USCENTCOM 021922Z DEC 11 MOD ELEVEN TO USCENTCOM INDIVIDUAL PROTECTION AND INDIVIDUAL-UNIT DEPLOYMENT POLICY

UNCLASSIFIED//
OPERS/ENDURING FREEDOM/NEW DAWN//
MSGID/GENADMIN/CDRUSCENTCOM/SG/MAR10//
SUBJ/MOD ELEVEN TO USCENTCOM INDIVIDUAL PROTECTION AND INDIVIDUAL/UNIT DEPLOYMENT POLICY//
REF/A/MSG/CDRUSCENTCOM/SG/032024ZOCT2001//
AMPN/ORIGINAL USCINCCENT INDIVIDUAL PROTECTION AND INDIVIDUAL UNIT DEPLOYMENT POLICY MESSAGE//
REF/B/MSG/CDRUSCENTCOM/SG/101925ZSEP2008//
AMPN/MOD TEN TO USCENTCOM INDIVIDUAL PROTECTION AND UNIT DEPLOYMENT POLICY MESSAGE. MOD TEN IS NO LONGER VALID AND IS SUPERSEDED BY MOD ELEVEN//
REF/C/ DOC/DOD USD (P AND R)/11AUG2006//
AMPN/DODI 6490.03/DEPLOYMENT HEALTH//
REF/D/DOC/DOD USD (P AND R)/03AUG2006
AMPN/DODI 6025.19/INDIVIDUAL MEDICAL READINESS//
REF/E/ DOC/COMDT CG/VARIOUS, AS UPDATED//
AMPN/COMDTINST M6000.1E/MEDICAL MANUAL//
REF/F/ DOC/SECAF/05JUN2006//
AMPN/AFI 48-123/MEDICAL EXAMINATIONS AND STANDARDS, VOLUME 4 - SPECIAL STANDARDS AND REQUIREMENTS//
REF/G/ DOC/HQDA/14DEC2007//
AMPN/AR 40-501/STANDARDS OF MEDICAL FITNESS//
REF/H/ DOC/BUMED/14JAN2009//
AMPN/NAVMED P-117/MANUAL OF THE MEDICAL DEPARTMENT//
REF/I/DOC/ASD (HA)/20JUN2009//
AMPN/ASSISTANT SECRETARY OF DEFENSE MEMO/REVISED SERVICE GUIDELINES FOR REPORTABLE MEDICAL EVENTS//
REF/J/DOC/USD (P AND R)/03OCT2005//
AMPN/DODI 3020.41/CONTRACTOR PERSONNEL AUTHORIZED TO ACCOMPANY THE U.S. ARMED FORCES//
REF/K/ ORD/CFC/010458ZJUL2006//
AMPN/CFC FRAGO 09-1038/CONTRACTOR CARE IN THE USCENTCOM AOR//
REF/L/DOC/USD (P AND R)/23JAN2009//
AMPN/DODD 1401.10/DOD CIVILIAN EXPEDITIONARY WORKFORCE//
REF/M/DOC/ASD(FMP)/11MAR2006//
AMPN/DODI 1100.21/VOLUNTARY SERVICES IN THE DEPARTMENT OF DEFENSE//
REF/N/ DOC/DEPSECDEF/12OCT2006//
AMPN/DEPUTY SECRETARY OF DEFENSE MEMO/ANTHRAX VACCINE IMMUNIZATION PROGRAM//
REF/O/DOC/USD (P AND R)/09FEB2006//
AMPN/UNDER SECRETARY OF DEFENSE MEMO/POLICY GUIDANCE FOR MEDICAL DEFERRAL PENDING DEPLOYMENT TO THEATERS OF OPERATION//
REF/P/DOC/ASD (HA)/19JUL2010//
AMPN/ ASSISTANT SECRETARY OF DEFENSE MEMO/MENTAL HEALTH ASSESSMENTS FOR MEMBERS OF THE ARMED FORCES DEPLOYED IN CONNECTION WITH A CONTINGENCY OPERATION//
REF/Q/ DOC/DOD USD (P AND R)/ /05FEB2010//
AMPN/DODI 6490.07/DEPLOYMENT-LIMITING MEDICAL CONDITIONS FOR SERVICE MEMBERS AND DOD CIVILIAN EMPLOYEES//
REF/R/RESERVED FOR FUTURE USE
REF/S/ DOC/HQDA/BUMED/SECAF/29OCT2006//
AMPN/AR 40-562/BUMEDINST 6230.15A/AFJI 48-110/IMMUNIZATIONS AND CHEMOPROPHYLAXIS//

REF/T/DOC/DEPSECDEF/28JUN2004//
AMPN/DEPUTY SECRETARY OF DEFENSE MEMO/EXPANSION OF FORCE HEALTH PROTECTION ANTHRAX AND SMALLPOX IMMUNIZATION PROGRAMS FOR DOD PERSONNEL//
REF/U/DOC/USD (P AND R)/22SEP2004//
AMPN/UNDER SECRETARY OF DEFENSE MEMO/EXPANSION OF FORCE HEALTH PROTECTION ANTHRAX AND SMALLPOX IMMUNIZATION PROGRAMS FOR EMERGENCY-ESSENTIAL AND EQUIVALENT DEPARTMENT OF DEFENSE CIVILIAN EMPLOYEES//
REF/V/DOC/USD (P AND R)/6DEC2006//
AMPN/UNDER SECRETARY OF DEFENSE MEMO/IMPLEMENTATION OF THE ANTHRAX VACCINE IMMUNIZATION PROGRAM (AVIP)//
REF/W/DOC/ASD (HA)/01APR2008//
AMPN/ASSISTANT SECRETARY OF DEFENSE MEMO/UPDATE TO CLINICAL POLICY FOR THE DEPARTMENT OF DEFENSE SMALLPOX VACCINATION PROGRAM//
REF/X/DOC/USD (P AND R)/ 10SEP2007//
AMPN/UNDER SECRETARY OF DEFENSE MEMO/CHANGE IN POLICY FOR PRE-DEPLOYMENT ADMINISTRATION OF ANTHRAX AND SMALLPOX VACCINES//
REF/Y/DOC/USD (P AND R)/17OCT2006//
AMPN/DODI 6485.01/HUMAN IMMUNODEFICIENCY VIRUS//
REF/Z/DOC/ASD(HA)/14MAR2006//
AMPN/ASSISTANT SECRETARY OF DEFENSE MEMO/POLICY FOR PRE AND POST DEPLOYMENT SERUM COLLECTION//
REF/AA/DOC/ASD(HA)/29JUL1981//
AMPN/DODI 6465.1/HEMOGLOBIN S AND ERYTHROCYTE GLUCOSE-6-PHOSPHATE DEHYDROGENASE DEFICIENCY TESTING PROGRAM//
REF/BB/DOC/ASD(HA)/18MAR2003//
AMPN/DODI 5154.30/ARMED FORCES INSTITUTE OF PATHOLOGY OPERATIONS//
REF/CC/DOC/ASD (HA)/18MAY2007//
AMPN/ASSISTANT SECRETARY OF DEFENSE MEMO/UPDATED POLICY FOR PREVENTION OF ARTHROPOD-BORNE DISEASES AMONG DEPARTMENT OF DEFENSE PERSONNEL DEPLOYED TO ENDEMIC AREAS//
REF//DD/USD(I)/20MAR2009//
AMPN/DODI 6420.01/NATIONAL CENTER MEDICAL INTELLIGENCE (NCMI)
REF/EE/ASD(HA)/04SEP2009//
AMPN/ASSISTANT SECRETARY OF DEFENSE MEMO/POLICY MEMORANDUM ON THE USE OF MEFLOQUIN (LARIAM®) IN MALARIA PROPHYLAXIS//
REF/FF/DPC/ASD (HA)/28MAY2008//
AMPN/ASSISTANT SECRETARY OF DEFENSE MEMO/BASELINE PRE DEPLOYMENT NEUROCOGNITIVE FUNCTIONAL ASSESSMENT – INTERIM GUIDANCE//
REF/GG/DOC/J4/02NOV2007//
AMPN/MCM-0028-07/PROCEDURES FOR DEPLOYMENT HEALTH SURVEILLANCE//
REF/HH/DOC/ASD(HA)/07NOV2006//
AMPN/ASSISTANT SECRETARY OF DEFENSE MEMO/POLICY GUIDANCE FOR DEPLOYMENT LIMITING PSYCHIATRIC CONDITIONS AND MEDICATIONS//
REF/II/DOC/ASD (HA)/15OCT2008//
AMPN/ASSISTANT SECRETARY OF DEFENSE MEMO/GUIDANCE FOR CONTAINMENT OF VARICELLA OUTBREAKS//
RMKS/1. (U) THIS IS MODIFICATION ELEVEN TO USCENTCOM INDIVIDUAL PROTECTION AND INDIVIDUAL, UNIT DEPLOYMENT POLICY. IN SUMMARY, MODIFICATIONS HAVE BEEN MADE TO PARAGRAPH 15 FROM MOD TEN, REF B.
1.A. PARAGRAPH 15 REQUIRED NUMEROUS CHANGES; THEREFORE, IT IS BEING REPUBLISHED IN ITS ENTIRETY.
1.B. PARAGRAPH 15 OF REF A HAS BEEN TOTALLY REWRITTEN AS FOLLOWS:
15.A. DEFINITIONS.
15.A.1. DEPLOYMENT. FOR MEDICAL PURPOSES, THE DEFINITION OF DEPLOYMENT IS TRAVEL TO OR THROUGH THE USCENTCOM AREA OF RESPONSIBILITY (AOR), WITH EXPECTED OR

ACTUAL TIME IN COUNTRY (AKA "BOOTS ON GROUND") FOR A PERIOD OF GREATER THAN 30 DAYS IAW REF C.

15.A.2. TEMPORARY DUTY (TDY). MISSIONS WITH TIME IN COUNTRY (BOOTS ON GROUND) OF 30 DAYS OR LESS,

15.A.3. PERMANENT CHANGE OF STATION (PCS). PCS PERSONNEL (E.G., ACTIVE DUTY AND EMBASSY PERSONNEL) WILL COORDINATE WITH THEIR RESPECTIVE COMPONENT MEDICAL PERSONNEL AND COMPLY WITH THE MEDICAL DEPLOYABILITY GUIDANCE IN PARAGRAPH 15.C. AND IMMUNIZATION REQUIREMENTS IN PARAGRAPH 15.F. AUTHORIZED DEPENDENTS MUST PROCESS THROUGH THE EXCEPTIONAL FAMILY MEMBER PROGRAM (EFMP) AND COMPLY WITH HOST NATION IMMUNIZATION AND MEDICAL SCREENING REQUIREMENTS.

15.B. APPLICABILITY. THIS MOD APPLIES TO MILITARY PERSONNEL, DOD CIVILIANS, DOD CONTRACTORS, ALL HOST NATION (HN), LOCAL NATIONAL (LN) AND THIRD COUNTRY NATIONALS (TCN), AND VOLUNTEERS TRAVELING OR DEPLOYING TO THE CENTCOM AOR.

15.C. MEDICAL DEPLOYABILITY. DEPLOYED HEALTH SERVICE SUPPORT INFRASTRUCTURE PROVIDES ONLY LIMITED MEDICAL CARE. THERE ARE LIMITED FIXED FACILITIES (DHP-FUNDED) IN THE AOR. ALL PERSONNEL (MILITARY, CIVILIAN AND CONTRACTOR) WILL BE MEDICALLY EVALUATED AND IF DEEMED UNABLE TO COMPLY WITH CENTCOM DEPLOYMENT REQUIREMENTS ON A CONTINUING BASIS, DISQUALIFIED FOR DEPLOYMENT IAW SERVICE POLICY AND MOD 11. PERSONNEL FOUND NON-DEPLOYABLE WHILE OUTSIDE OF THE CENTCOM AOR WILL NOT ENTER OR RE-ENTER THE THEATER. FOR EXAMPLE, A SERVICE MEMBER WHO BECOMES MEDICALLY NON-DEPLOYABLE WHILE IN ANY LEAVE STATUS WILL NOT RE-ENTER THE AOR UNTIL THE NON-DEPLOYABLE CONDITION IS CLEARED OR A WAIVER FOR THE NON-DEPLOYABLE CONDITION IS APPROVED. SEE REF D, E, F, G AND H. DOD CIVILIAN EMPLOYEES ARE COVERED BY THE REHABILITATION ACT OF 1973. AS SUCH, AN APPARENTLY DISQUALIFYING MEDICAL CONDITION NEVERTHELESS REQUIRES THAT AN INDIVIDUALIZED ASSESSMENT BE MADE TO DETERMINE WHETHER THE EMPLOYEE CAN PERFORM THE ESSENTIAL FUNCTIONS OF HIS/HER POSITION IN THE DEPLOYED ENVIRONMENT, WITH OR WITHOUT A REASONABLE ACCOMODATION, WITHOUT CAUSING UNDUE HARDSHIP. IN EVALUATING UNDUE HARDSHIP, THE NATURE OF THE ACCOMODATION AND THE LOCATION OF THE DEPLOYMENT MUST BE CONSIDERED. FURTHER, THE EMPLOYEE'S MEDICAL CONDITION MUST NOT POSE A SUBSTANTIAL RISK OF SIGNIFICANT HARM TO THE EMPLOYEE OR OTHERS WHEN TAKING INTO ACCOUNT THE CONDITIONS OF THE RELEVANT DEPLOYED ENVIRONMENT. SEE REF Q.

15.C.1. RESPONSIBILITY. MEDICAL DEPLOYMENT ELIGIBILITY DETERMINATION, IAW MOD 11 AND SERVICE STANDARDS, LIES WITH THE HEALTH CARE PROVIDERS ASSIGNED TO THE MEDICAL SECTION OF THE DEPLOYMENT SCREENING SITE. DEPLOYING PERSONNEL WITH POTENTIALLY DISQUALIFYING MEDICAL CONDITIONS MAY NEED TO BE EVALUATED BY A PROVIDER TO ASSIST IN THE DETERMINATION OF ELIGIBILITY.

15.C.2. MEDICAL FITNESS.

15.C.2.A. UNFIT PERSONNEL. CASES OF IN-THEATER/DEPLOYED PERSONNEL IDENTIFIED AS UNFIT IAW THIS MOD 11, DUE TO CONDITIONS THAT EXISTED PRIOR TO DEPLOYMENT, WILL BE FORWARDED TO THE COMPONENT SURGEON (THE APPROPRIATE SURGEON WHO WOULD HAVE RECEIVED A WAIVER REQUEST HAD ONE BEEN SUBMITTED) FOR INVESTIGATION AND POTENTIAL REDEPLOYMENT DETERMINATION. FINDINGS/ACTIONS WILL BE FORWARDED NO LESS THAN MONTHLY TO THE CENTCOM SURGEON AT EMAIL: CCSG-WAIVER@CENTCOM.MIL. COMPLY WITH RME REPORTING CRITERIA AS REQUIRED. SEE REF I.

