon.asp

www.yellowribbon.mil

Section IV: Frequently Asked Questions

Background

This section provides Frequently Asked Questions (FAQs) related to reserve medical issues.

Individual Medical Readiness (IMR)

Q. I just finished my PHA and the doctor found that I have high blood pressure and recommends further evaluation. Who pays for that?

A. If a medical condition or abnormality is documented during your PHA or authorized preventive screening, you will be referred to your personal medical provider for follow-up evaluation. Reserve members not on active duty orders for more than 30 days are ineligible for medical care or evaluations at government expense.

Q. I just finished my annually required dental screening. The dentist told me I have a cavity and need a cleaning and offered to take care of it for me. Who pays for that?

A. SELRES members are ineligible for dental care at government expense and are responsible for maintaining dental readiness (Class I or II status) at their own expense. Any care obtained during a screening appointment is also at the member's own expense.

Q. I informed my command that I was pregnant and provided the proper documentation. I then got deployment orders anyway. What happened?

A. Pregnancy is a Deployment Limiting Medical Condition (DLMC). Members must update their ASQs to reflect a change in mobilization status and your CG Clinic Administrator must enter your pregnancy status into the Medical Readiness Reporting System (MRRS). Failure to do either or both of these could cause this to happen. Contact your command and local CG Clinic for resolution.

Q. It's flu shot time, but I missed the drill weekend for obtaining my flu shot. What should I do?

A. Contact your command to find out if an alternate time is available or you can obtain the vaccine at your own expense and provide your command with documentation. Refer back to the immunization section of this guide for a list of information required if you bring in civilian proof of vaccination.

Weight & Body Fat Standards

Q. I recently sprained my ankle and haven't been able to exercise as much as usual. Will I be excused from meeting weight standards at the next scheduled weigh-in?

A. Abeyance requests are not usually granted for things that make exercise difficult, but have no physiological impact on food intake.

Q. What if I am pregnant and can't meet weight standards this time around?

A. Pregnant members are excused from weigh-ins until they are six months post-partum. Documentation from your obstetrician is required in order for your status to be properly documented for the weight and body fat standards program.

Reserve Incapacitation Benefits

Q: Members on medical hold or ADHC orders are expected to report for duty each day. What if I'm too sick or laid up to go to work?

A: Your PCM and command can work together to put you on convalescent leave for short periods of time until your condition improves enough to return to work.

Q: What if I am going on medical hold and I live outside RCD of my unit?

A: Availability of medical care is an important consideration when placing members on medical hold or Active Duty for Health Care (ADHC) orders. Your orders can include TDY entitlements to cover living expenses if applicable. Your command may also have quarters available for your use while in this status. It is also possible that you could be assigned to a unit closer to your home while you are recovering from your injury or illness.

Q: Can I go on leave while on medical hold orders?

A: Yes, as long as it does not interfere with your treatment plan and won't be detrimental to your recovery in accordance with your Primary Care Manager's (PCM) instructions. Medical appointments are expected to be made and kept despite being in a leave status.

Q: What if I still have a leave balance at the end of my medical hold orders period?

A: Medical hold orders cannot be extended to allow for terminal leave. Under new rules leave may be carried forward or sold. Questions regarding leave disposal should be directed to your SPO.

Q: Am I required to provide periodic medical status updates while receiving incapacitation benefits?

A: Yes. You are required to provide an updated Physician's Report form along with other relevant medical documents to your command every 30 days.

Q: I am seeing a civilian provider, who has cleared me to return to full duty. Is there anything else I have to do?

A: Yes; you must obtain clearance from a military medical officer before you can return to full duty. Use the physician's report form to obtain a medical duty status from your military medical officer and submit this to your command to be returned to full duty status.

Q: What if my medical hold or ADHC orders are ending and I'm still not AFFD?

A: You and your medical provider can request an extension via your chain of command. However, a medical board must be convened if you are not AFFD within 180 days of your initial injury or illness.

Q: What if I become AFFD before the end of my orders?

A: Your command should contact PSC-rpm-3 to set a new orders end date. Your new orders end date will allow sufficient time for proper demobilization processing.

Q: What if the doctor says I have a disqualifying condition?

A: Your command must initiate a medical board. You also have the right to request a medical waiver from PSC-rpm for the disqualifying condition via your chain of command. All medical waivers require endorsement (positive or negative) by your medical officer and your command.

Notice of Eligibility (NOE) for Authorized Medical Care

Q: What is a Notice of Eligibility (NOE)?

A: A NOE for authorized medical care is issued to confer eligibility for medical treatment at government expense for a reservist who becomes ill or injured while in a qualifying duty status. Under a NOE, the medical care and treatment provided is only for the specific illness/injury and is not to be used for obtaining general medical care.

Q: Why is a NOE memo necessary?

