

MS 262 PEACE CORPS MEDICAL SERVICES PROGRAM

Date: December 7, 2006

Responsible Office: VS/OMS

Supersedes: 11/16/05; 12/15/95; 11/22/82; 4/10/85

Issuance Memo of December 7, 2006

Issuance Memo

Attachment A

TABLE OF CONTENTS

- 1.0 Authority
 - 2.0 Purpose
 - 3.0 General Policies
 - 4.0 Medical Screening
 - 4.1 Medical Clearance
 - 4.2 Medical Examinations
 - 4.3 Standard for Medical Clearance
 - 4.4 Appeal Process
 - 5.0 Health Program for Trainees and Volunteers
 - 5.1 Medical Services in Country of Service
 - 5.2 Eligibility for Health Care Outside of Country of Assignment
 - 5.3 Eligibility for FECA for Illness or Injury in the U.S.
 - 5.4 Family Visits to Ill or Injured Volunteers
 - 6.0 Completion or Early Termination of Service Evaluations
 - 6.1 Peace Corps Medical Officer's Responsibility for Evaluations
 - 6.2 Examination Scheduling and Location
 - 6.3 Follow-up Treatment Based on Examination Results
 - 6.4 Refusal to Submit to COS Examinations
 - 7.0 Post-Service Medical Benefits
 - 8.0 Medical Care for Dependents
 - 9.0 Effective Date
-

1.0 AUTHORITY

22 U.S.C. 2504(e), (m)(2); 22 CFR 305.2

2.0 PURPOSE

This manual section describes the Peace Corps medical services program for applicants, Trainees, Volunteers, Returned Volunteers, and authorized dependents.

3.0 GENERAL POLICIES

3.1 The Peace Corps, through its Office of Medical Services (OMS) and its Peace Corps Medical Officers (PCMOs), manages a health care system applicable to applicants, Trainees and Volunteers (V/Ts), Returned

Peace Corps Volunteers, and authorized dependents. Under the system, applicants are screened to determine whether they can be cleared as medically eligible for service, V/Ts are provided all necessary and appropriate medical care during the course of their service, and certain limited services are provided to Returned Volunteers.

3.2 Because V/Ts face significant health risks, and immediate access to health care overseas is often limited, V/Ts are expected to follow both Peace Corps medical policies and the medical advice of their PCMO. V/Ts who refuse to take required immunizations/vaccinations and medical prophylaxes will be administratively separated, as set out in MS 284 Early Termination of Service. In addition, a V/T who consistently fails to follow other medical advice or policies may be administratively separated, where such failure poses a serious risk of harm to the V/T or others.

3.3 Applicants for Peace Corps service must sign an authorization that permits Peace Corps staff and contractors to use protected health information for medical screening and placement purposes to the extent necessary to administer the Peace Corps program. The authorization form is included in the Volunteer application and is also available in Attachment A. No applicant will be considered for service until the authorization is signed.

4.0 MEDICAL SCREENING

4.1 Medical Clearance

An applicant must be given medical and dental clearance before being accepted for Peace Corps service. OMS's medical screening unit makes the determination on whether an applicant is cleared medically for Peace Corps service.

4.2 Medical Examinations

All applicants must undergo prescribed physical and dental examinations to provide the information needed for medical clearance determinations and to serve as a reference for future Volunteer health issues and any future disability claims. Peace Corps will reimburse a prescribed amount for the basic medical/dental examinations and laboratory work. Any additional examination costs or expenses for consultations, evaluations, or treatment must be paid by the applicant.

4.2.1 The physical examination, which may include evaluations by specialists, if necessary, must be obtained prior to medical clearance.

4.2.2 The dental examination for applicants must include a full-mouth (or Panorex) and bite-wing X-rays and the applicant's dentist must fill out the Peace Corps dental examination form. Any orthodontic or special dental treatment must be completed for dental clearance.