15.C.2.B. ALL PERSONNEL (UNIFORMED SERVICE MEMBERS, GOVERNMENT CIVILIAN EMPLOYEES, VOLUNTEERS, DOD CONTRACTOR EMPLOYEES, AND VOLUNTEERS) TRAVELING TO THEATER MUST BE MEDICALLY (TO INCLUDE DENTAL) AND PSYCHOLOGICALLY FIT FOR DEPLOYMENT. FITNESS INCLUDES, BUT IS NOT LIMITED TO, THE ABILITY TO ACCOMPLISH THE TASKS AND DUTIES UNIQUE TO A PARTICULAR OPERATION, AND ABILITY TO TOLERATE THE ENVIRONMENTAL AND OPERATIONAL CONDITIONS OF THE DEPLOYED LOCATION. MINIMUM STANDARDS OF FITNESS INCLUDE ABILITY TO WEAR BALLISTIC AND RESPIRATORY PROTECTIVE EQUIPMENT, CHEMICAL AND BIOLOGICAL PERSONAL PROTECTIVE EQUIPMENT, AND USE OF REQUIRED PROPHYLACTIC MEDICATIONS.

15.C.2.C. GOVERNMENT CIVILIAN EMPLOYEES, VOLUNTEERS, AND DOD CONTRACTOR

PERSONNEL, WHO DEPLOY FOR MULTIPLE TOURS, FOR MORE THAN 12 MONTHS TOTAL, MUST BE RE-EVALUATED FOR FITNESS TO DEPLOY. PERIODIC HEALTH SURVEILLANCE REQUIREMENTS AND PRESCRIPTION NEEDS ASSESSMENTS SHOULD BE RECENT ENOUGH SO AS TO REMAIN CURRENT THROUGH THE DEPLOYMENT PERIOD. **AN EXAMINATION WITH ALL MEDICAL ISSUES AND REQUIREMENTS ADDRESSED WILL REMAIN VALID FOR 15 MONTHS FROM THE DATE OF THE PHYSICAL. SEE TAB A AND REF D, J, K, L AND M FOR FURTHER GUIDANCE.**

15.C.2.D. SPECIALIZED GOVERNMENT CIVILIAN EMPLOYEES WHO MUST MEET SPECIFIC PHYSICAL STANDARDS (E.G., FIREFIGHTERS, SECURITY GUARDS AND POLICE, AVIATORS, AVIATION CREW MEMBERS AND AIR TRAFFIC CONTROLLERS, DIVERS, MARINE CRAFT OPERATORS AND COMMERCIAL DRIVERS) MUST MEET THOSE STANDARDS WITHOUT EXCEPTION, IN ADDITION TO BEING FOUND FIT FOR THE SPECIFIC DEPLOYMENT BY A MEDICAL AND DENTAL EVALUATION PRIOR TO DEPLOYMENT.

15.C.2.E. DOD CONTRACTOR EMPLOYEES. MUST MEET THE SAME STANDARDS OF FITNESS AS OTHER MILITARY AND DOD CIVILIAN PERSONNEL; MUST BE DOCUMENTED TO BE FIT FOR THE PERFORMANCE OF THEIR DUTIES WITHOUT LIMITATIONS BY A MEDICAL AND DENTAL EVALUATION PRIOR TO DEPLOYMENT. COMPLY WITH REF J AND SPECIFICALLY ENCLOSURE 3 FOR MEDICAL REQUIREMENTS. ENSURE COMPLIANCE WITH IMMUNIZATION, DNA AND PANOGRAPH REQUIREMENTS. PREDEPLOYMENT AND/OR TRAVEL MEDICINE SERVICES FOR CONTRACTOR EMPLOYEES, INCLUDING IMMUNIZATIONS, EVALUATION OF FITNESS AND ANNUAL SCREENING ARE THE RESPONSIBILITY OF THE CONTRACTOR. QUESTIONS SHOULD BE SUBMITTED TO THE SUPPORTED COMMAND'S MEDICAL AUTHORITY. **SEE TAB A AND REF J FOR FURTHER GUIDANCE.**

15.C.2.E.1. CONTRACTOR EXPENSE. IAW REF J, CONTRACTORS WILL PROVIDE THE MEDICAL AND DENTAL EVALUATIONS. ALL REQUIRED IMMUNIZATIONS OUTLINED IN THE FOREIGN CLEARANCE GUIDE (HTTPS://WWW.FCG.PENTAGON.MIL) FOR THE COUNTRIES TO BE VISITED, AS WELL AS THOSE OUTLINED IN PARAGRAPH 15.F. OF THIS MOD, WILL BE DONE AT CONTRACTOR EXPENSE. A DISQUALIFYING MEDICAL CONDITION, AS DETERMINED BY AN IN-THEATER COMPETENT MEDICAL AUTHORITY, WILL BE IMMEDIATELY REPORTED TO THE CONTRACTOR EMPLOYEE'S CONTRACTING OFFICER WITH A RECOMMENDATION THAT THE CONTRACTOR BE IMMEDIATELY REDEPLOYED AND REPLACED AT CONTRACTOR EXPENSE.

15.C.2.E.2. MILITARY EXPENSE. THE MILITARY WILL PROVIDE THEATER SPECIFIC ANTHRAX AND SMALLPOX VACCINES. SEE REF C, J AND N.

15.C.2.F. LN AND TCN EMPLOYEES. MINIMUM SCREENING REQUIREMENTS FOR LN AND TCN EMPLOYEES FOLLOW.

15.C.2.F.1. ALL CONTRACTORS ARE RESPONSIBLE FOR PROVIDING THE APPROPRIATE LEVEL OF MEDICAL SCREENING FOR THEIR EMPLOYEES BASED ON THE JOB THEY ARE HIRED TO PERFORM. **SCREENING MUST BE PERFORMED ANNUALLY, AT CONTRACTOR EXPENSE, TO INSURE IMMUNIZATION COMPLIANCE AND ABSENCE OF INFECTIOUS DISEASES.** THE SCREENING MUST BE COMPLETED BY A LICENSED MEDICAL PROVIDER AND A COPY OF THE COMPLETED MEDICAL SCREENING DOCUMENTATION, IN ENGLISH, MUST BE MAINTAINED BY THE CONTRACTOR. SUCH DOCUMENTATION MAY BE REQUESTED BY BASE OPERATIONS CENTER PERSONNEL PRIOR TO ISSUANCE OF ACCESS BADGES AS WELL AS BY MEDICAL PERSONNEL FOR COMPLIANCE REVIEWS. INSTALLATION COMMANDERS MAY CONDUCT QUALITY ASSURANCE AUDITS TO VERIFY THE VALIDITY OF LOCALLY PERFORMED MEDICAL SCREENINGS. PRE-EMPLOYMENT AND ANNUAL MEDICAL SCREENING OF HN AND TCN EMPLOYEES IS NOT TO BE PERFORMED IN MILITARY MTFS.

15.C.2.F.2. ALL LN AND TCN EMPLOYEES WHOSE JOB REQUIRES CLOSE OR FREQUENT CONTACT WITH NON-LN/TCN PERSONNEL (E.G., DINING FACILITY WORKERS, SECURITY PERSONNEL, INTERPRETERS, ETC.) MUST BE SCREENED FOR TUBERCULOSIS (TB) USING A CHEST X-RAY. A TUBERCULIN SKIN TEST (TST) IS UNRELIABLE AS A STAND-ALONE TEST FOR TB IN HN/TCN PERSONNEL. SPECIFIC QUESTIONS REGARDING APPROPRIATE PRE-EMPLOYMENT AND ANNUAL SCREENING OF LN/TCN PERSONNEL SHOULD BE REFERRED TO LOCAL PREVENTIVE MEDICINE / FORCE HEALTH PROTECTION PERSONNEL.

15.C.2.F.3. LN AND TCN EMPLOYEES INVOLVED IN FOOD SERVICE, WATER AND ICE PRODUCTION MUST BE SCREENED ANNUALLY FOR SIGNS AND SYMPTOMS OF INFECTIOUS

DISEASES. CONTRACTORS MUST ENSURE EMPLOYEES RECEIVE TYPHOID AND HEPATITIS A VACCINATIONS AND THIS INFORMATION MUST BE DOCUMENTED IN THE EMPLOYEES MEDICAL RECORD / SCREENING DOCUMENTATION.

15.C.3. MEDICAL WAIVERS.

15.C.3.A. MEDICAL WAIVER APPROVAL AUTHORITY.

15.C.3.A.1. MEDICAL WAIVER APPROVAL AUTHORITY LIES AT THE COMBATANT COMMAND SURGEON LEVEL IAW REFS O AND Q.

15.C.3.A.2. DELEGATION TO COMPONENTS. WAIVER AUTHORITY IS DELEGATED TO THE USCENTCOM COMPONENT SURGEONS FOR ALL DEPLOYING PERSONNEL WITHIN THEIR RESPECTIVE COMPONENT FOR ALL NON-BEHAVIORAL HEALTH CONDITIONS. (E.G., ARMY, ARMY COMPONENT AGENCIES, AND ARMY CONTRACTORS WILL FIRST CONSULT WITH THE ARCENT SURGEON; AF WITH THE AFCENT SURGEON, ETC. ALSO, WAIVERS FOR SPECIAL OPERATIONS PERSONNEL DEPLOYING WITH A SOCCENT UNIT SHOULD BE SENT TO THE SOCCENT SURGEON). THE CENTCOM SURGEON REMAINS THE APPROVAL AUTHORITY FOR ALL BEHAVIORAL HEALTH WAIVER REQUESTS. IF A SERVICE WISHES TO DEPLOY A MEMBER WHO IS DETERMINED TO BE NOT FIT FOR DEPLOYMENT, THE SERVICE MUST OBTAIN A WAIVER FROM THE CENTCOM COMMAND SURGEON OR CENTCOM COMPONENT SURGEON AS OUTLINED ABOVE. SENDING UNIT COMMANDERS MUST OBTAIN A MEDICAL WAIVER AND ARE NOT AUTHORIZED TO OVERRIDE THE LOCAL MEDICAL DEPLOYABILITY DETERMINATION. UNLIKE THE MILITARY PROFILE SYSTEM, UNIT COMMANDERS CANNOT OVERRIDE THE DEPLOYABILITY WAIVER AUTHORITY.

15.C.3.A.3. EXCEPT IN THE CASE OF DOD CIVILIAN EMPLOYEES WHO ARE COVERED BY THE REHABILITATION ACT OF 1973, AN INDIVIDUAL MAY BE DENIED DEPLOYMENT BY THE LOCAL MEDICAL AUTHORITY OR CHAIN OF COMMAND. AN INDIVIDUALIZED ASSESSMENT IS STILL REQUIRED FOR DOD. SEE PARA. 15.C AND REF Q. AUTHORITY TO APPROVE DEPLOYMENT OF ANY PERSON (UNIFORMED OR CIVILIAN) WITH APPARENTLY DISQUALIFYING MEDICAL CONDITIONS OUTLINED IN THIS MODIFICATION AND THE ACCOMPANYING AMPLIFICATION LIES SOLELY WITH THE CENTCOM SURGEON AND THE CENTCOM SERVICE COMPONENT SURGEONS WHO HAVE BEEN DELEGATED THIS AUTHORITY BY THE CENTCOM SURGEON. THEREFORE, IF THE LOCAL COMMAND SUPPORTS THE DEPLOYMENT OF A PERSON WITH AN APPARENTLY DISQUALIFYING CONDITION AS OUTLINED IN THIS MODIFICATION AND AMPLIFICATION, A WAIVER REQUEST MUST STILL BE SUBMITTED TO, AND APPROVED BY, THE APPROPRIATE CENTCOM WAIVER AUTHORITY BEFORE THAT PERSON IS DEPLOYABLE.

15.C.3.A.4. ALL ADJUDICATING SURGEONS WILL MAINTAIN A WAIVER DATABASE AND RECORD ALL WAIVER REQUESTS.

15.C.3.A.5. THE ADJUDICATING SURGEON MAY CONSIDER CONSULTING THE RECEIVING MEDICAL AUTHORITY WITH ANY QUESTIONS REGARDING THE DEPLOYABILITY OF THE PATIENT. ADJUDICATION MAY ACCOUNT FOR SPECIFIC MEDICAL SUPPORT CAPABILITIES IN THE LOCAL REGION OF THE AOR. THE COMPONENT SURGEON WILL RETURN THE SIGNED WAIVER FORM TO THE REQUEST ORIGINATOR FOR INCLUSION IN THE PATIENT'S DEPLOYMENT MEDICAL RECORD AND THE ELECTRONIC MEDICAL RECORD (EMR).

15.C.3.B. WAIVER PROCESS. IF A MEDICAL WAIVER IS DESIRED, LOCAL MEDICAL PERSONNEL WILL INFORM THE NON-DEPLOYABLE INDIVIDUAL AND THE UNIT COMMAND ABOUT THE WAIVER PROCESS AS FOLLOWS.

15.C.3.B.1. LOCAL MEDICAL PROVIDERS WILL FORWARD A MEDICAL WAIVER REQUEST FORM (TAB B), OR LIKE DOCUMENT, AT THE REQUEST OF THE PATIENT'S COMMANDER/SUPERVISOR OR REPRESENTATIVE. THE MEDICAL WAIVER WILL BE SENT TO AND ADJUDICATED BY THE APPROPRIATE SURGEON IAW PARAGRAPH 15.C.3.C.

15.C.3.B.2. DOCUMENTED DISAPPROVALS FOR VALID CONDITIONS ARE NECESSARY AND SHOULD NOT BE GIVEN TELEPHONICALLY.

15.C.3.B.3. A CENTCOM WAIVER DOES NOT PRECLUDE THE NEED FOR A PSYCHOTROPIC MEDICATION SMALL ARMS WAIVER IAW SERVICE POLICY (E.G., US NAVY SMALL ARMS WAIVER).

