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Subject: MOD NINE TO USCENTCOM INDIVIDUAL PROTECTION AND INDIVIDUAL/ JNIT DEPLOYMENT POLICY

TAB A TO MOD NINE USCC
PPG 080903.doc
TAB B TO MOD NINE USCC

Originator: /C=US/O=U.S. GOVERNMENT/OU=DOD/OU=CENTCOM/OU=ORGANIZATIONS/L=CONUS/L=HQ USCENTCOM MACDILL AFB FL/OU=USCENTCOM SURGEON(MC)

DTG: 101925Z Sep 08 **Precedence:** ROUTINE **DAC:** General

To: /C=US/O=U.S. GOVERNMENT/OU=DOD/OU=AUTODIN PLAS/OU=D/OU=DA WASHINGTON DC
/C=US/O=U.S. GOVERNMENT/OU=DOD/OU=AUTODIN PLAS/OU=AIG 6-AZ/OU=AMEMBASSY ABU DHABI
/C=US/O=U.S. GOVERNMENT/OU=DOD/OU=AUTODIN PLAS/OU=AIG 6-AZ/OU=AMEMBASSY ADDIS ABABA
/C=US/O=U.S. GOVERNMENT/OU=DOD/OU=AUTODIN PLAS/OU=AIG 6-AZ/OU=AMEMBASSY AMMAN
/C=US/O=U.S. GOVERNMENT/OU=DOD/OU=AUTODIN PLAS/OU=AIG 6-AZ/OU=AMEMBASSY BAGHDAD
/C=US/O=U.S. GOVERNMENT/OU=DOD/OU=AUTODIN PLAS/OU=AIG 6-AZ/OU=AMEMBASSY BISHKEK
/C=US/O=U.S. GOVERNMENT/OU=DOD/OU=AUTODIN PLAS/OU=AIG 6-AZ/OU=AMEMBASSY CAIRO
/C=US/O=U.S. GOVERNMENT/OU=DOD/OU=AUTODIN PLAS/OU=AIG 6-AZ/OU=AMEMBASSY DJIBOUTI
/C=US/O=U.S. GOVERNMENT/OU=DOD/OU=AUTODIN PLAS/OU=AIG 6-AZ/OU=AMEMBASSY DOHA
/C=US/O=U.S. GOVERNMENT/OU=DOD/OU=AUTODIN PLAS/OU=AIG 6-AZ/OU=AMEMBASSY ISLAMABAD
/C=US/O=U.S. GOVERNMENT/OU=DOD/OU=AUTODIN PLAS/OU=AIG 6-AZ/OU=AMEMBASSY KABUL
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/C=US/O=U.S. GOVERNMENT/OU=DOD/OU=AUTODIN PLAS/OU=AIG 6-AZ/OU=AMEMBASSY KUWAIT
/C=US/O=U.S. GOVERNMENT/OU=DOD/OU=AUTODIN PLAS/OU=AIG 6-AZ/OU=AMEMBASSY MANAMA
/C=US/O=U.S. GOVERNMENT/OU=DOD/OU=AUTODIN PLAS/OU=AIG 6-AZ/OU=AMEMBASSY MUSCAT
/C=US/O=U.S. GOVERNMENT/OU=DOD/OU=AUTODIN PLAS/OU=AIG 6-AZ/OU=AMEMBASSY RIYADH
/C=US/O=U.S. GOVERNMENT/OU=DOD/OU=AUTODIN PLAS/OU=AIG 6-AZ/OU=AMEMBASSY TASHKENT
/C=US/O=U.S. GOVERNMENT/OU=DOD/OU=USMC/OU=ORGANIZATIONS/L=HQMC WASHINGTON DC/OU=CMC WASHINGTON DC(SC)
/C=US/O=U.S. GOVERNMENT/OU=DOD/OU=AUTODIN PLAS/OU=CE-CS/OU=COMUSNAVCENT
/C=US/O=U.S. GOVERNMENT/OU=DOD/OU=PACOM/OU=ORGANIZATIONS/OU=CDR USPACOM HONOLULU HI(SC)
/C=US/O=U.S. GOVERNMENT/OU=DOD/OU=JCS/OU=ORGANIZATIONS/L=WASHINGTON DC/OU=JOINT STAFF (SC)/OU=JOINT STAFF J4(SC)/OU=JOINT STAFF J4 HSSD(SC)
/C=US/O=U.S. GOVERNMENT/OU=DOD/OU=AF/OU=ORGANIZATIONS/L=SHAW AFB SC/OU=USCENTAF A4(SC)
/C=US/O=U.S. GOVERNMENT/OU=DOD/OU=TRANSCOM/OU=ORGANIZATIONS/L=USTRANSCOM IL/OU=CDR USTRANSCOM(SC)
/C=US/O=U.S. GOVERNMENT/OU=DOD/OU=USMC/OU=ORGANIZATIONS/L=MARFORRES/OU=COMMARFORRES(SC)
/C=US/O=U.S. GOVERNMENT/OU=DOD/OU=NORTHCOM/OU=ORGANIZATIONS/L=PETERSON AFB CO/OU=HQ NORTHCOM(SC)/OU=SPECIAL STAFF/OU=SG(SC)
/C=US/O=U.S. GOVERNMENT/OU=DOD/OU=AUTODIN PLAS/OU=AIG 6-AZ/OU=AMEMBASSY BEIRUT
/C=US/O=U.S. GOVERNMENT/OU=DOD/OU=AUTODIN PLAS/OU=AIG 6-AZ/OU=AMEMBASSY DAMASCUS
/C=US/O=U.S. GOVERNMENT/OU=DOD/OU=TRANSCOM/OU=ORGANIZATIONS/L=USTRANSCOM IL/OU=USTRANSCOM COMMAND SURGEON(SC)
/C=US/O=U.S. GOVERNMENT/OU=DOD/OU=AUTODIN PLAS/OU=AIG 6-AZ/OU=AMCONSUL DUBAI
/C=US/O=U.S. GOVERNMENT/OU=DOD/OU=AUTODIN PLAS/OU=AIG 6-AZ/OU=AMEMBASSY DUSHANBE

