OPNAVINST 6100.3A
N17
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OPNAV INSTRUCTION 6100.3A

From: Chief of Naval Operations

Subj: DEPLOYMENT HEALTH ASSESSMENT PROCESS

Ref: (a) DoD Instruction 6490.03 of 11 August 2006
       (b) DoD Health Affairs Memo of 26 July 2012,
           Implementation of Revised Forms DD 2795, DD 2796 and
           DD 2900
       (c) SECNAVINST 6120.3
       (d) SECNAVINST 1770.3D

Encl: (1) Glossary

1. Purpose

    a. To establish policy and procedures to ensure timely and
accurate completion of deployment health assessments for Active
Component (AC) and Reserve Component (RC) Service members, and
to provide the process for reporting compliance to the Chief of
Naval Operations (CNO).

    b. This instruction is revised to clarify processes,
stakeholder responsibilities, and Web links. It is a complete
revision and should be reviewed in its entirety.

2. Cancellation. OPNAVINST 6100.3.

3. Background

    a. References (a) through (d) provide overall Department of
Defense (DoD) and Secretary of the Navy (SECNAV) policy and
authority for Navy to develop, implement, and maintain the
deployment health assessment process. Enclosure (1) provides
glossary terms.

    b. Deployment health assessments are regularly scheduled
DoD-mandated instruments used to screen Service members prior to
deployment, to identify health concerns after deployment, and to
facilitate appropriate care. The deployment health assessments
process supports the DoD health protection strategy to deploy

healthy, fit, and medically-ready forces; minimize illnesses and injuries during deployments; and evaluate and treat physical and psychological problems (and deployment-related health concerns) following deployment. The process is designed to identify health concerns that require further assessment or treatment as appropriate.

c. Deployment health assessments conducted at critical milestones in the deployment process are key components in monitoring the health of Service members. Service members often rate their general health as worse several months after returning from deployment than they do immediately upon redeployment.

d. Deployment health assessments consist of three components:

(1) DD 2795 Pre-deployment Health Assessment;

(2) DD 2796 Post Deployment Health Assessment (PDHA); and

(3) DD 2900 Post Deployment Health Re-assessment (PDHRA).

e. Deployment health assessments augment the periodic health assessment and are not intended as a substitute.

f. For the purposes of this instruction, the terms deployment and redeployment are defined as follows:

(1) Deployment, as defined by Joint Publication 1-02, is the relocation of forces and materiel to desired operational areas. For deployment health assessment purposes, this is limited to periods of greater than 30 days.

(2) Redeployment is the return of personnel from deployment to the home or demobilization station for reintegration or out-processing.

4. Applicability. AC and RC Service members are deploying, deployed, and re-deployed under one or more of the following conditions:

a. Deployment ashore of more than 30 days with duties involving operations outside the continental United States without a fixed U.S. military medical treatment facility (MTF).

b. The combatant commander, Service component commander, or commander exercising operational control determines a health threat exists regardless of deployment area, duration, or MTF support (e.g., a deployed ship conducts operations that may expose Service members to contaminants, disease, or traumatic events).

5. <u>Policy</u>

a. The appropriate deployment health assessments shall be completed electronically by the Service member in the required timeframe. Per reference (a), the assessment shall be reviewed and certified by a healthcare provider (i.e., physician, physician assistant, nurse practitioner, advance practice nurse, independent duty corpsman, independent duty medical technician, or special forces medical sergeant) following a face-to-face interview with the Service member. Exceptions to face-to-face interviews are made for AC and RC Service members who are stationed remotely. These personnel may utilize the DoD-sponsored PDHRA call center at 1-888-734-7299 to complete their deployment health assessments.

(1) The DD 2795 shall be administered at home station or at a Navy mobilization processing site (NMPS) no earlier than 120 days prior to the expected deployment date per reference (b).

(2) The DD 2796 shall be completed as close to the redeployment date as possible, but not earlier than 30 days before the expected redeployment date and not later than 30 days after redeployment; and, for RC Service members, before they are released from active duty.

(3) The DD 2900 shall be administered and completed 90 to 180 days after redeployment.

(a) Service members who deploy for more than one 30 day period in 12 months (frequent deployers) shall receive the PDHRA concurrent with their annual periodic health assessment per reference (c).

(b) Service members who received wounds or injuries, that required hospitalization or extended treatment at an MTF before returning to their home station, shall have their re-assessment conducted 90 to 180 days after returning to the home station.

b. Service members who are in a medical hold status shall complete their deployment health assessments in the timeframe prescribed in subparagraph 5a of this instruction.

c. Service members who are overdue for a periodic health assessment, DD 2796 or DD 2900, cannot complete the NAVPERS 6110/3 Physical Activity Risk Factor Questionnaire in the Physical Readiness Information Management System, and shall not participate in the semi-annual physical readiness test until both requirements are met.

d. All deployment health assessments must be completed and submitted electronically at https://data.nmcphc.med.navy.mil/edha//. Service members supported by U.S. Army or Air Force medical providers can use the Army's Medical Protection System or Air Force's Aeromedical Services Information Management System. A printed copy of the completed assessment form that has been electronically signed by a healthcare provider shall be kept in the Service member's medical treatment record. (If accessing the Web site from a Navy Marine Corps Intranet computer is difficult, update Windows Explorer security settings by selecting "Internet options," "Advanced" tab, and ensuring "SSL 2.0," "SSL 3.0" and "TLS 1.0" are checked.)