15.C.3.B.4. WAIVERS FOR NON-SERVICE AFFILIATED PERSONNEL. THE CENTCOM SURGEON IS THE WAIVER AUTHORITY FOR DOD CIVILIANS AND CONTRACTORS, AND ORGANIZATIONS

SUCH AS DEFENSE INTELLIGENCE AGENCY AND AMERICAN RED CROSS, ETC, WHO ARE NOT DIRECTLY ASSOCIATED WITH A PARTICULAR CENTCOM COMPONENT.
15.C.3.B.5. APPEAL PROCESS. IF THE SENDING UNIT DISAGREES WITH THE COMPONENT SURGEON'S DECISION, AN APPEAL MAY BE SUBMITTED TO THE CENTCOM SURGEON. IF THE DISAGREEMENT IS WITH THE CENTCOM SURGEON'S DECISION, AN APPEAL MAY BE SUBMITTED THROUGH THE CHAIN OF COMMAND TO THE CENTCOM CHIEF OF STAFF.
15.C.3.C. CONTACTS FOR WAIVERS
15.C.3.C.1. CENTCOM SURGEON. CCSG-WAIVER@CENTCOM.MIL;
CML: 813.529.0345; DSN: 312.529.0345
15.C.3.C.2. AFCENT SURGEON. USCENTAFSG.ORGBOX@AFCENT.AF.MIL;
CML: 803.895.4373; DSN: 312.965.4373 / 4380
15.C.3.C.3. ARCENT SURGEON. ARCENT-WAIVER@ARCENT.ARMY.MIL;
CML: 803.885.7946/7986; DSN: 312.889.7946 / 7986
15.C.3.C.4. MARCENT SURGEON. MARCENTFSURG@MARCENT.USMC.MIL;
CML: 813.827.7175; DSN: 312.651.7175
15.C.3.C.5. NAVCENT SURGEON. CUSNC.MEDWAIVERS@ME.NAVY.MIL;
CML: 011.973.1785.4032; DSN: 318.439.4032
15.C.3.C.6. SOCCENT SURGEON. SOCCENT.SG@SOCCENT.CENTCOM.MIL;
CML: 813.828.4351; DSN: 312.968.4351
15.D. PHARMACY.
15.D.1. SUPPLY. PERSONNEL WHO REQUIRE MEDICATION AND WHO ARE DEPLOYING FOR A YEAR WILL DEPLOY WITH NO LESS THAN A 180 DAY SUPPLY OF THEIR MAINTENANCE MEDICATIONS WITH ARRANGEMENTS TO OBTAIN A 180 DAY SUPPLY FOLLOW-ON REFILL PRESCRIPTION. TRICARE ELIGIBLE PERSONNEL WILL HAVE A FOLLOW-ON REFILL PRESCRIPTION ENTERED INTO THE MAIL ORDER PHARMACY PER THE DEPLOYMENT PRESCRIPTION PROGRAM IAW REF Q. PERSONNEL DEPLOYING FOR LESS THAN A YEAR WILL DEPLOY WITH NO LESS THAN A 180 DAY SUPPLY, OR A SUFFICIENT SUPPLY TO COVER THE ENTIRE DEPLOYMENT, OR FOLLOW SERVICE SPECIFIC GUIDANCE.
15.D.2. EXCEPTIONS. EXCEPTIONS TO THE 180 DAY PRESCRIPTION QUANTITY REQUIREMENT INCLUDE:
15.D.2.A. PERSONNEL REQUIRING MALARIA CHEMOPROPHYLACTIC MEDICATIONS (E.G., DOXYCYCLINE, MEFLOQUINE, ETC.) WILL DEPLOY WITH ENOUGH MEDICATION FOR THEIR ENTIRE DEPLOYMENT. THE DEPLOYMENT PERIOD WILL BE CONSIDERED TO INCLUDE AN ADDITIONAL 4 WEEKS OF NECESSARY TERMINAL PROPHYLAXIS WITH THE PRIMARY AGENT USED.
15.D.2.B. PSYCHOTROPIC MEDICATION (EXCEPT CII) AND ALL CIII-V CONTROLLED SUBSTANCE PRESCRIPTIONS MAY BE DISPENSED FOR UP TO A 180 DAY SUPPLY WITH NO REFILL.
15.D.2.B.1. IF REQUIRED, THE PROVIDER MAY PRESCRIBE A LIMITED QUANTITY (I.E., AT LEAST A 90 DAY SUPPLY) WITH NO REFILLS TO FACILITATE CLINICAL FOLLOW-UP IN THEATER.
15.D.2.B.2. PSYCHOTROPIC MEDICATIONS INCLUDE, BUT ARE NOT LIMITED TO, CONTROLLED AND NON-CONTROLLED SUBSTANCE ANTI-DEPRESSANTS, ANTI-ANXIETY, QUETIAPINE (SEROQUEL) FOR SLEEP, CII AND NON-CII STIMULANTS, ANTI-SEIZURE MEDICATIONS USED FOR MOOD DISORDERS, AND BENZODIAZEPINE AND NON-BENZODIAZEPINE SEDATIVE-HYPNOTIC MEDICATIONS. THIS TERM ALSO ENCOMPASSES THE GENERIC EQUIVALENTS OF THE ABOVE MEDICATION CATEGORIES WHEN USED FOR NON-PSYCHOTROPIC INDICATIONS.
15.D.2.C. ALL CII CONTROLLED SUBSTANCES (TO INCLUDE CII PSYCHOTROPIC MEDICATIONS) QUANTITIES ARE LIMITED TO A 90 DAY SUPPLY WITH NO REFILLS. CLINICAL FOLLOW-UP IN THEATER SHOULD BE SOUGHT AT THE EARLIEST OPPORTUNITY TO OBTAIN MEDICATION RENEWALS.
15.D.3. PRESCRIPTION MEDICATION ANALYSIS AND REPORTING TOOL (PMART). SOLDIER READINESS PROCESSING (SRP) AND OTHER DEPLOYMENT PLATFORM PROVIDER/PHARMACY AND UNIT MEDICAL OFFICER PERSONNEL WILL MAXIMIZE THE USE OF THE PRESCRIPTION MEDICATION ANALYSIS AND REPORTING TOOL (PMART) TO SCREEN DEPLOYING PERSONNEL FOR HIGH-RISK MEDICATIONS, IDENTIFY MEDICATIONS NOT AVAILABLE ON THE CENTCOM FORMULARY, AND OVER-THE-COUNTER AND TEMPERATURE-SENSITIVE MEDICATIONS NOT AVAILABLE THROUGH THE MAIL ORDER PHARMACY. CONTACT THE DOD PHARMACY

OPERATIONS CENTER AT 1.866.275.4732 OR P-MART@AMEDD.ARMY.MIL FOR INFORMATION ON HOW TO OBTAIN A PMART REPORT. INFORMATION REGARDING PMART AS WELL AS THE CENTCOM FORMULARY CAN BE FOUND AT THE DOD PHARMACOECONOMIC CENTER WEBSITE AT: HTTP://PEC.HA.OSD.MIL/PMART/DEFAULT.PHP. SEE REF R.

15.D.4. TRICARE MAIL ORDER PHARMACY (MOP). PERSONNEL REQUIRING ONGOING PHARMACOTHERAPY WILL MAXIMIZE USE OF THE MAIL-ORDER PHARMACY (MOP) SYSTEM (TO INCLUDE MEDICATIONS LISTED IN 15.D.2.B AND 15.D.2.C) WHEN POSSIBLE. THOSE ELIGIBLE FOR MOP WILL COMPLETE ON-LINE ENROLLMENT AND REGISTRATION PRIOR TO DEPLOYMENT TO THE MAXIMUM EXTENT POSSIBLE.

15.E. MEDICAL EQUIPMENT.

15.E.1. PERMITTED EQUIPMENT. PERSONNEL WHO REQUIRE MEDICAL EQUIPMENT (E.G., CORRECTIVE EYEWEAR, HEARING AIDS) MUST DEPLOY WITH ALL REQUIRED ITEMS IN THEIR POSSESSION TO INCLUDE TWO PAIRS OF EYEGLASSES, PROTECTIVE MASK EYEGLASS INSERTS, BALLISTIC EYEWEAR INSERTS, AND HEARING AID BATTERIES. SEE REF C.

15.E.2. NON-PERMITTED EQUIPMENT. PERSONAL DURABLE MEDICAL EQUIPMENT (E.G., NEBULIZERS, SCOOTERS, TENS, ETC) IS NOT PERMITTED. MEDICAL MAINTENANCE, LOGISTICAL SUPPORT, AND INFECTION CONTROL PROTOCOLS FOR PERSONAL MEDICAL EQUIPMENT ARE NOT AVAILABLE AND ELECTRICITY IS OFTEN UNRELIABLE. A WAIVER FOR A MEDICAL CONDITION REQUIRING PERSONAL DURABLE MEDICAL EQUIPMENT WILL ALSO BE CONSIDERED APPLICABLE TO THE EQUIPMENT. DURABLE MEDICAL EQUIPMENT THAT IS NOT MEDICALLY COMPULSORY BUT USED FOR RELIEF OR MAINTENANCE OF A MEDICAL CONDITION WILL REQUIRE WAIVER. MAINTENANCE AND RESUPPLY OF NON-PERMITTED EQUIPMENT IS THE RESPONSIBILITY OF THE INDIVIDUAL.

15.E.3. CONTACT LENSES.

15.E.3.A. ARMY, NAVY AND MARINE PERSONNEL WILL NOT DEPLOY WITH CONTACT LENSES EXCEPT IAW SERVICE POLICY.

15.E.3.B. AIR FORCE PERSONNEL (NON-AIRCREW) WILL NOT DEPLOY WITH CONTACT LENSES UNLESS WRITTEN AUTHORIZATION IS PROVIDED BY THE DEPLOYED UNIT COMMANDER. CONTACT LENSES ARE LIFE SUPPORT EQUIPMENT FOR USAF AIRCREWS AND THEREFORE ARE EXEMPT IAW SERVICE GUIDELINES. AIR FORCE PERSONNEL DEPLOYING WITH CONTACT LENSES MUST RECEIVE PRE-DEPLOYMENT EDUCATION IN THE SAFE WEAR AND MAINTENANCE OF CONTACT LENSES IN THE DEPLOYED ENVIRONMENT. THEY MUST ALSO DEPLOY WITH TWO PAIRS OF EYEGLASSES AND A SUPPLY OF CONTACT LENS MAINTENANCE ITEMS (E.G., CLEANSING SOLUTION) ADEQUATE FOR THE DURATION OF THE DEPLOYMENT.

15.E.4. MEDICAL ALERT TAGS. DEPLOYING PERSONNEL REQUIRING MEDICAL ALERT TAGS (E.G., MEDICATION ALLERGIES, G6PD DEFICIENCY) WILL DEPLOY WITH RED MEDICAL ALERT TAGS WORN IN CONJUNCTION WITH THEIR PERSONAL IDENTIFICATION TAGS.

15.F. IMMUNIZATIONS.

15.F.1. ADMINISTRATION. ALL IMMUNIZATIONS WILL BE GIVEN IAW REF S. REFER TO THE MILITARY VACCINE AGENCY WEBSITE (HTTP://WWW.VACCINES.MIL).

15.F.2. REQUIREMENTS. ALL PERSONNEL (TO INCLUDE PCS PERSONNEL) TRAVELING FOR ANY PERIOD OF TIME TO THE THEATER WILL BE CURRENT WITH ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES (ACIP) IMMUNIZATION GUIDELINES AND SERVICE INDIVIDUAL MEDICAL READINESS (IMR) REQUIREMENTS. IN ADDITION, ALL TDY PERSONNEL MUST COMPLY WITH THE FOREIGN CLEARANCE GUIDE FOR THE COUNTRIES TO WHICH THEY ARE TRAVELING. MANDATORY VACCINES FOR DOD PERSONNEL (MILITARY, CIVILIAN & CONTRACTORS) TRAVELING FOR ANY PERIOD OF TIME IN THEATER ARE:

15.F.2.A. TETANUS/DIPTHERIA (ONE-TIME DOSE OF TDAP REQUIRED IF NOT PREVIOUSLY RECEIVED AND IF ≥ 5 YEARS SINCE LAST TETANUS BOOSTER).

15.F.2.B. VARICELLA. REQUIRED DOCUMENTATION OF ONE OF THE FOLLOWING: HISTORY OF DISEASE, SUFFICIENT VARICELLA TITER, OR ADMINISTRATION OF VACCINE. SEE REF II.

15.F.2.C. MEASLES / MUMPS / RUBELLA. IT IS TO BE ASSUMED THAT ALL POST-ACCESSION MILITARY PERSONNEL ARE IMMUNE TO THESE DISEASES AND DO NOT REQUIRE THE IMMUNIZATIONS. DOCUMENTATION OF IMMUNITY OR IMMUNIZATION REQUIRED FOR ALL CIVILIAN DEPLOYERS.