Cc: /C=US/O=U.S. GOVERNMENT/OU=DOD/OU=AUTODIN PLAS/OU=AIG 6-AZ/OU=AMEMBASSY ANKARA

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OPERS/ENDURING FREEDOM/IRAQI FREEDOM//
MSGID/GENADMIN/CDRUSCENTCOM/SG/SEP//
SUBJ/MOD NINE 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/061911ZJUL2007//
AMPN/MOD 8 TO USCINCCENT INDIVIDUAL PROTECTION AND UNIT DEPLOYMENT POLICY MESSAGE. MOD 8 IS NO LONGER VALID AND IS SUPERSEDED BY MOD NINE//
REF/C/DOC/HQDA/BUMED/SECAF/29OCT2006//
AMPN/AR 40-562/BUMEDINST 6230.15A/AFJI 48-110/IMMUNIZATIONS AND CHEMOPROPHYLAXIS//
REF/D/DOC/DOD USD(P AND R)/11AUG2006//
AMPN/DODI 6490.03/DEPLOYMENT HEALTH//
REF/E/DOC/HQDA/14DEC2007//
AMPN/AR 40-501/STANDARDS OF MEDICAL FITNESS//
REF/F/DOC/UNDSECDEF/09FEB2006//
AMPN/UNDER SECRETARY OF DEFENSE POLICY GUIDANCE FOR MEDICAL DEFERRAL PENDING DEPLOYMENT TO THEATERS OF OPERATION//
REF/G/DOC/ASD(HA)/07NOV2006//

APMN/ASSISTANT SECRETARY OF DEFENSE POLICY GUIDANCE FOR DEPLOYMENT-LIMITING
PSYCHIATRIC CONDITIONS AND MEDICATIONS//
REF/H/ORD/CFC/010458ZJUL2006//
AMPN/CFC FRAGO 09-1038//
REF/I/DOC/UNDSECDEF/12OCT2006//
AMPN/UNDER SECRETARY OF DEFENSE MEMO ANTHRAX VACCINE IMMUNIZATION PROGRAM (AVIP)//
REF/J/DOC/BUMED/12MAY2008//
AMPN/NAVMED P-117/MANUAL OF THE MEDICAL DEPARTMENT//
REF/K/DOC/SECAF/05JUN2006//

AMPN/AFI 48-123/MEDICAL EXAMINATIONS AND STANDARDS, VOLUME 4 - SPECIAL STANDARDS
AND REQUIREMENTS//

REF/L/DOC/COMDT CG/VARIOUS, AS UPDATED//

APMN/COMDTINST M6000.1B/MEDICAL MANUAL//

RMKS/1. (U) THIS IS MODIFICATION NINE TO USCENTCOM INDIVIDUAL PROTECTION AND
INDIVIDUAL, UNIT DEPLOYMENT POLICY. IN SUMMARY, MODIFICATIONS HAVE BEEN MADE TO
PARAGRAPH 15 FROM MOD 8, REF B.