6. Responsibilities

    a. Deputy Chief of Naval Operations (Manpower, Personnel, Training, and Education (CNO (N1)) shall:

        (1) Develop and maintain deployment health assessment policy.

        (2) Provide quarterly compliance reports to CNO.

(3) Ensure a management information system (Medical Readiness Reporting System (MRRS)) supports the deployment health assessment reporting process and provides the capability to pull Navywide and drill-down reports.

(4) Maintain interface with Navy and DoD information systems that support the deployment health assessment process.

b. Commander, U.S. Fleet Forces Command (COMUSFLTFORCOM) (executive agent and supported command) shall:

(1) Develop implementing guidance that ensures deploying personnel are briefed on deployment health threats and are trained and equipped with necessary countermeasures as required by reference (a).

(2) Provide quarterly compliance reports to Office of the Chief of Naval Operations, Navy 21st Century Sailor Office (OPNAV (N17)), by the 30th of the month following the end of each quarter.

(3) Monitor compliance and ensure policy enforcement.

c. Navy Bureau of Medicine and Surgery (BUMED) shall:

(1) Provide command-level medical-related support services necessary for Service members to complete deployment health assessments.

(2) Maintain deployment health centers necessary to provide adequate support for Service members to complete pre-deployment health assessment, PDHA, and PDHRA process.

(3) Ensure individual medical readiness data (physical health assessments, immunizations, etc.) is accurate and up-to-date to facilitate smooth deployment processes.

(4) Provide OPNAV (N17) medical policy guidance related to the deployment health assessment process.

(5) Navy and Marine Corps Public Health Center (NMCPHC) is responsible for maintaining the Electronic Deployment Health Assessment (EDHA) database and performing analysis as necessary on deployment health assessments information.

(6) Validate deployment health assessment status during annual physical health assessment. An incomplete deployment health assessment requirement will result in an incomplete physical health assessment, which is required to participate in the physical readiness test portion of the current physical fitness assessment cycle. Unless medically waived, the physical readiness test shall be recorded as a failure.

(7) Provide appropriate education and training on deployment health assessments policy, medical guidelines and procedures, and information technology systems (EDHA and MRRS) to healthcare providers.

(8) Support operational commands as follows:

(a) Use MRRS to identify Service members who require deployment health assessments.

(b) Send lists of identified Service members to designated command representative responsible for monitoring deployment health assessment compliance.

(c) Provide health record review for deployment health assessment deficiencies upon check-in and check-out. Deployment health assessment review should be a stand-alone item on the medical check-in and check-out sheet.

d. Echelon 2 commands (supporting commands) shall:

(1) Submit monthly reports to COMUSFLTFORCOM.

(2) Monitor and ensure deployment health assessments compliance for all personnel who require deployment health assessments.

e. Commanding officers shall ensure:

(1) Service members deploying to areas requiring physical health assessments are briefed on deployment health threats and the need to complete assessments. Ensure Service members are trained in the tools and assets available for deployment and post deployment healthcare support.

(2) Service members complete a DD 2795 within 120 days of expected deployment date.

(3) Service members complete a DD 2796 within 30 days before or after redeployment.

(4) Service members complete the DD 2900 between 90 and 180 days after redeployment.

(a) Active duty Service members stationed remotely from an MTF may call the DoD sponsored PDHRA call center at 1-888-734-7299.

(b) Reserve PDHRA screening is contracted through DoD Health Affairs either at a Navy operational support center (NOSC)-coordinated onsite screening event or by calling the DoD sponsored PDHRA call center at 1—888-734-7299. Per reference (d), reserve members indicating health issues on the PDHRA may be approved for a one-time line of duty authorization for a medical evaluation to determine if a condition which requires treatment, exists.

(5) Service members receive the appropriate follow up care for any health concerns identified in the PDHA and PDHRA in coordination with medical providers.

(6) Deployment health assessment status is validated as part of check-in and check-out processing. Deployment health assessment check should be a stand-alone item on the check-in and check-out sheet.

f. NMPS shall ensure:

(1) All reporting Service members complete, or have completed, their DD 2795 and ensure follow-up for any identified concerns. All conditions resulting in a non-deployable determination shall be documented for further follow-up by Service members' primary care physician upon return to the parent command or NOSC.

(2) Individual augmentee (IA) redeploying Service members (AC and RC) complete DD 2796. RC Service members indicating issues on the PDHA shall be processed per reference

(c). AC Service members indicating issues shall receive appropriate documentation for treatment by their primary care physician upon return to their parent command.

(3) Service members complete the online deployment health assessment and execute appointments with a medical provider. Service members shall report healthcare concerns and complete any recommended referrals.

(4) Organizations listed in subparagraphs 6a through 6f above provide appropriate resources, staff, and funding as required.