15.F.2.D. POLIO - IPV. SINGLE ADULT BOOSTER IS REQUIRED FOR TRAVEL TO AFGHANISTAN OR PAKISTAN. IT IS TO BE ASSUMED THAT ALL POST-ACCESSION MILITARY PERSONNEL ARE IMMUNE AND DO NOT REQUIRE THIS BOOSTER. DOCUMENTATION OF IMMUNITY OR IMMUNIZATION REQUIRED FOR ALL CIVILIAN DEPLOYERS.
15.F.2.E. SEASONAL INFLUENZA (INCLUDING EVENT-SPECIFIC INFLUENZA, E.G., H1N1).
15.F.2.F. HEPATITIS A.
15.F.2.G. HEPATITIS B.
15.F.2.H. TYPHOID. BOOSTER DOSE IF GREATER THAN TWO YEARS SINCE LAST VACCINATION WITH INACTIVATED / INJECTABLE VACCINE OR GREATER THAN FIVE YEARS SINCE RECEIPT OF LIVE / ORAL VACCINE.
15.F.3. ANTHRAX. ALL MEDICALLY ELIGIBLE PERSONNEL (I.E., WITHOUT A MEDICAL CONTRAINDICATION) TRAVELING IN THE CENTCOM THEATER FOR 15 DAYS OR MORE WILL COMPLY WITH THE DOD ANTHRAX REQUIREMENTS. SEE REF N, T, U AND V.
15.F.3.A. MILITARY PERSONNEL. REQUIRED.
15.F.3.B. DOD CIVILIANS: REQUIRED AT GOVERNMENT EXPENSE, FOR EMERGENCY ESSENTIAL PERSONNEL IAW REF T.
15.F.3.C. DOD CONTRACTORS: REQUIRED AT GOVERNMENT EXPENSE PER CONTRACT.
15.F.3.D. VOLUNTEERS: VOLUNTARY AT GOVERNMENT EXPENSE.
15.F.4. SMALLPOX. ALL MEDICALLY ELIGIBLE PERSONNEL IN THE CENTCOM THEATER FOR 15 DAYS OR MORE WILL COMPLY WITH THE DOD SMALLPOX REQUIREMENTS. WARNING: VARICELLA AND SMALLPOX VACCINATIONS MUST BE GIVEN 28 DAYS APART TO DIFFERENTIATE BETWEEN POTENTIAL ADVERSE EVENTS. SEE REF T, U AND W. ADDITIONAL INFORMATION AVAILABLE AT HTTP://WWW.SMALLPOX.MIL.
15.F.4.A. MILITARY PERSONNEL. REQUIRED.
15.F.4.B. DOD CIVILIANS: REQUIRED.
15.F.4.C. DOD CONTRACTORS: REQUIRED AT GOVERNMENT EXPENSE PER CONTRACT.
15.F.4.D. VOLUNTEERS: VOLUNTARY AT GOVERNMENT EXPENSE.
15.F.4.E. MEDICAL TEMPORARY VACCINATION WAIVER. EVERY ATTEMPT WILL BE MADE TO ADMINISTER THE SMALLPOX VACCINATION PRIOR TO DEPLOYMENT WITHOUT INCREASING RISK TO PERSONNEL AND THEIR CLOSE CONTACTS. HOWEVER, PERSONNEL HAVING A CLOSE CONTACT WITH CONTRAINDICATIONS FOR THE SMALLPOX (VACCINIA) VACCINATION MAY BE GIVEN UP TO A 30 DAY MEDICAL TEMPORARY WAIVER FOR SMALLPOX VACCINATION AND WILL BE VACCINATED AT THE DEPLOYED LOCATION. **INCLUDE THE SMALLPOX SCREENING QUESTIONNAIRE AS PART OF THEIR DD FORM 2766, DEPLOYED MEDICAL RECORD AND EMR.**
15.F.5. RABIES. FOR PRE-DEPLOYMENT PLANNING PURPOSES ONLY, RABIES PRE-EXPOSURE VACCINATION SERIES MAY BE CONSIDERED FOR PERSONNEL WHO ARE NOT EXPECTED TO BE ABLE TO RECEIVE PROMPT MEDICAL EVALUATION AND RISK-BASED RABIES POST-EXPOSURE PROPHYLAXIS WITHIN 72 HOURS OF EXPOSURE TO A POTENTIALLY RABID ANIMAL.
15.F.5.A. HIGH RISK PERSONNEL. REQUIRED FOR VETERINARY PERSONNEL, ANIMAL HANDLERS SUCH AS MILITARY WORKING DOGS, AS WELL AS ANIMAL CONTROL PERSONNEL. PRE-EXPOSURE SERIES IS ALSO REQUIRED FOR CERTAIN SECURITY PERSONNEL, PREVENTIVE MEDICINE TECHNICIANS AND CIVIL ENGINEERS OCCUPATIONALLY AT RISK OF EXPOSURE TO RABID ANIMALS, AND LABORATORY PERSONNEL WHO WORK WITH RABIES SUSPECT SAMPLES.
15.F.5.B. SOF/SOF ENABLERS. ALL PERSONNEL DEPLOYING IN SUPPORT OF SPECIAL OPERATIONS WILL BE ADMINISTERED THE PRE-EXPOSURE RABIES VACCINE SERIES AS INDICATED BELOW. BOOSTER DOSES ARE REQUIRED EVERY TWO YEARS OR WHEN TITERS INDICATE. EXCEPTIONS MAY BE IDENTIFIED BY UNIT SURGEONS.
15.F.5.B.1. AFGHANISTAN. PERSONNEL WITH PRIMARY DUTIES OUTSIDE OF FIXED BASES.
15.F.5.B.2. PAKISTAN. ALL PERSONNEL.
15.F.5.B.3. OTHER AREAS. PER USSOCOM SERVICE-SPECIFIC POLICIES. CONTACT USSOCOM PREVENTIVE MEDICINE OFFICER AT DSN (312) 299-5051 FOR MORE INFORMATION.
15.F.6. EXCEPTIONS. REQUIRED IMMUNIZATIONS WILL BE ADMINISTERED PRIOR TO DEPLOYMENT, WITH THE FOLLOWING POSSIBLE EXCEPTIONS:
15.F.6.A. THE FIRST VACCINE IN A REQUIRED SERIES MUST BE ADMINISTERED PRIOR TO

DEPLOYMENT WITH ARRANGEMENTS MADE FOR SUBSEQUENT IMMUNIZATIONS TO BE GIVEN IN THEATER.
15.F.6.B. IAW REF X, ANTHRAX AND SMALLPOX VACCINATIONS MAY BE ADMINISTERED UP TO 120 DAYS PRIOR TO DEPLOYMENT. IT IS HIGHLY ADVISABLE TO GET THE FIRST TWO ANTHRAX IMMUNIZATIONS OR SUBSEQUENT DOSE/BOOSTER PRIOR TO DEPLOYMENT IN ORDER TO AVOID UNNECESSARY STRAIN ON THE DEPLOYED HEALTHCARE SYSTEM.
15.G. MEDICAL / LABORATORY TESTING.
15.G.1. HIV TESTING. HIV LAB TESTING, WITH DOCUMENTED NEGATIVE RESULT, WILL BE WITHIN 120 DAYS PRIOR TO DEPLOYMENT. IAW REF Y, HIV INFECTION IS A NON-DEPLOYABLE CONDITION.
15.G.2. SERUM SAMPLE. SAMPLE WILL BE TAKEN WITHIN THE PREVIOUS 365 DAYS. IF THE INDIVIDUAL'S HEALTH STATUS HAS RECENTLY CHANGED OR HAS HAD AN ALTERATION IN OCCUPATIONAL EXPOSURES THAT INCREASES HEALTH RISKS, A HEALTH CARE PROVIDER MAY CHOOSE TO HAVE A SPECIMEN DRAWN CLOSER TO THE ACTUAL DATE OF DEPLOYMENT. THIS CHANGE IS IAW REF Z.
15.G.3. G6PD TESTING. DOCUMENTATION OF ONE-TIME GLUCOSE-6-PHOSPHATE DEHYDROGENASE (G6PD) DEFICIENCY TESTING IS IAW REF AA. ENSURE RESULT IS IN MEDICAL RECORD OR DRAW PRIOR TO DEPARTURE. PRE-DEPLOYMENT MEDICAL SCREENERS WILL RECORD THE RESULT OF THIS TEST IN THE SERVICE MEMBER'S PERMANENT MEDICAL RECORD, DEPLOYMENT MEDICAL RECORD (DD FORM 2766) AND SERVICE SPECIFIC ELECTRONIC MEDICAL RECORD. (REF DODI 6465.1) IF AN INDIVIDUAL IS FOUND TO BE G6PD-DEFICIENT, THEY SHOULD BE ISSUED MEDICAL ALERT TAGS (RED DOG TAGS) THAT STATE "G6PD DEFICIENT: NO PRIMAQUINE". IF PRIMAQUINE IS GOING TO BE ISSUED TO A DOD CIVILIAN OR DOD CONTRACTOR, COMPLETE THE TESTING AT GOVERNMENT EXPENSE.
15.G.4. HCG. REQUIRED WITHIN 30 DAYS OF DEPLOYMENT FOR WOMEN WHO MIGHT BE PREGNANT. SUSPECTED PREGNANCY WILL BE RULED OUT PRIOR TO ANY IMMUNIZATION (EXCEPT INFLUENZA) AND MEDICAL CLEARANCE FOR DEPLOYMENT.
15.G.5. DNA SAMPLE. REQUIRED FOR ALL DOD PERSONNEL, INCLUDING CIVILIANS AND CONTRACTORS. OBTAIN SAMPLE OR CONFIRM SAMPLE IS ON FILE BY CONTACTING THE DOD DNA SPECIMEN REPOSITORY (COMM: 301.319.0366, DSN: 285; FAX 301.319.0369); HTTP://WWW.AFMES.MIL . SEE REF C AND BB.
15.G.6. TUBERCULOSIS (TB) TESTING.
15.G.6.A. TUBERCULOSIS TESTING WILL BE PERFORMED AND DOCUMENTED IAW SERVICE POLICY, PRIOR TO DEPLOYMENT. DOD CIVILIANS, CONTRACTORS, VOLUNTEERS AND OTHER PERSONNEL WILL HAVE TB TESTING PERFORMED WITHIN 90 DAYS OF DEPLOYMENT IAW REF J. ONE PURPOSE OF SUCH TESTING IS TO RULE OUT ACTIVE AND/OR PREVIOUSLY UNIDENTIFIED LATENT TB IN ORDER TO ENSURE ADEQUATE TREATMENT. THE OTHER PURPOSE IS TO DOCUMENT A NEGATIVE TEST IN ORDER TO DETECT A SUBSEQUENT CONVERSION AT THE TIME OF POST-DEPLOYMENT TESTING, IF PERFORMED. ONE OF TWO TESTS MAY BE USED FOR TB SCREENING: A TUBERCULIN SKIN TEST (TST), OR INTERFERON-GAMMA RELEASE ASSAY (IGRA, I.E., QUANTIFERON GOLD).
15.G.6.B. TST CONVERTERS AND REACTORS WILL BE HANDLED IAW SERVICE POLICY AND CDC GUIDELINES FOR CONTROL OF TB. PERSONNEL WITH A POSITIVE TST OR IGRA TEST SHOULD RECEIVE A SYMPTOM QUESTIONNAIRE, EXPOSURE HISTORY AND CHEST X-RAY. U.S. FORCES AND DOD CIVILIANS WITH ACTIVE TB WILL BE EVACUATED FROM THEATER FOR DEFINITIVE TREATMENT. U.S. CONTRACTOR EMPLOYEES AND TCN EMPLOYEES WILL BE MEDICALLY EVACUATED AT CONTRACTOR EXPENSE TO THE COUNTRY OF ORIGIN FOR DEFINITIVE TREATMENT. LN EMPLOYEES WILL BE REFERRED TO THE NEAREST HN MEDICAL FACILITY FOR DEFINITIVE TREATMENT. THE DECISION TO TREAT NON-ACTIVE, LATENT TUBERCULOSIS INFECTION (LTBI) IN U.S. FORCES AND CIVILIANS IN THEATER VERSUS AFTER REDEPLOYMENT SHOULD INCLUDE CONSIDERATION OF THE FOLLOWING: TIME REMAINING IN DEPLOYMENT, AVAILABILITY OF MEDICAL PERSONNEL TRAINED IN LTBI TREATMENT, AVAILABILITY OF FOLLOW-UP DURING TREATMENT, AND AVAILABILITY OF MEDICATION.
15.G.6.C. UNIT-BASED / LARGE GROUP TB TESTING SHOULD NOT BE PERFORMED IN THE AOR. WHILE THE NEED MAY ARISE TO PERFORM SUCH TESTING FOR CLOSE CONTACTS OF KNOWN

ACTIVE TB CASES, ROUTINE POST-DEPLOYMENT TB TESTING WILL BE DONE AFTER REDEPLOYMENT AT THE SRP SITE OR HOME STATION.

15.G.7. OTHER LABORATORY TESTING. OTHER TESTING MAY BE PERFORMED AT THE CLINICIAN'S DISCRETION COMMENSURATE WITH RULING OUT NON-DEPLOYABLE CONDITIONS AND ENSURING PERSONNEL MEET STANDARDS OF FITNESS IAW PARAGRAPH 15.C.2.

15.H. HEALTH ASSESSMENTS.

15.H.1. HEALTH ASSESSMENTS AND EXAMS. PERIODIC HEALTH ASSESSMENTS MUST BE CURRENT IAW SERVICE POLICY AT TIME OF DEPLOYMENT AND SPECIAL DUTY EXAMS MUST BE CURRENT FOR THE DURATION OF TRAVEL OR DEPLOYMENT PERIOD. SEE REF C.

15.H.2. PRE-DEPLOYMENT HEALTH ASSESSMENT (DD FORM 2795).

15.H.2.A. ALL DOD PERSONNEL (MILITARY, CIVILIAN, CONTRACTOR) TRAVELING TO THE THEATER FOR MORE THAN 30 DAYS WILL COMPLETE OR CONFIRM AS CURRENT A PRE-DEPLOYMENT HEALTH ASSESSMENT WITHIN 60 DAYS OF THE EXPECTED DEPLOYMENT DATE. THIS ASSESSMENT WILL BE COMPLETED ON A DD FORM 2795 IAW DODI 6490.03.

15.H.2.A.1. PERSONNEL TRAVELING TO THE THEATER FOR 15 OR MORE DAYS BUT LESS THAN 30 DAYS ARE ENCOURAGED TO COMPLETE A PRE-DEPLOYMENT HEALTH ASSESSMENT IN ORDER TO DOCUMENT THEIR HEALTH STATUS AND ADDRESS ANY HEALTH CONCERNS PRIOR TO TRAVEL TO THEATER. THIS IS ESPECIALLY RELEVANT TO THOSE WHOSE POSITION REQUIRES FREQUENT TRAVEL TO THE AOR. THESE INDIVIDUALS ARE ENCOURAGED TO COMPLETE AT LEAST ONE PRE-DEPLOYMENT HEALTH ASSESSMENT EACH YEAR, ALONG WITH A CORRESPONDING POST-DEPLOYMENT HEALTH ASSESSMENT FOR THE SAME YEAR.

15.H.2.B. FOLLOWING COMPLETION OF THE DD FORM 2795, A HEALTH CARE PROVIDER (NURSE, MEDICAL TECHNICIAN, MEDIC OR CORPSMAN) WILL IMMEDIATELY REVIEW IT. POSITIVE RESPONSES TO QUESTIONS 2,3,4,7 OR 8 REQUIRES REFERRAL TO AN INDEPENDENT PRACTITIONER (PHYSICIAN, PHYSICIAN ASSISTANT, NURSE PRACTICTIONER, ADVANCED PRACTICE NURSE, INDEPENDENT DUTY CORPSMAN, INDEPENDENT DUTY MEDICAL TECHNICIAN, OR SPECIAL FORCES MEDICAL SERGEANT).

15.H.2.C. THE COMPLETED ORIGINAL DD FORM 2795 WILL BE PLACED IN THE DEPLOYING PERSON'S PERMANENT MEDICAL RECORD, A PAPER COPY IN THE DEPLOYMENT MEDICAL RECORD (DD FORM 2766), AND TRANSMIT AN ELECTRONIC COPY TO THE DEPLOYMENT MEDICAL SURVEILLANCE SYSTEM (DMSS) AT THE ARMED FORCES HEALTH SURVEILLANCE CENTER (AFHSC).

15.H.3. AUTOMATED NEUROPSYCHOLOGICAL ASSESSMENT METRIC (ANAM).

ALL PERSONNEL WILL UNDERGO ANAM TESTING WITHIN 12 MONTHS PRIOR TO DEPLOYMENT IAW REF FF. ANAM TESTING WILL BE RECORDED IN APPROPRIATE SERVICE DATABASE AND ELECTRONIC MEDICAL RECORD.