4.2.3 Final medical and dental clearance is required before an applicant will receive a ticket to a staging event.

4.3 Standard for Medical Clearance

4.3.1 The Peace Corps regulatory standard for medical clearance is whether the applicant, with or without reasonable accommodation, has the physical and mental capacity required of a Volunteer to perform the essential functions of the Peace Corps Volunteer assignment for which he or she is otherwise eligible, and be able to complete a 27-month tour without unreasonable disruption due to health problems. In determining what is a reasonable accommodation, the Peace Corps may take into account the adequacy of

local medical facilities. In determining whether an accommodation would impose an undue hardship on the operation of the Peace Corps, factors to be considered include:

- (a) The overall size of the Peace Corps program with respect to the number of employees and/or Volunteers, size of budget, and size and composition of staff at post or assignment;
- (b) The nature and cost of the accommodation; and
- (c) The capacity of the host country agency to which the applicant would be assigned to provide any special accommodation necessary for the applicant to carry out the assignment.

4.3.2 Based on information from the applicant and his or her physicians, current medical research, screening guidelines developed by OMS, knowledge and experience of the nature of Peace Corps service, and information about the scope of medical care available overseas, an applicant will be determined to be:

- (a) Medically qualified for any country;
- (b) Medically qualified with accommodation, which may limit country of assignment, or in some cases, require specific site approval;
- (c) Medically not qualified; or
- (d) Deferred for a specific period of time, in order to determine whether a medical condition is stable.

4.4 Appeal Process

An applicant may request review of a decision of the medical screening staff by submitting new information to OMS. The information will be reviewed by a physician, and, unless the physician agrees with the request, by the Screening Review Board (SRB). Procedures for such review shall be approved by the Office of the General Counsel. The SRB will include as voting members at least one physician and four other OMS health care professional staff persons. In any case involving review of issues of mental health, at least one professional staff person from OSS should also participate as a voting member. Representatives from the Office of the General Counsel and other agency offices may participate as advisors, as appropriate. The decision of the SRB constitutes a final agency action and is not subject to further appeal.

5.0 HEALTH PROGRAM FOR TRAINEES AND VOLUNTEERS

V/Ts will be provided with all necessary and appropriate medical care during the course of their Peace Corps service. A comprehensive health care program for V/Ts is managed and implemented in-country by the post PCMO under administrative supervision of the Country Director (CD) and with professional guidance and oversight from OMS. Some Peace Corps countries are served by an Area Peace Corps Medical Officer (APCMO). An APCMO is a physician who, in addition to serving as a physician advisor in a base country, supports PCMOs in one or more neighboring countries. Health care services in the United States or third countries (such as U.S. pre-service and stagings, during travel in or medevac to the U.S or third countries) are managed by the OMS staff or PCMO, if any, in the third country. For the purposes of providing health care, Peace Corps service is considered to begin when the person begins travel directly to a staging event. The health care program includes:

- (a) Pre-service immunization and prophylaxis as described in the OMS Technical Guidelines, as well as regular immunization and prophylaxis as necessary throughout the term of service;
- (b) Clinical care throughout service;
- (c) Health orientation and education throughout service;

- (d) Evaluation of health conditions at potential sites for Volunteer placement; and
- (e) Other health support for Volunteers at their sites through site visits, when appropriate.

5.1 Medical Services in Country of Service

V/Ts will receive all necessary medical care and services primarily through, or under the direction of, the PCMO at post and through local health care providers in country, as necessary. Prior authorization from the PCMO is required (except in emergencies) for all medical and dental care not provided directly by the PCMO (or, where available, an APCMO). In appropriate situations, a Volunteer may be medically evacuated to the United States or some other destination when an illness, injury, or other medical necessity requires evaluation and/or treatment beyond the scope of care available in-country. See MS 264 *Medical Evacuation*.