7. Training and Resources

a. For information regarding the deployment health centers and assessments, contact BUMED, via e-mail, at pdhra@med.navy.mil.

b. Additional deployment health assessment-related information is available at http://www.pdhealth.mil.

c. For assistance with the EDHA Web application, commercial: (757) 953-0717 or Defense Switched Network (DSN) 377, or via e-mail: edha@nehc.mar.med.navy.mil.

d. MRRS is the commander's tool to monitor deployment health assessment compliance. For access or assistance with MRRS, contact Navy Personnel Command, Distribution Management (PERS-45) MRRS Program Coordination Office, at commercial: (901) 874-4869 or DSN 882.

e. Access the Armed Forces Health Surveillance Center, Medical Surveillance Monthly Report at: http://www.afhsc.mil/home for current comprehensive military health surveillance information.

8. Records Management. Records created as a result of this instruction, regardless of media and format, shall be managed per SECNAV M-5210.1 of January 2012.

9. Forms and Reports

    a. The following electronic forms can be accessed on the
NMCPHC Web site, http://www.nmcphc.med.navy.mil/edha/:

        (1) DD 2795 Pre-deployment Health Assessment.

        (2) DD 2796 Post Deployment Health Assessment.

        (3) DD 2900 Post Deployment Health Re-assessment.

    b. The reporting requirements contained within this
instruction are exempt from reports control per SECNAV M-5214.1
of December 2005, part IV, subparagraph 7p.

    c. The deployment health assessment compliance report is
available within the MRRS at
https://mrrs.sscno.nmci.navy.mil/mrrs.

                          W. F. MORAN
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Distribution:
Electronic only, via Department of the Navy Issuances Web site
http://doni.documentservices.dla.mil/

GLOSSARY

1. Active Component (AC). General category assignment for Service members that are normally on active duty (i.e., U.S. Navy, full-time support).

2. Deployment. The relocation of forces and materiel to desired operational areas. Deployment encompasses all activities from origin or home station through destination, specifically including intra-continental United States, intertheater, and intratheater movement legs, staging, and holding areas.

3. Deployment Health Assessment. A process used to screen a Service member's state of health at critical milestones in the deployment continuum.

4. Deployment Health Center. A medical facility that ensures all requirements for deployment health screenings, periodic health assessment, and individual medical readiness are fulfilled by each Service member.

5. Fixed Military Medical Treatment Facility (MTF). A hospital or other facility capable of providing definitive medical care on site that is a permanent structure not designed to be portable.

6. Frequent Deployer. A Service member that deploys for more than one 30-day deployment within a 12-month period.

7. Healthcare Provider. Physician, physician assistant, nurse practitioner, advanced practice nurse, independent duty corpsman, independent duty medical technician, or special forces medical sergeant.

8. Individual Augmentee (IA). A U.S. military member assigned to a unit for the purpose of filling in for, or augmenting, members of that unit. IAs are differentiated from existing members of that unit by the fact that they are assigned individually rather than as a part of a traditional military organization (such as a brigade, battalion, or company). IAs can be used to fill shortages or can be used when an individual with specialized knowledge or skill set is required. IAs can include members from an entirely different branch of Service.

9. <u>Medical Readiness Reporting System (MRRS)</u>. Web-based application utilized by the Department of the Navy and Coast Guard that provides command leadership the ability to monitor deployment health assessments and the individual medical readiness of their personnel. MRRS can be accessed at https://mrrs.sscno.nmci.navy.mil/mrrs/.

10. <u>Military MTF</u>. A hospital or other facility capable of providing definitive medical care on site.

11. <u>Non-fixed Military MTF</u>. An MTF without a permanent structure and which is designed to be portable.

12. <u>Periodic Health Assessment</u>. As outlined in reference (c).

13. <u>Pre-Deployment Health Assessment (DD 2795)</u>. Assessment tool used to assess a Service member's state of health immediately before possible deployment outside the United States in support of military operations, and to assist military healthcare providers in identifying and providing present and future medical care for the Service member.

14. <u>Post-Deployment Health Assessment (PDHA) (DD 2796)</u>. Assessment tool used to assess a Service member's state of health immediately after deployment in support of military operations, and to assist military healthcare providers in identifying and providing present and future medical care that may be needed. The information provided may result in a referral for additional healthcare that may include medical, dental, behavioral healthcare, or diverse community support services.

15. <u>Post-Deployment Health Re-assessment (PDHRA) (DD 2900)</u>. Assessment tool used to assess a Service member's state of health after redeployment in support of military operations and to assist military healthcare providers in identifying and providing present and future medical care the Service member may need. The information provided may result in a referral for additional health care that may include medical, dental, behavioral health care or diverse community support services.

16. <u>Redeployment</u>. In the context of this instruction, the return of personnel to the home and or demobilization stations for reintegration and or out-processing.

17. <u>Reserve Component (RC)</u>. General category assignment for
Service members that are not normally on active duty and who do
not count towards active duty end strength (i.e., Selected
Reserve, Individual Ready Reserve, etc.).