15.H.4. POST-DEPLOYMENT HEALTH ASSESSMENT (DD FORM 2796).

15.H.4.A. ALL PERSONNEL WHO WERE REQUIRED TO COMPLETE A PRE-DEPLOYMENT HEALTH ASSESSMENT WILL COMPLETE A POST-DEPLOYMENT HEALTH ASSESSMENT ON A DD FORM 2796. THE POST-DEPLOYMENT HEALTH ASSESSMENT MUST BE COMPLETED NO EARLIER THAN 30 DYAS BEFORE EXPECTED REDEPLOYMENT DATE AND NO LATER THAN 30 DAYS AFTER REDEPLOYMENT.

15.H.4.A.1. INDIVIDUALS WHO WERE NOT REQUIRED TO COMPLETE A PRE-DEPLOYMENT HEALTH ASSESSMENT, BUT WHO COMPLETED ONE TO COVER MULTIPLE TRIPS TO THEATER EACH OF 30 DAYS OR LESS DURATION, SHOULD COMPLETE A POST-DEPLOYMENT HEALTH ASSESSMENT AT LEAST ONCE A YEAR TO DOCUMENT ANY POTENTIAL EXPOSURES OF CONCERN RESULTING FROM ANY SUCH TRAVEL AND THE POTENTIAL NEED FOR MEDICAL FOLLOW-UP.

15.H.4.B. ALL REDEPLOYING PERSONNEL WILL UNDERGO A PERSON-TO-PERSON HEALTH ASSESSMENT WITH AN INDEPENDENT PRACTITIONER. THE ORIGINAL COMPLETED COPY OF THE DD FORM 2796 MUST BE PLACED IN THE INDIVIDUAL'S MEDICAL RECORD AND TRANSMIT AN ELECTRONIC COPY TO THE DMSS AT THE AFHSC.

15.H.5. MENTAL HEALTH ASSESSMENT. ALL SERVICE MEMBERS WILL UNDERGO A PERSON-TO-PERSON MENTAL HEALTH ASSESSMENT WITH A LICENSED MENTAL HEALTH PROFESSIONAL OR TRAINED AND CERTIFIED HEALTH CARE PERSONNEL (SPECIFICALLY A PHYSICIAN, PHYSICIAN ASSISTANT, NURSE PRACTITIONER, ADVANCED

PRACTICE NURSE, INDEPENDENT DUTY CORPSMAN, SPECIAL FORCES MEDICAL SERGEANT, INDEPENDENT DUTY MEDICAL TECHNICIAN, OR INDEPENDENT HEALTH SERVICES TECHNICIAN), WITHIN 2 MONTHS PRIOR TO DEPLOYMENT AND WITHIN 3 TIMEFRAMES (3-6, 7-12, AND 16-24 MONTHS) AFTER REDEPLOYMENT. CURRENTLY ADMINISTERED PERIODIC AND OTHER PERSON-TO-PERSON HEALTH ASSESSMENTS, SUCH AS THE POST-DEPLOYMENT HEALTH REASSESSMENT, WILL MEET THE TIME REQUIREMENTS IF THEY CONTAIN ALL PSYCHOLOGICAL AND SOCIAL QUESTIONS IAW REF P.

15.H.6. POST-DEPLOYMENT HEALTH RE-ASSESSMENT (DD FORM 2900). ALL PERSONNEL WHO WERE REQUIRED TO COMPLETE A PRE- AND POST-DEPLOYMENT HEALTH ASSESSMENT WILL COMPLETE A POST-DEPLOYMENT HEALTH REASSESSMENT (DD FORM 2900) 90 TO 180 DAYS AFTER RETURN TO HOME STATION. SEE WWW.PDHEALTH.MIL FOR ADDITIONAL INFORMATION ON PRE- AND POST-DEPLOYMENT HEALTH ASSESSMENTS.

15.I. MEDICAL RECORD. SEE REF C.

15.I.1. DEPLOYED MEDICAL RECORD. THE DD FORM 2766, ADULT PREVENTIVE AND CHRONIC CARE FLOWSHEET, OR EQUIVALENT, WILL BE USED INSTEAD OF DEPLOYING AN INDIVIDUAL'S ENTIRE MEDICAL RECORD.

15.I.1.A. DEPLOYED PERSONNEL (MORE THAN 30 DAYS). DD2766 IS REQUIRED.

15.I.1.B. TDY PERSONNEL (15 – 30 DAYS). DD FORM 2766 IS HIGHLY ENCOURAGED, ESPECIALLY FOR THOSE WHO TRAVEL FREQUENTLY TO THEATER, TO DOCUMENT THEATER-SPECIFIC VACCINES AND CHEMOPROPHYLAXIS, AS REQUIRED.

15.I.1.C. TDY PERSONNEL (LESS THAN 15 DAYS). DD2766 IS NOT REQUIRED.

15.I.1.D. PCS PERSONNEL. FOLLOW SERVICE GUIDELINES FOR MEDICAL RECORD MANAGEMENT.

15.I.2. MEDICAL INFORMATION. THE FOLLOWING HEALTH INFORMATION MUST BE PART OF AN ACCESSIBLE ELECTRONIC MEDICAL RECORD FOR ALL PERSONNEL (SERVICE MEMBERS, CIVILIANS AND CONTRACTORS), OR BE HAND-CARRIED AS PART OF A DEPLOYED MEDICAL RECORD:

15.I.2.A. ANNOTATION OF BLOOD TYPE AND RH FACTOR, G6PD, HIV, AND DNA.

15.I.2.B. CURRENT MEDICATIONS AND ALLERGIES. INCLUDE ANY FORCE HEALTH PROTECTION PRESCRIPTION PRODUCT (FHPPP) PRESCRIBED AND DISPENSED TO AN INDIVIDUAL.

15.I.2.C. SPECIAL DUTY QUALIFICATIONS.

15.I.2.D. ANNOTATION OF CORRECTIVE LENS PRESCRIPTION.

15.I.2.E. SUMMARY SHEET OF CURRENT AND PAST MEDICAL AND SURGICAL HISTORY AND CONDITIONS.

15.I.2.F. MOST RECENT DD FORM 2795, PREDEPLOYMENT HEALTH ASSESSMENT.

15.I.2.G. DOCUMENTATION OF DENTAL STATUS CLASSES I OR II.

15.I.2.H. IMMUNIZATION RECORD. MEDICAL DEPLOYMENT SITES WILL ENTER IMMUNIZATION DATA THROUGH SERVICE ELECTRONIC TRACKING SYSTEMS, (ARMY-MEDPROS, AIR FORCE-AFCITA, COAST GUARD-MRRS, NAVY-MRRS (ASHORE) OR SAMS (AFLOAT) AND MARINE CORPS-MRRS).

15.J. PRE-DEPLOYMENT TRAINING. SEE REF C.

15.J.1. SCOPE. GENERAL ISSUES TO BE ADDRESSED. INFORMATION REGARDING KNOWN AND SUSPECTED HEALTH RISKS AND EXPOSURES, HEALTH RISK COUNTERMEASURES AND THEIR PROPER EMPLOYMENT, PLANNED ENVIRONMENTAL AND OCCUPATIONAL SURVEILLANCE MONITORING, AND THE OVERALL OPERATIONAL RISK MANAGEMENT PROGRAM.

15.J.2. CONTENT. SHOULD INCLUDE, BUT NOT BE LIMITED TO, THE FOLLOWING AREAS: COMBAT/OPERATIONAL STRESS CONTROL AND RESILIENCE; POST-TRAUMATIC STRESS AND SUICIDE PREVENTION; MILD TRAUMATIC BRAIN INJURY RISK AND IDENTIFICATION; NUCLEAR, BIOLOGICAL, CHEMICAL THREATS; ENDEMIC PLANT, ANIMAL, REPTILE AND INSECT HAZARDS AND INFECTIONS; COMMUNICABLE DISEASES; VECTORBORNE DISEASES; ENVIRONMENTAL CONDITIONS; SAFETY; OCCUPATIONAL HEALTH.

15.K. MEDICAL CBRN DEFENSE MATERIEL (MCDM) / CHEMICAL BIOLOGICAL RADIOLOGICAL NUCLEAR (CBRN) RESPONSE.

15.K.1. MCDM ITEMS. TO PROTECT AGAINST CBRN THREATS WITHIN THE AOR, DEPLOYING UNITS WILL ENSURE THE AVAILABILITY OF THE FOLLOWING TYPES AND QUANTITIES OF MCDM

ITEMS:
15.K.1.A. ANTIDOTE TREATMENT NERVE AGENT AUTOINJECTOR (ATNAA) (6505-01-362-7427); THREE EACH PER DEPLOYING INDIVIDUAL.
15.K.1.B. DIAZEPAM INJECTION (CONVULSANT ANTIDOTE NERVE AGENT - CANA) (6505-01-274-0951); ONE EACH PER DEPLOYING INDIVIDUAL.
15.K.1.C. M291A SKIN DECONTAMINATION KIT OR REACTIVE SKIN DECONTAMINATION LOTION (RSDL). ONE M291A KIT OR ONE POUCH CONTAINING 3 PACKETS OF RSDL PER DEPLOYING INDIVIDUAL.
15.K.1.D. UNITS WILL HAVE AVAILABLE EITHER CIPROFLOXIN 500MG TABS OR DOXYCYCLINE 100MG TABS; SIX TABS PER DEPLOYING INDIVIDUAL OF EITHER MEDICATION (REGARDLESS OF CHOICE, ENSURE ADEQUATE SUPPLY OF SECOND MEDICATION TO ACCOMMODATE INTOLERANCE TO THE DRUG OF FIRST CHOICE). THIS COVERS AN INITIAL DOSAGE TO SUPPORT PROPHYLAXIS AND/OR TREATMENT FOR THREE DAYS PER INDIVIDUAL.
15.K.1.E. INDIVIDUAL DEPLOYERS RECEIVING MCDM ITEMS DURING PRE-DEPLOYMENT PROCESSING WILL TURN IN THESE ITEMS TO THEIR UNIT UPON ARRIVAL IN THE AOR.

15.K.2. CBRN COUNTERMEASURES.

15.K.2.A. TO PROTECT AGAINST POSSIBLE AND POTENTIALLY INDICATED CBRN THREATS WITHIN THE AOR, SERVICE COMPONENTS WILL BPT ACQUIRE AND ISSUE, IAW SERVICE POLICY OR ON ORDER FROM THE CENTCOM COMMANDER, THE FOLLOWING TYPES AND QTYS OF MCDM ITEMS FOR THEIR IN-THEATER FORCES:
15.K.2.B. PYRIDOSTIGMINE BROMIDE (PB) 30MG TABS (SOMAN NERVE AGENT PRETREATMENT PYRIDOSTIGMINE - SNAPP); 42 TABLETS PER DEPLOYED INDIVIDUAL.
15.K.2.B.1. POTASSIUM IODIDE (KI) TABLETS; 14 TABS PER DEPLOYED INDIVIDUAL.
15.K.2.B.2. SERVICE COMPONENTS AND/OR JTFS WITH BASE OPERATING SUPPORT (BOS) RESPONSIBILITY FOR BASES IN THEATER THAT ARE KEY TRANSPORTATION NODES OR R&R SITES WILL ENSURE ADEQUATE AMOUNTS OF THE MCDM ITEMS LISTED IN PARAGRAPH 15.K. ARE PRE-POSITIONED AND STORED TO SUPPORT THE TRANSIENT POPULATION THAT MAY RESIDE OR BE PRESENT AT THESE LOCATIONS FOR ANY PERIOD OF TIME AND ANY INDIVIDUAL DEPLOYERS NOT ATTACHED TO A TROOP UNIT MOVEMENT.

15.L. THEATER FORCE HEALTH PROTECTION.

15.L.1. DISEASE RISK ASSESSMENT.

15.L.1.A. MALARIA DISEASE RISK ASSESSMENT AND GUIDELINES. IN THE ABSENCE OF A LOCAL RISK ASSESSMENT CONDUCTED IAW THE GUIDANCE PROVIDED IN PARAGRAPH 15.L.1.B., THE FOLLOWING COUNTRIES AND TIMEFRAMES REQUIRE CHEMOPROPHYLAXIS. THESE ARE MINIMUM REQUIREMENTS.
15.L.1.A.1 AFGHANISTAN: MARCH THROUGH NOVEMBER.
15.L.1.A.2. PAKISTAN: YEAR ROUND.
15.L.1.A.3. TAJIKISTAN: APRIL THROUGH OCTOBER.
15.L.1.A.4. YEMEN: YEAR ROUND.
15.L.1.B. LOCAL COMPONENT/JTF SURGEONS ARE ENCOURAGED TO CONDUCT EVIDENCE-BASED ENTOMOLOGICAL AND EPIDEMIOLOGICAL ASSESSMENTS OF MALARIA RISK AT FIXED BASES WHERE SIGNIFICANT NUMBERS OF PERSONNEL ARE ASSIGNED FOR PROLONGED PERIODS. IN CONDUCTING SUCH A RISK ASSESSMENT, SURGEONS SHOULD REVIEW THE MOST RECENT ASSESSMENTS AND RISK MAPS PRODUCED BY THE NATIONAL CENTER FOR MEDICAL INTELIGENCE (NCMI). THIS INFORMATION CAN BE ACCESSED ON UNCLASSIFIED WEBSITE HTTPS://WWW.INTELINK.GOV/NCMI/INDEX.PHP. PRODUCTS CAN ALSO BE ACCESSED ON SIPRNET WEBSITE HTTP://WWW.AFMIC.DIA.SMIL.MIL. BASED ON NCMI RISK ASSESSMENTS, RECOMMENDATIONS FOR MODIFIED CHEMOPROPHYLAXIS POLICY WILL BE PROVIDED TO COMMANDERS USING THE FOLLOWING GUIDELINES. SEE REF DD.
15.L.1.B.1. AREAS WHERE THE PROJECTED ATTACK RATES ARE 1-10 PERCENT PER MONTH OR GREATER: CHEMOPROPHYLAXIS IS REQUIRED.
15.L.1.B.2. AREAS WHERE THE PROJECTED ATTACK RATE IS "A SMALL NUMBER OF CASES (LESS THAN 1 PER 100 PER MONTH)": MALARIA CHEMOPROPHYLAXIS IS GENERALLY INDICATED FOR FIELD OPERATIONS AND RURAL EXPOSURES.
15.L.1.B.3. AREAS WHERE NCMI ASSESSES THE PROJECTED ATTACK RATE TO BE "RARE CASES (LESS THAN 1 PER 1000 PER MONTH)", CHEMOPROPHYLAXIS IS NOT ALWAYS

INDICATED. PERSONAL PROTECTIVE MEASURES MAY PROVIDE SUFFICIENT PROTECTION. THE DECISION TO USE CHEMOPROPHYLAXIS SHOULD BE BASED ON SPECIFIC MISSION PARAMETERS.