A: The NOE memo is sent to the Military Medical Support Officer (MMSO) as documentation for a reserve member's authorized medical care. Reserve members who are not on active duty orders for 31 days or more do not have eligibility for medical care in DEERS. The NOE provides authorization for payment of medical bills by TRICARE.

Q: What if I incur travel costs for medical appointments?

A: The NOE memo provides a TONO and line of accounting (LOA) for travel expenses incurred while traveling to and from authorized medical appointments. Travel claims may be filed for reimbursement using this TONO/LOA.

Q: What medical status reports are required during the NOE period?

A: Members must update their medical status every 30 days by submitting a completed physician's report form to their command. The form is available on RPM-3's website.

Q: Can I use my NOE for other medical or dental care for myself or my dependents?

A: No. NOEs are issued for the sole use of the member for the specific illness or injury contained in the NOE memo. No additional medical care is authorized for the member. NOEs are never to be used for dependent medical care.

Q: What if I have a NOE and I get a bill from the doctor's office or show ineligible for care in the system and can't get a referral?

A: Contact the HSWL SC at 757-628-4379 for assistance. They will work with you and the provider to resolve problems with claims payment or eligibility.

Emergency Room Visits

Q: What if I get sick or hurt on a drill weekend or while on ADT and need to go to the emergency room? How does the bill get paid?

A: Show your military ID card as proof of insurance. You are authorized for emergent medical care while in qualifying duty status. You should report the emergency room visit to your command as soon as possible.

Q. What if I need follow-up care?

A. If additional care is needed, your command should contact the District (Dxr)/DG-1 staff and initiate a request for incapacitation benefits from PSC-rpm-3.

Q. What happens if I have a car accident on my way to or from duty? Am I entitled to medical care at government expense?

A. Yes, as long as you were traveling directly to or from your drill site (other than brief stops for food and use of bathroom facilities) and no misconduct was involved.

Q. I sustained an injury while working at my civilian job and I can't perform my Coast Guard duties. What do I need to do?

A. Update your ASQ in Direct-Access to show you are unavailable for deployment and contact your command to reschedule your drills or ADT-AT. Medical documentation must be provided to your command in order to be excused from duty. Your local CG Clinic will need copies of your medical documentation in order to make the appropriate entries into your health record and MRRS.

Q. Can I just skip drilling for a couple of months until I'm better?

A. Members are required to report changes in their medical status to their command. Failure to do so may result in unexcused drills, which are not authorized to be completed at a later date. These actions could impact your completion of satisfactory participation requirements and your ability to earn a qualifying year for retirement. In addition, failure to update your ASQ could result in your being mobilized when you are not fully medically ready.

Readiness Management Periods (RMP)

Q. I just had my PHA and dental screenings and was recommended for follow-up care for a dental cleaning. Can I request an RMP for the additional appointment?

A. No. Authorized use of RMPs is specifically outlined in applicable message traffic each year. RMPs are only allowed for the dental examination. Any follow-up care required is the responsibility of the member.

HIV Testing

Q. I'm due for an HIV blood test and missed the drill weekend when my HS was available. Can I bring a test result from somewhere else?

A. No. Results from sources other than a Coast Guard or DOD facility are unacceptable due to differences in control methods.

Q. The Red Cross screens donors for HIV and I recently gave blood at my local office. Can my unit call them for the results?

A. No. Neither the specimen nor test results are acceptable from sources other than the DOD or Coast Guard.

Organ donation

Q. I wish to donate a kidney to my sister. Am I required to inform the Coast Guard?

A. Yes. A waiver and counseling prior to the surgery are required. Refer to the Organ Donor section of this guide for details.

Physical disability Not Incurred in the Line of Duty

Q. I have 17 years of service for retirement and just found out that I have a medical condition that disqualifies me from staying in the Coast Guard. Have I just lost my pension?

A. Not necessarily. If you have more than 15, but less than 20 years of creditable service, you may still qualify for a non-regular retirement. See Injury or Illness Incurred While Not on Coast Guard Duty in Section III of this guide for additional details.

Demobilization

Q. I have just returned from a year-long OCONUS deployment. Are there any programs out there to help me and my family with any adjustment issues we encounter?

A. Yes, there are a number of programs available through the Coast Guard, the VA and other agencies. Check the Yellow Ribbon Program (YRP) website listed in Yellow Ribbon Program section of this guide for details.

Q. Am I, or my family, entitled to post-deployment medical and dental care?

A. Under the Transitional Assistance Management Program (TAMP), you and your family retain DEERS eligibility for TRICARE for 180 days after demobilization. Your SPO should ensure that your DEERS status reflects your eligibility for the program. Additional information can be found at the following website: www.tricare.mil/mybenefit/home/overview/SpecialPrograms/TAMP.