INDIVIDUAL AUGMENTEE (IA) and SUPPORT ASSIGNMENTS to OVERSEAS CONTINGENCY OPERATIONS (OCO) SPECIFIC REQUIREMENTS FOR PACIFIC COMMAND (PACOM) AREA OF RESPONSIBILITY (AOR)

1.		ED 1300/4, EXPEDITIONARY MEDICAL and DENTAL SCREENING FOR INDIVIDUAL ENTEE (IA) and SUPPORT ASSIGNMENTS to OVERSEAS CONTINGENCY ATIONS (OCO) COMPLETED?		YES NO COMPLETION DATE:	
2	JAPANESE ENCEPHALITIS VACCINE: FOR COUNTRY SPECIFIC RISK ASSESSMENTS CONSULT CURRENT ARMED FORCES MEDICAL INTELLIGENCE CENTER (AFMIC) INFECTIOUS DISEASE RISK ASSESSMENTS THAT CLASSIFY EACH COUNTRY AS HIGH, INTERMEDIATE, OR LOW RISK AND INCLUDE INFORMATION ON SPECIFIC RISK AREAS AND SEASONALITY. IN HIGH-RISK COUNTRIES, VACCINE IS REQUIRED FOR ANY FIELD OPERATIONS OR RURAL EXPOSURES IN RISK AREAS DURING THE TRANSMISSION SEASON. IN INTERMEDIATE RISK COUNTRIES, VACCINE IS REQUIRED FOR <u>FIELD OPERATIONS OR RURAL EXPOSURES OF 2 WEEKS OR GREATER</u> DURATION IN RISK AREAS DURING THE TRANSMISSION SEASON. IN LOW RISK COUNTRIES, VACCINE IS NOT REQUIRED.			IREMENT MET? S 🗌 NO	
3.	MALARIA CHEMOPROPHYLAXIS: CHLOROQUINE-RESISTANT. MALARIA IS ENDEMIC THROUGHOUT THE PACOM AOR.			REQUIREMENT MET?	
	 A.) MALARIA CHEMOPROPHYLAXIS: IN AORS WHERE DOXYCYCLINE AND MEFLOQUINE ARE EQUALLY EFFICACIOUS IN PREVENTING MALARIA, DOXYCYCLINE IS THE DRUG OF CHOICE. MEFLOQUINE SHOULD ONLY BE USED FOR PERSONNEL WITH CONTRAINDICATIONS TO DOXYCYCLINE AND DO NOT HAVE ANY CONTRAINDICATIONS TO THE USE OF MEFLOQUINE (ACTIVE DEPRESSION, RECENT HISTORY OF DEPRESSION, GENERALIZED ANXIETY DISORDER, OR OTHER MAJOR PSYCHIATRIC DISORDERS OR HISTORY OF CONVULSIONS OR TRAUMATIC BRAIN INJURY). MALARONE IS THE PREFERRED ALTERNATE FOR MEMBERS WHO CANNOT TAKE DOXYCYCLINE OR MEFLOQUINE. MEDICAL PROVIDERS SHALL FOLLOW MOST CURRENT DOD, NAVY MEDICINE AND/OR MOST UPDATED USCENTCOM INDIVIDUAL PROTECTION AND INDIVIDUAL/UNIT DEPLOYMENT POLICY FOR THE MOST RECENT AOR SPECIFIC RECOMMENDATIONS. B.) PERSONNEL SHOULD BE INFORMED THAT MISSING ONE DAY OF DOXYCYCLINE WILL PLACE THEM AT RISK FOR MALARIA. C.) TERMINAL PROPHYLAXIS WITH PRIMAQUINE MAY BE DISPENSED IN THEATER IMMEDIATELY PRIOR TO REDEPLOYMENT OR UPON RETURN TO HOME STATION. 				
4.	MEMBER CLEARED FOR MISSION		YES	S 🗌 NO	
5. COMMENTS					
Patient Identification (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; DOB; Rank/Grade.)		Practitioner Name			
		Signature		Date	
Hos		Hospital or Medical Facility			