15.L.1.B.4. MANEUVER FORCES WITH INTERMITTENT AND UNPREDICTABLE EXPOSURES TO RISK AREAS SHOULD EMPLOY CHEMOPROPHYLAXIS BASED ON THE HIGHEST RISK AREAS. UNITS AND INDIVIDUALS WITH VERY SHORT TERM EXPOSURE (I.E., AIRCREW NOT STATIONED IN THE AOR) SHOULD HAVE RISK AND CHEMOPROPHYLAXIS USE DETERMINED IAW SERVICE POLICY.

15.L.1.B.5. THE LOCAL COMPONENT/JTF POLICIES WILL BE SENT TO THE USCENTCOM SURGEON'S OFFICE, AND STORED ON THE COMMAND SURGEON HOME PAGE HTTP://WWW.NONREL.CIE.CENTCOM.SMIL.MIL/SITES/ORGANIZATION/SPECIALSTAFF/SG/DEFAULT.ASPX UNDER THE FORCE HEALTH PROTECTION LINK, UNDER THE SUB-LINK MALARIA POLICIES.

15.L.2. MALARIA CHEMOPROPHYLACTIC UTILIZATION.

15.L.2.A. ALL THERAPEUTIC/CHEMOPROPHYLACTIC MEDICATIONS, INCLUDING ANTIMALARIALS AND MCDM WILL BE PRESCRIBED IAW FDA GUIDELINES, REF C, CC, DD AND EE.

15.L.2.B. DOXYCYCLINE OR ATOVAQUONE/PROGUANIL (MALARONE®) ARE ACCEPTABLE AS THE PRIMARY MALARIA CHEMOPROPHYLACTIC AGENT. UNITS MAY SELECT BASED ON UNIT UNIFORMITY, SIDE-EFFECT PROFILE, PHARMACOKINETICS, INDIVIDUAL TOLERANCE, OR DESIRE FOR SIDE BENEFITS SUCH AS THE ANTIBACTERIAL ACTIVITY OF DOXYCYCLINE, AS WELL AS COST (MALARONE® IS SIGNIFICANTLY MORE EXPENSIVE THAN DOXYCYCLINE). INDIVIDUALS WITH CONTRAINDICATIONS TO DOXYCYCLINE AND ATOVAQUONE/PROGUANIL MAY BE PRESCRIBED MEFLOQUINE ONCE SCREENED FOR ANY CONTRAINDICATIONS. OTHER FDA APPROVED AGENTS MAY BE USED TO MEET SPECIFIC SITUATIONAL REQUIREMENTS.

15.L.2.C. PERSONNEL SHOULD DEPLOY WITH THEIR ENTIRE COURSE OF MALARIA CHEMOPROPHYLAXIS IN HAND (INCLUDING TERMINAL PRIMAQUINE). THIS COURSE INCLUDES: THE ENTIRE AT-RISK PERIOD (AS DEFINED IN SECTION 15.L.1.B.); THE PRE-EXPOSURE PERIOD (E.G., 2 DAYS FOR DOXYCYCLINE AND MALARONE®, 2 WEEKS FOR MEFLOQUINE); AND THE TERMINAL PROPHYLAXIS PERIOD (E.G., 2 WEEKS OF PRIMAQUINE, PLUS EITHER 4 WEEKS OF DOXYCYCLINE OR MEFLOQUINE, OR 1 WEEK OF MALARONE®).

15.L.2.D. ONCE THE DISEASE TRANSMISSION PERIOD IS TERMINATED, TERMINAL PROPHYLAXIS WITH PRIMAQUINE IS INDICATED FOR ALL COUNTRIES IN THE USCENTCOM AOR WHERE P. VIVAX AND P. OVALE MALARIA ARE TRANSMITTED AND WHERE CHEMOPROPHYLAXIS WAS ADMINISTERED (UNLESS SPECIFICALLY STATED BY LOCAL COMPONENT/JTF SURGEON GUIDANCE). INDIVIDUALS WHO ARE NOTED TO BE G6PD-DEFICIENT, IAW PARAGRAPH 15.G.3., WILL NOT BE PRESCRIBED PRIMAQUINE. INDIVIDUALS SHOULD REMAIN ON MALARIA CHEMOPROPHYLAXIS UNTIL SUCH TIME THAT THEY CAN BEGIN PRIMAQUINE AND THEN CONTINUE BOTH FOR THE PRESCRIBED DURATION. PROVIDERS SHOULD BE AWARE THAT PRIMAQUINE DOSING RECOMMENDATIONS OFTEN REFER TO THE BASE INGREDIENT (PRIMAQUINE PHOSPHATE 26.3MG TABLETS CONTAIN 15MG OF PRIMAQUINE BASE).

15.L.2.E. INFORM PERSONNEL THAT MISSING ONE DOSE OF MEDICATION OR NOT USING THE DOD INSECT REPELLENT SYSTEM WILL PLACE THEM AT INCREASED RISK FOR MALARIA.

15.L.3. PERSONAL PROTECTIVE MEASURES. A SIGNIFICANT RISK OF DISEASE CAUSED BY INSECTS AND TICKS EXISTS YEAR-ROUND IN THE AOR. THE THREAT OF DISEASE WILL BE MINIMIZED BY USING THE DOD INSECT REPELLANT SYSTEM AND BED NETS; HTTP://WWW.AFPMB.ORG. SEE REF CC.

15.L.3.A. PERMETHRIN TREATMENT OF UNIFORMS. UNIFORMS ARE AVAILABLE FOR ISSUE WHICH ARE FACTORY-TREATED WITH PERMETHRIN.THE UNIFORM LABEL INDICATES WHETHER IT IS FACTORY TREATED. UNIFORMS WHICH ARE NOT FACTORY TREATED MAY BE TREATED WITH THE INDIVIDUAL DYNAMIC ABSORPTION (IDA) KIT (NSN: 6840-01-345-0237) OR 2 GALLON SPRAYER PERMETHRIN TREATMENT. A MATRIX OF WHICH UNIFORMS MAY BE EFFECTIVELY TREATED IS AVAILABLE ON THE AFPMB WEBSITE.

15.L.3.B. APPLY DEET CREAM (NSN: 6840-01-284-3982) TO EXPOSED SKIN. ONE APPLICATION LASTS 6-12 HOURS; MORE FREQUENT APPLICATION IS REQUIRED IF HEAVY SWEATING AND/OR IMMERSION IN WATER, ETC.

15.L.3.C. WEAR TREATED UNIFORM PROPERLY TO MINIMIZE EXPOSED SKIN (E.G., SLEEVES DOWN).
15.L.3.D. USE PERMETHRIN TREATED BEDNET PROPERLY TO MINIMIZE EXPOSURE DURING REST/SLEEP PERIODS.
15.L.4. HEALTH SURVEILLANCE. SEE REF C AND GG.
15.L.4.A. JOINT MEDICAL WORKSTATION (JMEWS).
15.L.4.A.1. UNITS WILL USE JMEWS AS THE PRIMARY DATA ENTRY POINT FOR DISEASE AND INJURY (DI) REPORTING. UNITS WILL ENSURE ALL SUBORDINATE UNITS COMPLETE JOINING AND DEPARTING REPORTS AS REQUIRED WITHIN JMEWS.
15.L.4.A.2. UNITS WILL COORDINATE JMEWS TRAINING PRIOR TO DEPLOYMENT FOR APPROPRIATE PERSONNEL TO THE MAXIMUM EXTENT POSSIBLE. CURRENTLY, THE ARMY USES MC4 TRAINERS TO TRAIN JMEWS, THE AIR FORCE USES THEATER MEDICAL INFORMATION PROGRAM (TMIP-AF). INFORMATION MANAGERS, OTHER SERVICES DO NOT HAVE DIRECTED TRAINERS AT THIS TIME.
15.L.4.B. DI SURVEILLANCE.
15.L.4.B.1. THE LIST OF DI REPORTING CATEGORIES, THEIR DEFINITIONS, AND THE ESSENTIAL ELEMENTS OF THE STANDARD DI REPORT CAN BE FOUND IN ENCLOSURE C OF REF GG.
15.L.4.B.2. COMPONENT AND JTF SURGEONS ARE RESPONSIBLE FOR ENSURING UNITS WITHIN THEIR AOR ARE COLLECTING THE PRESCRIBED DNBI DATA AND REPORTING THAT DATA THROUGH THE JMEWS ON A WEEKLY BASIS.
15.L.4.B.3.MEDICAL PERSONNEL AT ALL LEVELS WILL ANALYZE THE DI DATA FROM THEIR UNIT AND THE UNITS SUBORDINATE TO THEM AND MAKE CHANGES AND RECOMMENDATIONS AS REQUIRED TO REDUCE DI AND MITIGATE THE EFFECTS OF DI UPON OPERATIONAL READINESS.
15.L.4.C. PERIODIC OCCUPATIONAL AND ENVIRONMENTAL MONITORING SUMMARY (POEMS).
15.L.4.C.1. AUTHORITY. POEMS IS A JOINT APPROVED PRODUCT USED TO ADDRESS ENVIRONMENTAL EXPOSURE DOCUMENTATION REQUIREMENTS ESTABLISHED BY REFERENCES D AND GG.
15.L.4.C.2. TIMEFRAME. POEMS WILL BE CREATED AND VALIDATED FOR EVERY MAJOR DEPLOYMENT SITE AS SOON AS SUFFICIENT DATA IS AVAILABLE. IN GENERAL, POEMS ARE A SUMMARY OF INFORMATION REFLECTING A YEAR OR MORE OF ENVIRONMENTAL AND OCCUPATIONAL HEALTH DATA TO ENSURE ADEQUATE COLLECTION OF EXPOSURE INFORMATION.
15.L.4.C.3. CLASSIFICATION/PUBLICATION/ACCESS. POEMS WILL BE UNCLASSIFIED BUT POSTED ON THE PASSWORD PROTECTED DEPLOYMENT OCCUPATIONAL AND ENVIRONMENTAL HEALTH SURVEILLANCE DATA PORTAL AT HTTPS://DOEHSPORTAL.APGEA.ARMY.MIL/DOEHRS-OEHS/ WHERE JOINT OCCUPATIONAL ENVIRONMENTAL HEALTH SURVEILLANCE DATA AND REPORTS ARE STORED. THE POEMS TEMPLATE CAN BE FOUND AT HTTP://PHC.AMEDD.ARMY.MIL.
15.L.4.C.4. RESPONSIBILITIES. SERVICE COMPONENTS AND JTFS ARE RESPONSIBLE FOR ENSURING POEMS ARE COMPLETED FOR SITES IN THEIR RESPECTIVE AOR. THEY SHOULD DEVELOP SITE PRIORITIZATION LISTS AND ENLIST THE SUPPORT OF SERVICE PUBLIC HEALTH ORGANIZATIONS (E.G., U.S. ARMY PUBLIC HEALTH COMMAND (USAPHC)) TO DRAFT THE CONTENT OF A SITE POEMS. THE USAPHC OVERSEES THE DATA ARCHIVAL WEBSITE FOR PUBLICATION OF FINAL POEMS AND ASSOCIATED DOCUMENTS; HOWEVER, APPROVAL OF "FINAL" POEMS MUST COME FROM THE SERVICE COMPONENT/JTF FHP OFFICER WITH INPUT FROM PREVENTIVE MEDICINE RESOURCES IN DIRECT OR GENERAL AREA SUPPORT.
15.L.5. REPORTABLE MEDICAL EVENT (RME) SURVEILLANCE. SEE REF I.
15.L.5.A. THE LIST OF DISEASES AND CONDITIONS THAT MUST BE REPORTED CAN BE FOUND IN THE TRI-SERVICE REPORTABLE EVENTS GUIDELINES AND CASE DEFINITIONS AT HTTP://WWW.AFHSC.MIL
15.L.5.B. ADVERSE MEDICAL EVENTS RELATED TO IMMUNIZATIONS SHOULD BE REPORTED THROUGH RME IF CASE DEFINITIONS ARE MET. ALL IMMUNIZATION RELATED UNEXPECTED ADVERSE EVENTS ARE TO BE REPORTED THROUGH THE VACCINE ADVERSE EVENTS REPORTING SYSTEM (VAERS) AT HTTP://WWW.VAERS.HHS.GOV.
15.L.5.C. COMPONENT AND JTF SURGEONS ARE RESPONSIBLE FOR ENSURING UNITS WITHIN