1.A. PARAGRAPH 15 REQUIRED NUMEROUS CHANGES; THEREFORE, IT IS BEING REPUBLISHED IN
ITS ENTIRETY.

1.B. SUMMARY OF SIGNIFICANT CHANGES (IN ORDER OF APPEARANCE).

1.B.1. DEFINITION OF DEPLOYMENT SET TO 30 DAYS (15.A.1).

1.B.2. MEDICAL DEPLOYABILITY (SEC 15.B).

1.B.3. WAIVER PROCESS (SEC 15.C).

1.B.4. REFRACTIVE EYE SURGERY STANDARD (15.B.5).

1.B.5. WOMEN'S HEALTH SECTION (15.B.6).

1.B.6. PSYCHOTROPIC MEDICATIONS LIMITED TO 90 DAY SUPPLY (15.C.2).

1.B.7. IMMUNIZATIONS GIVEN IAW SERVICE POLICY (15.F.1).

1.B.8. VARICELLA SCREENING AND IMMUNIZATION (15.F.2.D).

1.B.9. HIV SCREENING REQUIREMENT CHANGED TO WITHIN 90 DAYS OF DEPLOYMENT (15.H.1).

1.B.10. PERMETHRIN NON-ABSORPTION INTO THE FIRE RESISTANT ACU (FRACU) (15.K.5.A).

1.B.11. CLARIFICATION THAT TAB A GUIDELINE TO DEPLOYMENT-LIMITING CONDITIONS
APPLIES TO ALL DEPLOYERS, MILITARY AND CIVILIAN.

1.B.12. INCLUSION OF PSYCHIATRIC DIAGNOSES INTO TAB A IAW REF G.

1.C. PARAGRAPH 15 OF REF A HAS BEEN REWRITTEN AS FOLLOWS:

15.A. DEFINITIONS.

15.A.1. THE DEFINITION OF DEPLOYMENT IS 30 DAYS IAW DODI 6490.03, REF D. EXCEPTION
IS FOR ANTHRAX AND SMALLPOX IMMUNIZATIONS WHICH MUST BE GIVEN FOR DEPLOYMENTS OF
15 DAYS OR LONGER IAW SECDEF POLICY.

15.A.2 THIS GUIDANCE IS INTENDED FOR PERSONNEL MOBILIZING AND DEPLOYING INTO THE
USCENTCOM AOR, PARTICULARLY FOR OPERATIONS IRAQI FREEDOM (OIF) AND ENDURING
FREEDOM (OEF). PROVIDERS MAY CONTACT THE CENTCOM SURGEON POC FOR SPECIFIC
QUESTIONS INVOLVING PCS DEPLOYERS (EMAIL: CCSG-PMO@CENTCOM.SMIL.MIL; DSN: 312-651-
6397).

15.A.2.A. MEDICAL DEPLOYABILITY STANDARDS APPLY TO PCS PERSONNEL. EXCEPTIONAL
FAMILY MEMBER PROGRAM (EFMP) APPLIES AND REQUIRES A WAIVER FROM THE CENTCOM
SURGEON.

15.A.2.B. IMMUNIZATION STANDARDS APPLY TO PCS PERSONNEL.

15.B. MEDICAL DEPLOYABILITY.

15.B.1. DEPLOYED HEALTH SERVICE SUPPORT INFRASTRUCTURE PROVIDES ONLY
LIMITED MEDICAL CARE. ALL PERSONNEL (MILITARY, CIVILIAN AND PCS) SHOULD 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 9.

15.B.2. DEPLOYMENT ELIGIBILITY DETERMINATION LIES WITH THE CLINICIAN PROVIDERS
ASSIGNED TO THE MOBILIZATION SITE IAW MOD 9 AND SERVICE STANDARDS. DEPLOYING
PERSONNEL WITH POTENTIALLY DISQUALIFYING MEDICAL CONDITIONS MAY BE EVALUATED BY A
SPECIALIST TO ASSIST IN THE DETERMINATION OF ELIGIBILITY.