5.2 Eligibility for Health Care Outside of Country of Assignment

The medical care for V/Ts during their service includes care when they are outside of their country of service. Such care will generally include medical care for any illness or injury incurred during travel directly to a U.S. pre-service staging or training site, or while on leave or official business in the U.S. or a third country. Prior authorization from OMS staff or the PCMO or APCMO is required (except in emergencies) for all medical and dental care while out of the country of service.

5.3 Eligibility for FECA for Illness or Injury in the U.S.

Post-service medical services for V/Ts, including eligibility for benefits under the Federal Employees' Compensation Act, are described in MS 266 Post Service Medical Benefits for Volunteer, Trainees, and Dependents. Although the Peace Corps provides medical care for V/Ts while they are in the U.S. during their term of service, they are not eligible for FECA benefits for any non-service-related illness contracted or injury suffered in the U.S.

5.4 Family Visits to Ill or Injured Volunteers

Peace Corps does not provide travel or related expenses for family members to visit a V/T who is ill or injured.

6.0 COMPLETION OR EARLY TERMINATION OF SERVICE EVALUATIONS

Upon completion or early termination of service, each V/T must undergo medical and dental examinations in accordance with the Office of Medical Services Technical Guidelines to identify existing unmet medical and dental needs, complete routine evaluations, identify any potential medical issues, and provide a reference for any future claims under FECA. See MS 266 *Post Service Medical Benefits for Volunteer, Trainees, and Dependents*.

6.1 Peace Corps Medical Officer's Responsibility for Evaluations

The PCMO is responsible for planning and conducting, or using local providers to conduct, completion of service (COS) and early termination medical and dental examinations. Regardless of who conducts the examinations, the PCMO must ensure that all components of the COS Evaluation (as outlined in OMS Technical Guidelines) are completed.

6.2 Examination Scheduling and Location

V/Ts are generally required to undergo their examinations in-country prior to COS or early termination. COS examinations may be administered up to 60 days prior to completion of service. Consideration will be given on a case-by-case basis to permitting evaluations earlier than 60 days prior to COS. In addition, on a

case-by-case basis and with guidance from OMS, the PCMO may authorize a V/T to obtain completion of service examinations upon return to the United States.

6.3 Follow-up Treatment Based on Examination Results

In some cases, examination results may indicate the need for immediate follow-up care, which may delay or accelerate departure by a V/T. COS or early termination may be delayed for up to two weeks in consultation with OMS when the termination examination reveals an untreated medical problem or one requiring further diagnosis.

6.4 Refusal to Submit to COS Examinations

V/Ts who refuse to submit to the COS examination or diagnostic studies or who refuse to await PC/W advice regarding medical problems, must sign a statement before completion of service acknowledging their refusal and their understanding that the refusal may affect their rights under FECA. V/Ts who refuse examination, diagnosis or medical advice for dependents will sign the statement on behalf of their dependents. This statement or other documentation of a V/T's failure to sign such a statement shall be filed in the Volunteer's medical record.

7.0 POST-SERVICE MEDICAL BENEFITS

V/Ts and Returned Volunteers may in appropriate cases receive authorization from the OMS post-service unit for post-service medical and dental evaluation of a service-related condition. These authorizations, which are for evaluations only, and not for treatment, must be used within six months after the V/T closes service. After Peace Corps service, Returned Volunteers may apply for payment for treatment and/or for a service-related illness or injury under FECA, which is administered by the Office of Workers' Compensation Programs (OWCP), U.S. Department of Labor. The scope of post-service benefits for which Returned Volunteers are eligible is set forth in MS 266 Post Service Medical Benefits for Volunteer, Trainees, and Dependents.

8.0 MEDICAL CARE FOR DEPENDENTS

The Peace Corps will provide medical care for minor dependents of V/Ts who live with the V/Ts during their service. Except where otherwise stated (see MS 206; MS 262; MS 263; and MS 266), the scope of care will be the same as for V/Ts.

9.0 EFFECTIVE DATE

The effective date is the date of issuance.