THEIR AO ARE COLLECTING THE APPROPRIATE RME DATA AND REPORTING THAT DATA THROUGH THEIR SERVICE SPECIFIC REPORTING MECHANISMS.
15.L.5.C.1. IT IS ONLY REQUIRED TO COPY CCSG FOR THE FOLLOWING RMES AT CCSG-PMO@CENTCOM.SMIL.MIL OR CCSG-WAIVER@CENTCOM.MIL: ANTHRAX; BOTULISM; CBRN AND TOXIC INDUSTRIAL CHEMICAL/ MATERIAL (TIC/TIM) OEH EXPOSURE; COLD WEATHER/HEAT INJURIES; DENGUE FEVER; HANTAVIRUS DISEASE; HEMORRHAGIC FEVER; HEPATITIS B OR C, ACUTE; MALARIA; MEASLES; MENINGOCOCCAL DISEASE; NOROVIRUS; PLAGUE; PNEUMONIA, EOSINOPHILIC; RABIES, HUMAN; STREPTOCOCCUS, INVASIVE GROUP A; TETANUS; HIV; TUBERCULOSIS, ACTIVE; TYPHOID FEVER; VARICELLA.
15.L.5.D. RME REPORTING IS TO OCCUR AS SOON AS REASONABLY POSSIBLE AFTER THE EVENT HAS OCCURRED. EVENTS WITH BIOTERRORISM POTENTIAL OR RAPID OUTBREAK POTENTIAL ARE CONSIDERED URGENT RME AND IMMEDIATE REPORTING IS REQUIRED.
15.L.6. HEALTH RISK COMMUNICATION. SEE REF C.
15.L.6.A. DURING ALL PHASES OF DEPLOYMENT, PROVIDE HEALTH INFORMATION TO EDUCATE, MAINTAIN FIT FORCES, AND CHANGE HEALTH RELATED BEHAVIORS FOR THE PREVENTION OF DISEASE, ILLNESS, AND INJURY DUE TO RISKY PRACTICES AND UNPROTECTED EXPOSURES.
15.L.6.B. CONTINUAL HEALTH RISK ASSESSMENTS ARE ESSENTIAL ELEMENTS OF THE HEALTH RISK COMMUNICATION PROCESS DURING THE DEPLOYMENT PHASE. MEDICAL PERSONNEL AT ALL LEVELS WILL PROVIDE WRITTEN AND ORAL RISK COMMUNICATION PRODUCTS TO COMMANDERS AND DEPLOYED PERSONNEL FOR MEDICAL THREATS, COUNTERMEASURES TO THOSE THREATS, AND THE NEED FOR ANY MEDICAL FOLLOW-UP.
15.L.6.C. DNBI, RME AND OCCUPATIONAL ENVIRONMENTAL HEALTH (OEH) RISK ASSESSMENTS WITH RECOMMENDED COUNTERMEASURES WILL BE PROVIDED TO COMMANDERS AND DEPLOYED PERSONNEL ON A REGULAR BASIS AS WELL AS A SITUATIONAL BASIS WHEN A SIGNIFICANT CHANGE IN ANY ASSESSMENT OCCURS.
15.L.7. HEALTH CARE MANAGEMENT.
15.L.7.A. ALL CENTCOM CLINICAL PRACTICE GUIDELINES (CPGS) ARE MAINTAINED ON THE THEATER MEDICAL DATA STORE (TMDS) WEBSITE (HTTPS://TMDS.TMIP.OSD.MIL) UNDER THE GUIDELINES / INFO TAB. A TMDS ACCOUNT IS REQUIRED; USERS CAN APPLY FOR AN ACCOUNT AT THIS LINK.
15.L.7.B. USCENTCOM AND COMPONENTS WILL MONITOR IMMUNIZATION COMPLIANCE VIA THE USCENTCOM IMMUNIZATION STATUS REPORTS WEB SITE. SUBORDINATE COMMANDS WILL REQUEST ACCESS TO THE USCENTCOM IMMUNIZATION WEB SITE BY CONTACTING CCSG AT CCSG-WAIVER@CENTCOM.MIL OR CCSG-PMO@CENTCOM.SMIL.MIL.
15.L.7.C. DOCUMENTATION OF ALL MEDICAL AND DENTAL CARE RECEIVED WHILE DEPLOYED WILL BE IAW CENTCOM MEDICAL INFORMATION MANAGEMENT GUIDELINES.
15.L.7.D. DOD CONTRACTORS. A DISQUALIFYING MEDICAL CONDITION AS DETERMINED BY AN IN-THEATER COMPETENT MEDICAL AUTHORITY WILL BE IMMEDIATELY REPORTED TO THE CONTRACTOR EMPLOYEE'S CONTRACTING OFFICER WITH A RECOMMENDATION THAT THE CONTRACTOR BE IMMEDIATELY REDEPLOYED AND REPLACED AT CONTRACTOR EXPENSE.
15.L.7.E. IT IS A COMMANDER'S RESPONSIBILITY TO ENSURE THAT ALL PERSONNEL POTENTIALLY AFFECTED BY A BLAST OR OTHER MANDATORY REPORTING EVENT ARE EVALUATED FOR TRAUMATIC BRAIN INJURY (TBI) BY A MEDICAL PROVIDER AND DOCUMENTATION IS COMPLETED IAW THE CURRENT DIRECTIVE TYPE MEMORANDUM 09-033.
15.L.7.E.1. DOCUMENTATION OF MEDICAL CARE RELATED TO EVALUATION OR TREATMENT OF CONCUSSION/ TBI WILL BE PLACED IN THE ELECTRONIC MEDICAL RECORD.
15.L.8. UNIT MASCOTS AND PETS.
15.L.8.A. LOCAL ANIMALS (E.G., LIVESTOCK, CATS, DOGS, BIRDS, REPTILES, ETC.) ARE CARRIERS AND RESERVIORS FOR MULTIPLE DISEASES TO INCLUDE LEISHMANIASIS, RABIES, Q FEVER, LEPTOSPIROSIS, AVIAN INFLUENZA, DIARRHEAL DISEASE, ETC.
15.L.8.B. PER CENTCOM GENERAL ORDER 1.B, DEPLOYED PERSONNEL WILL AVOID CONTACT WITH LOCAL ANIMALS IN THE DEPLOYED SETTING AND WILL NOT FEED, ADOPT OR INTERACT WITH THEM IN ANY WAY.
15.L.9. FOOD AND WATER SOURCES.
15.L.9.A. ALL WATER (INCLUDING ICE) IS CONSIDERED NON-POTABLE UNTIL TESTED AND

APPROVED BY APPROPRIATE MEDICAL PERSONNEL.
15.L.9.B. NO FOOD SOURCES WILL BE UTILIZED UNLESS INSPECTED AND APPROVED BY U.S. VETERINARY PERSONNEL.
15.L.9.C. COMMANDERS WILL ENSURE THE NECESSARY SECURITY TO PROTECT WATER AND FOOD SUPPLIES AGAINST TAMPERING (FOOD/WATER VULNERABILITY ASSESSMENTS). MEDICAL PERSONNEL WILL PROVIDE CONTINUAL VERIFICATION OF QUALITY AND PERIODIC INSPECTION OF STORAGE AND PREPARATION FACILITIES.
15.L.9.D. THE FORCE HEALTH PROTECTION REQUIREMENTS CAN BE USED AS GUIDANCE FOR FAMILY MEMBERS AND OTHER CATEGORIES NOT PREVIOUSLY MENTIONED. ADDITIONAL IMMUNIZATIONS OR HEALTH SCREENING MAY BE INDICATED AFTER EVALUATING AN INDIVIDUAL'S RISK FACTORS, MEDICAL RECORD AND ASSIGNMENT LOCATION. THESE CONCERNS SHOULD BE ADDRESSED BETWEEN THE PATIENT AND THEIR PRIMARY CARE PROVIDER PRIOR TO TRAVELING OVERSEAS.
15.M. ALL OTHER INSTRUCTIONS AND GUIDANCE SPECIFIED IN INITIAL POLICY MESSAGE REMAIN IN EFFECT. MOD TEN IS NOW INVALID.
15.N. THE USCENTCOM POC FOR PREVENTIVE MEDICINE/FORCE HEALTH PROTECTION IS CCSG, DSN 312-529-0345; COMM: 813-529-0345; SIPR: CCSG-PMO@CENTCOM.SMIL.MIL; NIPR: CCSG-WAIVER@CENTCOM.MIL //
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PPG-TAB A: AMPLIFICATION OF THE MINIMAL STANDARDS OF FITNESS FOR DEPLOYMENT TO THE CENTCOM AOR; TO ACCOMPANY MOD ELEVEN TO USCENTCOM INDIVIDUAL PROTECTION AND INDIVIDUAL/UNIT DEPLOYMENT POLICY

1. General. This PPG-TAB A accompanies MOD ELEVEN, Section 15.C. and provides amplification of the minimal standards of fitness for deployment to the CENTCOM AOR, including a list of medical conditions that may be sufficient to deny medical clearance for or to disapprove deployment of a service member, civilian employee, volunteer, or contractor's employee. The list of deployment-limiting conditions is not comprehensive; there are many other conditions that may result in denial of medical clearance for deployment. Possession of one or more of the conditions listed in this tab does not automatically imply that the individual may not deploy. Rather, it imposes the requirement to obtain a knowledgeable physician's opinion as to the deployability status of the individual. "Medical conditions" as used here also include those health conditions usually referred to as dental, oral, psychological and/or emotional.

A. Uniformed Service Members will be evaluated for fitness according to service regulations and policies, in addition to the guidance in the parent PPG Modification (MOD). See MOD ELEVEN REF E, F, G, H, O, Q and HH.

B. DoD civilian personnel with apparently disqualifying medical conditions could still possibly deploy based upon an individualized medical assessment (which shall be consistent with subparagraph 4.g.(3)(c) of DoDD 1404.10 and The Rehabilitation Act of 1973, as amended), if all of these conditions are met:

1. The condition is not of such a nature or duration that an unexpected worsening or physical trauma is likely to have a grave medical outcome or negative impact on mission execution.

2. The condition is stable and reasonably anticipated by the pre-deployment medical evaluator not to worsen during the deployment in light of physical, physiological, psychological, and nutritional effects of the duties and location.

3. Any required, ongoing health care or medications anticipated to be needed for the duration of the deployment are available in theater within the Military Health System. Medication must have no special handling, storage, or other requirements (e.g., refrigeration, cold chain, or electrical power requirements). Medication must be well tolerated within harsh environmental conditions (e.g. heat or cold stress, sunlight) and should not cause significant side effects in the setting of moderate dehydration.

4. There is no need for routine evacuation out of theater for continuing diagnostics or other evaluations. (All such evaluations must be accomplished before deployment.)

5. It is determined, based upon an individualized assessment, that the employee can perform the essential functions of the position in the deployed environment, with or without a reasonable accommodation, without causing undue hardship. In evaluating undue hardship, the nature of the accommodation and the location of the deployment must be considered. Further, the employee's medical condition must not pose a significant risk of substantial harm to the employee or others taking into account the condition of the relevant deployed environment. See REF Q.

2. The provider evaluating personnel for deployment must bear in mind that in addition to the individual's duties, the environmental conditions that may impact health include extremes of temperature, physiologic demand (water, mineral, salt, and heat management), and poor air quality (especially particulates), while the operating conditions impose extremes of diet (to include fat, salt, and caloric levels), sleep

deprivation, emotional stress, and sleep disturbance. If maintaining an individual's health requires avoidance of these extremes or conditions, she/he should not deploy.

3. The rules and facts listed in paragraph 2 should assist the evaluating medical authority to make qualified judgments as to whether an individual with an existing condition is suitable for deployment. Any condition that markedly impairs an individual's daily function is grounds for disapproval. Evaluation of functional capacity to determine fitness in conditions of physiologic demand is encouraged to make a decision, such as graded exercise testing when there is coronary artery disease or significant risk thereof. The evaluating provider should pay special attention to hematologic, cardiovascular, pulmonary, orthopedic, neurological, endocrine, dermatological, psychological, visual, and auditory conditions which may present a hazard to the individual or others and/or preclude performing functional requirements in the deployed setting. Also, the type and amount of medications being taken, their suitability, and availability in the theater environment must be considered as potential limitations.

4. The guidance in this document should not be construed as authorizing use of defense health program or military health system resources for such evaluations unless previously authorized. Generally, defense health program or military health system resources are not authorized for the purpose of pre-deployment or travel medicine evaluations for contractor employees. Local command, legal, and resource management authorities should be consulted for questions on this matter.

5. Shipboard operations that are not anticipated to involve operations ashore are exempt from the deployment-limiting medical conditions listed below and will follow Service specific guidance.

6. The general guidance from MOD ELEVEN section 15C applies to:

A. All personnel (uniformed service members, government civilian employees, volunteers, and DoD contractor employees) deploying to theater must be medically and psychologically fit for deployment and possess a current Periodic Health Assessment (PHA) or physical. Fitness specifically includes the ability to accomplish tasks and duties unique to a particular operation and the ability to tolerate environmental and operational conditions of the deployed location.

B. The existence of a chronic medical condition may not necessarily require a waiver to deploy. Personnel with existing conditions, **other than those outlined in this document**, may deploy if either:

1. An approved medical waiver, IAW Section 15.C.3., is documented in the medical record.

OR

2. All of the following conditions are met:

a) The condition(s) is/are not of such a nature that an unexpected worsening or physical trauma is likely to have a medically grave outcome.

b) The condition(s) is/are stable; that is, currently under medical care, and reasonably anticipated by the pre-deployment medical evaluator not to worsen during the deployment under available care in theater, in light of physical, physiological, psychological and nutritional impacts and effects of the duties, location, and limited medical capabilities at the location. **For most conditions, 90 days is a reasonable timeframe to determine stability, subject to the provider's judgment.**

c) Any required ongoing health care or medications must be available in theater within the military health system for DoD personnel or the contractor health care system for contingency contractor personnel, unless specifically authorized in the contracting officer's Letter of Authorization and the synchronized pre-deployment operational tracker database and have no special handling, storage, or other requirements (e.g., refrigeration/cold chain, electrical power, etc.).

d) There is no need or anticipation of duty limitations that preclude performance of duty or an accommodation imposed by the medical condition.

e) There is no need for routine evacuation out of theater for continuing diagnostics or other evaluations (all such evaluations must be accomplished prior to deployment).

7. Documented medical conditions precluding medical clearance. A list of all possible diagnoses and their severity that may cause an individual to be non-deployable would be too expansive. *Rather than relying solely on a specific list of medical conditions, the medical evaluator must carefully consider whether the climate, altitude, nature of available food and housing, availability of medical, behavioral health, dental, surgical, and laboratory services, or whether other environmental and operational factors may be hazardous to the deploying person's health because of a known physical or psychological condition.* The following list of conditions should not be considered exhaustive. Other conditions may render an individual medically non-deployable (see paragraph 6). Medical clearance to deploy with any of the following documented medical conditions may be granted, except where otherwise noted, IAW MOD ELEVEN Section 15.C. If an individual is found deployed with a *pre-existing* non-deployable condition and without a waiver for that condition, a waiver request to remain deployed should be submitted to the respective component surgeon. If the waiver request is denied, the individual will be redeployed out of the CENTCOM AOR. **Individuals with the following conditions should not deploy (unless a waiver is approved):**

A. General Conditions / Restrictions:

1. Conditions that prevent the wear of personal protective equipment, including protective mask, ballistic helmet, body armor, and chemical/biological protective garments.
2. Conditions that prohibit required theater immunizations (other than smallpox & anthrax per current guidance) or medications (such as antimalarials, chemical and biological antidotes, and other chemoprophylactic antibiotics).
3. Any medical condition that requires frequent clinical visits (more than quarterly) or ancillary tests (more than twice/year), that fails to respond to adequate conservative treatment, necessitates significant limitation of physical activity, or constitutes increased risk of illness, injury, or infection.
4. Any unresolved acute illness or injury that would impair one's duty performance during the duration of the deployment.
5. Any medical condition that requires durable medical equipment or appliances (e.g., Nebulizers, TENS, catheters, spinal cord stimulators) or that requires periodic evaluation/treatment by medical specialists not readily available in theater.