15.B.2.A. ALL DEPLOYING PERSONNEL MUST BE MEDICALLY CLEARED PRIOR TO DEPLOYMENT.
PERSONNEL FOUND NON-DEPLOYABLE AND THE CONDITION CHANGES MUST STILL BE CLEARED BY
THE MOBILIZATION SITE.

15.B.2.B. PERSONNEL FOUND NON-DEPLOYABLE WHILE OUTSIDE OF THE CENTCOM AOR WILL NOT

DEPLOY. FOR EXAMPLE, A SERVICE MEMBER WHO BECOMES MEDICALLY NON-DEPLOYABLE WHILE ON R&R LEAVE WILL NOT REDEPLOY INTO THE AOR UNTIL THE NON-DEPLOYABLE CONDITION IS CLEARED.

15.B.3. MEDICAL WAIVERS.

15.B.3.A. IF THE SERVICE WISHES TO DEPLOY A SERVICE MEMBER WHO IS DETERMINED TO BE NOT FIT FOR DEPLOYMENT THAT SERVICE WILL OBTAIN A WAIVER FROM THE CENTCOM SURGEON OR SURROGATE. UNIT COMMANDERS MUST OBTAIN A MEDICAL WAIVER AND ARE NOT AUTHORIZED TO OVER-RIDE THE LOCAL MEDICAL DEPLOYABILITY DETERMINATION. MEDICAL WAIVER APPROVAL AUTHORITY LIES AT THE COMBATANT COMMAND SURGEON LEVEL (PER REF F, UNDER SECRETARY OF DEFENSE MEMO).

15.B.3.A.1. APPROVAL AUTHORITY IS DELEGATED TO THE SERVICE COMPONENT SURGEONS FOR ALL DEPLOYING PERSONNEL WITHIN THEIR RESPECTIVE SERVICE. (E.G., ARMY AND ARMY COMPONENT AGENCIES WILL FIRST CONSULT WITH THE ARCENT SURGEON; AF WITH THE AFCENT SURGEON, ETC).

15.B.3.A.2. THE CENTCOM SURGEON WILL ADJUDICATE ALL BEHAVIORAL HEALTH WAIVER REQUESTS AND WAIVER REQUESTS FOR DEPLOYING PERSONNEL UNAFFILIATED WITH A SERVICE (E.G., DEFENSE INTELLIGENCE AGENCY, AMERICAN RED CROSS, ETC).

15.B.3.B. WHEN A MEDICAL WAIVER IS DESIRED LOCAL MEDICAL PERSONNEL WILL INFORM THE NON-DEPLOYABLE PATIENT AND THE UNIT COMMAND ABOUT THE WAIVER PROCESS. LOCAL MEDICAL PROVIDERS WILL FORWARD THE CENTCOM MEDICAL WAIVER REQUEST FORM (TAB B), OR LIKE DOCUMENT, AT THE REQUEST OF THE PATIENT'S COMMANDER/SUPERVISOR OR REPRESENTATIVE.

15.B.3.C. THE MEDICAL WAIVER WILL BE SENT TO AND ADJUDICATED BY THE APPROPRIATE SURGEON IAW PARAGRAPH 15.B.3.A. IAW DOD POLICY, ALL ADJUDICATING SURGEONS WILL MAINTAIN A WAIVER DATABASE AND RECORD ALL WAIVER REQUESTS.

15.B.3.D. THE ADJUDICATING SURGEON WILL CONSULT THE CJTF SURGEON WITH ANY QUESTIONS REGARDING THE DEPLOYABILITY OF THE PATIENT.

15.B.3.E. 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.B.3.F. WAIVER REQUEST FORMS ARE TO BE SUBMITTED FOR ALL REQUESTS. DOCUMENTED DISAPPROVALS FOR VALID CONDITIONS ARE NECESSARY AND SHOULD NOT BE GIVEN TELEPHONICALLY.

15.B.3.G. A CENTCOM WAIVER DOES NOT PRECLUDE THE NEED FOR A PSYCHOTROPIC MEDICATION SMALL ARMS WAIVER IAW SERVICE POLICY.

15.B.3.H. CONTACT THE CENTCOM SURGEON (EMAIL: CCSG-PMO@CENTCOM.SMIL.MIL; DSN: 312-651-6397) WITH QUESTIONS REGARDING THE WAIVER PROCESS.

15.B.4. MEDICAL FITNESS.

15.B.4.A. CASES OF DEPLOYED PERSONNEL DETERMINED TO HAVE BEEN UNFIT IAW THIS POLICY PRIOR TO DEPLOYMENT WILL BE FORWARDED TO THE CENTCOM SURGEON (EMAIL: CCSG-PMO@CENTCOM.SMIL.MIL; DSN: 312-651-6397) FOR FOLLOW-UP ON HOW DEPLOYMENT OCCURRED AND POSSIBLE REDEPLOYMENT.

15.B.4.B. ALL PERSONNEL (UNIFORMED SERVICE MEMBERS, GOVERNMENT CIVILIAN EMPLOYEES, VOLUNTEERS, AND CONTRACTOR EMPLOYEES) DEPLOYING 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, INCLUDING WEAR OF PROTECTIVE EQUIPMENT AND USE OF REQUIRED PROPHYLACTIC MEDICATIONS. ALSO SEE TAB A FOR FURTHER GUIDANCE.

15.B.4.C. GOVERNMENT CIVILIAN EMPLOYEES WHO MUST MEET SPECIFIC PHYSICAL STANDARDS (FOR EXAMPLE: 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 WAIVER OR EXCEPTION, IN ADDITION TO BEING FOUND FIT FOR THE SPECIFIC DEPLOYMENT BY A MEDICAL AND DENTAL EVALUATION PRIOR TO DEPLOYMENT.

15.B.4.D. OTHER GOVERNMENT CIVILIAN EMPLOYEES AND VOLUNTEERS MUST BE FOUND FIT FOR DUTY AND FIT FOR THE SPECIFIC DEPLOYMENT WITHOUT LIMITATIONS OR NEED FOR ACCOMMODATION BY A MEDICAL AND DENTAL EVALUATION IAW SERVICE OR DOD REGULATION PRIOR TO DEPLOYMENT. CIVILIAN PERSONNEL, WHO DEPLOY FOR MULTIPLE TOURS, FOR MORE THAN 12 MONTHS TOTAL, MUST BE RE-EVALUATED FOR FITNESS TO DEPLOY. AN EXAMINATION

WILL REMAIN VALID FOR 15 MONTHS FROM THE DATE OF THE PHYSICAL. MINIMUM STANDARDS INCLUDE ABILITY TO WEAR RESPIRATORY PROTECTIVE EQUIPMENT AND OTHER CHEMICAL/BIOLOGICAL PERSONAL PROTECTIVE EQUIPMENT.

15.B.4.E. CONTRACTOR EMPLOYEES MUST BE DOCUMENTED TO BE FIT FOR THE PERFORMANCE OF THEIR DUTIES (WITHOUT LIMITATIONS OR NEED FOR ACCOMMODATION) BY A MEDICAL AND DENTAL EVALUATION PRIOR TO DEPLOYMENT AND U.S. CONTRACTOR PERSONNEL WHO DEPLOY FOR MULTIPLE TOURS, MORE THAN 12 MONTHS TOTAL, MUST BE RE-EVALUATED FOR FITNESS TO DEPLOY. AN EXAMINATION WILL REMAIN VALID FOR 15 MONTHS FROM THE DATE OF THE PHYSICAL. PHYSICALS WILL BE PROVIDED AT THE COST OF THE CONTRACTOR OR THE INDIVIDUAL IAW CONTRACTUAL AGREEMENT. MISSION/EMERGENCY ESSENTIAL CONTRACTORS ARE AUTHORIZED ANTHRAX AND SMALLPOX IMMUNIZATIONS IAW REF I. MINIMUM STANDARDS INCLUDE ABILITY TO WEAR RESPIRATORY PROTECTIVE EQUIPMENT AND OTHER CHEMICAL/BIOLOGICAL PERSONAL PROTECTIVE EQUIPMENT. PREDEPLOYMENT AND/OR TRAVEL MEDICINE SERVICES FOR CONTRACTOR EMPLOYEES, INCLUDING IMMUNIZATIONS AND EVALUATION OF FITNESS ARE THE RESPONSIBILITY OF THE CONTRACTOR. CONTRACTORS WILL OBTAIN AND UTILIZE THE STANDARDS OF FITNESS FROM THE SUPPORTED COMMAND'S MEDICAL AUTHORITY. 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. THIS SECTION AND ITS AMPLIFICATION IN THE DOCUMENT PPG-TAB A APPLY. SEE REF H FOR MORE INFORMATION.

15.B.5. REFRACTIVE EYE SURGERY.

15.B.5.A. 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.