B. Specific Medical Conditions:

1. Asthma that has a Forced Expiratory Volume-1 $\leq$ 50% of predicted despite appropriate therapy, that has required hospitalization in the past 12 months, or that requires daily systemic (not inhaled) steroids. Asthma that has been well controlled for 6 months and is evaluated to pose no risk of deterioration in the deployed environment may be considered for waiver.
2. Seizure disorder, either within the last year or currently on anticonvulsant medication for prior seizure disorder/activity. Persons on a stable anticonvulsant regimen, who have been seizure-free for 6 months, may be considered for waiver.
3. Diabetes mellitus, type 1 or 2, on pharmacotherapy or with $HgA_1C > 7.0$.
   a. **Type 1 diabetes or insulin-requiring type 2 diabetes. Individualized assessment required.**
   b. Type 2 diabetes, on oral agents only, with no change in medication within the last 90 days and HgA1C $\leq$ 7.0 does not require a waiver if the calculated 10-year Framingham coronary heart disease risk percentage is less than 15%. If the calculated 10-year risk is 15% or greater, further evaluation is required prior to waiver submission. See C.8. for more detailed instructions.
4. History of heat stroke. Persons with a history of heat stroke with no multiple episodes, no persistent sequelae or organ damage and no episode within the last 24 months may be considered for waiver.

5. Meniere's disease or other vertiginous/motion sickness disorder, unless well controlled on medications available in theater.

6. Recurrent syncope for any reason.

7. Any musculoskeletal condition that significantly impairs performance of duties in a deployed environment.

8. Renalithiasis, recurrent or currently symptomatic.

9. Pregnancy. **Individualized assessment required.**

10. Obstructive sleep apnea (OSA). The OSA should be documented/ diagnosed with in-laboratory polysomnography, with a minimum of 2 hours of total sleep time, that yields an apnea-hypopnea index (AHI), and/or respiratory disturbance index (RDI), of greater than 5 / hour. Individuals who are treated with continuous positive airway pressure (CPAP) should deploy with a machine that has rechargeable battery back-up and sufficient supplies for the duration of the deployment. Individuals deploying to a location where their sleep environment has unfiltered air will typically not be granted waivers if a waiver is otherwise required per the guidance below. Advanced modes of airway pressure (adapt-servo ventilation, BIPAP, etc.) are not permitted in theater. The following guidelines are designed to ensure that individuals with OSA are adequately treated and that their condition is not of the severity that would pose a safety risk should they be required to go without their CPAP for a significant length of time.

a. OSA of any severity, if symptomatic despite treatment, is non-deployable. **Individualized assessment required.**

b. OSA with an AHI and/or RDI ≥ 30/hr post-treatment requires a waiver for deployment to any location in the AOR.

c. OSA with an AHI and/or RDI < 30/hr post-treatment does NOT require a waiver to deploy, except to Afghanistan or Yemen.

d. Mild OSA (AHI and/or RDI < 15/hr) with or without CPAP treatment is deployable. **No waiver required.**

11. History of clinically diagnosed traumatic brain injury (mTBI/TBI) of any severity, including mild. Such history does not necessitate a waiver request, but does require pre-deployment evaluation, which may include both neurologic and psychologic components, in accordance with the Joint Theater Trauma System (JTTS) Clinical Practice Guideline (CPG). This CPG can be found at www.usaisr.amedd.army.mil/cpgs.html. Individuals who have had three clinically diagnosed TBIs (of any severity, including mild) since their last full neurologic/psychologic CPG-defined evaluation are required to have such an evaluation completed prior to deployability determination.

12. BMI > 35 with serious comorbidities such as diabetes, sleep apnea, obesity-related cardiomyopathy, or severe joint disease.

C. Cardiovascular Conditions:

1. Symptomatic coronary artery disease. Also, see C.8.

2. Myocardial infarction within one year of deployment. Also, see C.8.

3. Coronary artery bypass graft, coronary artery angioplasty, carotid endarterectomy, other arterial stenting, or aneurysm repair within one year of deployment. Also, see C.8.

4. Cardiac dysrhythmias or arrhythmias, either symptomatic or requiring medication, electro-physiologic control, or automatic implantable cardiac defibrillator. Implantable cardiac devices: **Individualized assessment required.**

5. Hypertension that is controlled with a medication regimen that has been stable for 90 days and requires no changes, does not require a waiver. Single episode hypertension found on predeployment physical should be accompanied by serial blood pressure checks to ensure hypertension is not persistent.

6. Heart failure or history of heart failure.

7. Morbid obesity (BMI $\geq$ 40) in accordance with National Heart Lung and Blood Institute guidelines. **Individualized assessment required.** Military personnel in compliance with service body fat guidelines do not require a waiver.

8. Civilian personnel who are 40 years of age or older must have a Framingham 10-year CHD risk percentage calculated (online calculator available at http://hp2010.nhlbihin.net/atpiii/calculator.asp?usertype=prof). If the individual's calculated 10-year CHD risk is 15% or greater, the individual should be referred for further cardiology work-up and evaluation, to include at least one of the following: graded exercise stress test; myocardial perfusion scintigraphy; or stress echocardiography. Results of the evaluation (physical exam, Framingham results, etc.) and testing, along with the evaluating physician's recommendation regarding deployment, should be included in a waiver request to deploy.

9. Hyperlipidemia that is controlled (Total Cholesterol < 240, LDL< 160, Triglycerides< 500) with a medication regimen that has been stable for 90 days and requires no changes, does not require a waiver.

D. Infectious Disease:

1. Blood-borne diseases (Hepatitis B, Hepatitis C, HTLV) that may be transmitted to others in a deployed environment. Waiver requests for persons testing positive for a blood borne disease should include a full test panel for the disease, including all antigens, antibodies and viral load.

2. Confirmed HIV infection is disqualifying for deployment, IAW References Y and Q, service specific policies, and agreements with host nations.

3. Latent tuberculosis, including those who are untreated or who are currently under treatment. Waiver requests for deployment of such individuals should include specific information regarding treatment, where they are in the treatment course, documentation of lack of adverse treatment effects, and feasibility of continued treatment in theater. Documentation should include a chest x-ray negative for active disease within 90 days of deployment, and counseling on increased risk of disease if untreated. Active duty TST convertors who have documented completion of public health nursing counseling for LTBI treatment may deploy without waiver as long as all service specific requirements are met.

4. Active tuberculosis. **Individualized assessment required.**

E. Eye, Ear, Nose, Throat, Dental Conditions:

1. Vision loss. Best corrected visual acuity must meet job requirements to safely perform duties. Bilateral blindness or visual acuity that is unsafe for the combat environment. **Individualized assessment required.**

2. Refractive eye surgery. Personnel who have had laser refractive surgery must have a satisfactory period for post-surgical recovery before deployment. There is a large degree of patient variability which prevents establishing a set timeframe for full recovery. The attending ophthalmologist or optometrist will determine when recovery is complete.

a. Personnel are non-deployable while still using ophthalmic steroid drops post-procedure. **Individualized assessment required.**

b. Photorefractive keratectomy (PRK). Personnel are non-deployable for three months following uncomplicated PRK unless a waiver is granted. Related "surface ablation" procedures such as laser epithelial keratomileusis (LASEK) and epithelial LASIK are to be considered equivalent to PRK. Waiver request should include clearance from treating ophthalmologist or optometrist.

c. Laser assisted in situ keratomileusis (LASIK). Personnel are non-deployable for one month following uncomplicated LASIK unless a waiver is granted. Waiver request should include clearance from treating ophthalmologist or optometrist.

3. Hearing loss. The requirement for use of a hearing aid does not necessarily preclude deployment. However, the individual must have sufficient unaided hearing to perform duties safely IAW Service guidelines. If individuals meet the following criteria, unaided, no waiver is required to deploy:

a. A hearing level no greater than 30dB for either ear (the average of hearing levels at 500, 1000, and 2000 Hz), with no individual level greater than 35dB at these frequencies and no greater than 55dB at 4000 Hz; OR

b. A hearing level no greater than: 30dB at 500 Hz; 25dB at 1000 and 2000 Hz; and 35dB at 4000 Hz in the better ear.

c. An audiogram may not necessarily correlate with an individual's ability to perform duties as determined by an occupational health exam. Waiver requests should be accompanied by a provider's evaluation and assessment of speech recognition and ability to hear and wake up to emergency alarms and hear instructions in the absence of visual cues such as lip reading. Extreme ranges (over 75 dB either ear, at any frequency) of hearing loss should be accompanied by an audiologist's assessment of functionality and Speech Recognition In Noise Test (SPRINT).

4. Tracheostomy or aphonia.

5. Patients without a dental exam within 12 months of deployment, or those who are likely to require evaluation or treatment during the period of deployment for oral conditions that are likely to result in a dental emergency.

a. Individuals being evaluated by a non-DoD civilian dentist should use a DD Form 2813, or equivalent, as proof of dental examination.

b. Individuals with orthodontic equipment require a waiver to deploy. Waiver requests to deploy should include a current evaluation by their treating orthodontic provider and include a statement that wires with neutral force are in place.

F. Cancer:

1. Cancer for which the individual is receiving continuing treatment or requiring frequent subspecialist examination and/or laboratory testing during the anticipated duration of the deployment.

2. Precancerous lesions that have not been treated and/or evaluated and that require treatment/evaluation during the anticipated duration of the deployment.

G. Surgery:

1. Any medical condition that requires surgery (e.g., unrepaired hernia) or for which surgery has been performed and the patient requires ongoing treatment, rehabilitation or additional surgery to remove devices (e.g., external fixator placement).

2. Individuals who have had surgery requiring follow up during the deployment period or who have not been cleared/released by their surgeon (excludes minor procedures).

3. Individuals who have had surgery (open or laparoscopic) within 6 weeks of deployment.

H. Psychiatric Conditions:

1. Psychotic and Bipolar Disorders are disqualifying for deployment. **Individualized assessment required.** For detailed guidance on deployment-limiting psychiatric conditions or psychotropic medications, refer to Health Affairs Policy Memorandum, "Policy Guidance for Deployment-Limiting Psychiatric Conditions and Medications," November 7, 2006.

2. Clinical psychiatric disorders with residual symptoms, or medication side effects, which impair duty performance.

3. Mental health conditions that pose a substantial risk for deterioration and/or recurrence of impairing symptoms in the deployed environment.

4. History of the following: psychiatric hospitalization; suicide attempt; substance (medication, illicit drug, alcohol, inhalant, etc.) abuse or treatment for such abuse. Such history does not necessitate a waiver request, but does require a pre-deployment evaluation by a behavioral health practitioner who is authorized to write profiles in order to make a deployability determination. Waiver requests for such individuals should include the results and recommendation from this evaluation, as well as documentation of completion any formal substance-abuse classes or instruction. For mTBI/TBI, this evaluation is only required if indicated by the JTTS-CPG. See B.11.

a. Substance abuse disorders (not in remission), actively enrolled in Service Specific substance abuse programs. **Individualized assessment required.**

5. Psychiatric disorders with fewer than three months of demonstrated stability from the last change in treatment regimen (medication, either new or discontinued, or dose change). Note: Disorders that have demonstrated clinical stability for three months or greater, without change in therapy, do not require a waiver to deploy. Exceptions to this are noted elsewhere in this document and include specific diagnoses (e.g. bipolar disorder) and specific medications (e.g. antipsychotics).

a. Psychiatric disorders newly diagnosed during deployment do not immediately require a waiver or redeployment. Disorders that are deemed treatable, stable, and having no impairment of performance or safety by a credentialed mental health provider do not require a waiver to remain in theater.

I. Medications – although not exhaustive, use of any of the following medications (specific medication or class of medication) is disqualifying for deployment:

1. Blood modifiers:

a. Therapeutic Anticoagulants: warfarin (Coumadin®). **Individualized assessment required.**

b. Platelet Aggregation Inhibitors or Reducing Agents: clopidogrel (Plavix®), anagrelide (Agrylin®), Dabigatran (Pradaxa®), Note: Aspirin use in theater is to be limited to individuals who have been advised to continue use by their healthcare provider for medical reasons; such use must be documented in the medical record.

c. Hematopoietics: filgrastim (Neupogen®), sargramostim (Leukine®), erythropoietin (Epogen®, Procrit®).

d. Antihemophilics: Factor VIII, Factor IX.

2. Antineoplastics (oncologic or non-oncologic use): e.g., antimetabolites (methotrexate, hydroxyurea, mercaptopurine, etc.), alkylators (cyclophosphamide, melphalan, chlorambucil, etc.), antiestrogens (tamoxifen, etc.), aromatase inhibitors (anastrozole, examestane, etc.), medroxyprogesterone (except use for contraception), interferons, etoposide, bicalutamide, bexarotene, oral tretinoin (Vesanoid®).

3. Immunosuppressants: e.g., chronic systemic steroids.

4. Biologic Response Modifiers (immunomodulators) e.g., abatacept (Orencia®), adalimumab (Humira®), anakinra (Kineret®), etanercept (Enbrel®), infliximab (Remicade®), leflunomide (Arava®), etc.

5. Antipsychotics, except quetiapine (Seroquel®) 25mg at bedtime for sleep.

6. Antimanic (bipolar) agents: e.g., lithium. **Individualized assessment required.**

7. Anticonvulsants, used for seizure control or psychiatric diagnoses.

a. Anticonvulsants (except those listed below) which are used for *non-psychiatric* diagnoses, such as migraine, chronic pain, neuropathic pain, and post-herpetic neuralgia, are not deployment limiting as long as those conditions meet the criteria set forth in this document and accompanying MOD ELEVEN. **No waiver required.**

b. Valproic acid (Depakote®, Depakote ER®, Depacon®, etc.).

c. Carbamazepine (Tegretol®, Tegretol XR®, etc.).

8. Varenicline (Chantix®). **Individualized assessment required.**

9. Opioids, opioid combination drugs, or tramadol (Ultram®), chronic use.

10. Insulin and exenatide (Byetta®). **Individualized assessment required.**

MOD 11 Tab B

CENTCOM Medical Waiver Request

Patient Name (Last, First): DOB: SSN (Last 4):

Previous Deployments: Destination (country): Diagnosis (ICD9):

Age: Sex: Grade: Service: Home Station/Unit:

Years of Service: Active/Reserve/Civilian: MOS/Job Description:

Length of Deployment: Deployment Date: Previous Waivers (Y/N):

Waiver POC Name/E-mail/Phone:

Case Summary (To be completed by provider, including clinical information necessary to make a disposition. See MOD 11 and accompanying PPG-TAB A for required information):

I have reviewed the case summary and hereby submit this request.

Signature: _____

CENTCOM Surgeon / Component Surgeon Response

Waiver Approval: YES NO

Signature: _____

Comments:

For Official Use Only: This document may contain information exempt from mandatory disclosure under the Freedom of Information Act (FOIA) of 1986 {Public Law 99-570, 5 USC 552(B)}. This information is also protected by the Privacy Act of 1974 and the Health Insurance Portability and Accountability Act (HIPAA) of 1996 {Public Law 104-191} and any implementing regulations. It must be safeguarded from any potential unauthorized disclosure. If you are not the intended recipient, please contact the sender by reply e-mail and permanently delete/destroy all copies of the original message. Unauthorized possession and/or disclosure of protected health information may result in personal liability for civil and federal criminal penalties.