15.B.5.B. PHOTOREFRACTIVE KERATECTOMY (PRK): TYPICALLY PERSONNEL ARE NON-DEPLOYABLE FOR THREE MONTHS FOLLOWING UNCOMPLICATED PRK. RELATED "SURFACE ABLATION" PROCEDURES SUCH AS LASER EPITHELIAL KERATOMILEUSIS (LASEK) AND EPITHELIAL LASIK ARE TO BE CONSIDERED EQUIVALENT TO PRK.

15.B.5.C. LASER ASSISTED IN SITU KERATOMILEUSIS (LASIK): TYPICALLY PERSONNEL ARE NON-DEPLOYABLE FOR AT LEAST ONE MONTH FOLLOWING LASIK SURGERY.

15.B.6. WOMEN'S HEALTH.

15.B.6.A. ROUTINE GYNECOLOGIC EXAMINATIONS ARE UNAVAILABLE IN THE COMBAT ZONES OF THE AOR AND CLINICAL DECISIONS CONCERNING DEPLOYABILITY SHOULD BE MADE WITH THIS EXPECTATION. ALL WOMEN DEPLOYING INTO THE CENTCOM AOR WILL HAVE A COMPREHENSIVE WOMEN'S HEALTH EVALUATION WITHIN THE GUIDELINES SPECIFIED BY THE AMERICAN SOCIETY FOR COLPOSCOPY AND CERVICAL PATHOLOGY (ASCCP) AND THE U.S. PREVENTIVE SERVICES TASK FORCE.

15.B.6.A.1. FEMALE PERSONNEL ARE REQUIRED TO HAVE A PAP SMEAR WITHIN 6 MONTHS OF DEPLOYMENT (WITHIN 9 MONTHS FOR THOSE DEPLOYING LESS THAN ONE YEAR) AND IAW SERVICE POLICY UNLESS THEY MEET ONE OF THE FOLLOWING CRITERIA:

15.B.6.A.1.A. THEY ARE 30 YEARS OF AGE OR OLDER WITH NO HISTORY OF DYSPLASIA IN THE PAST AND HAVE HAD THREE CONSECUTIVE NORMAL PAP SMEARS. THESE WOMEN NEED TO HAVE A PAP SMEAR WITHIN 24 MONTHS OF DEPLOYMENT.

15.B.6.A.1.B. THEY HAVE HAD A HYSTERECTOMY FOR REASONS OTHER THAN CERVICAL DYSPLASIA OR CANCER AND HAVE NOT HAD A SUPRACERVICAL HYSTERECTOMY (CERVIX STILL PRESENT). THESE WOMEN ARE PERMANENTLY EXEMPT FROM THE PAP SMEAR.

15.B.6.A.2. WOMEN OVER AGE 40 ARE REQUIRED TO HAVE A MAMMOGRAM WITHIN ONE YEAR OF DEPLOYMENT.

15.B.6.B. COUNSELING AND PRESCRIPTION FOR CONTRACEPTIVES IF REQUESTED BY DEPLOYING INDIVIDUAL. COUNSELORS WILL EMPHASIZE THE NEED TO CONTINUE CONTRACEPTION DURING R&R AND LEAVE, INCLUDING BUT NOT LIMITED TO SEXUALLY TRANSMITTED ILLNESS (STI) AND PREGNANCY COUNSELING. PROVIDERS SHOULD PRESCRIBE IAW THE USCENTCOM THEATER PHARMACY FORMULARY TO MAINTAIN CONSISTENCY IF REFILLS ARE NEEDED WHILE DEPLOYED.

15.B.6.C. PREGNANT PERSONNEL WILL NOT DEPLOY INTO AND WILL BE REDEPLOYED FROM THE CENTCOM AOR.

15.B.6.D. WOMEN ARE ENCOURAGED TO BEGIN THEIR COMPREHENSIVE WOMEN'S HEALTH EVALUATION AS EARLY AS POSSIBLE, IAW DOD POLICY, TO ENSURE TIME FOR ANY NECESSARY

FOLLOW-UP PRIOR TO DEPLOYMENT. NOT MEETING THE GUIDANCE IN SECTION 15.B.6 MAY DELAY DEPLOYMENT.

15.C. PHARMACY.

15.C.1. PERSONNEL WHO REQUIRE MEDICATION WILL DEPLOY WITH NO LESS THAN A 90 DAY SUPPLY OF THEIR MAINTENANCE MEDICATIONS OR FOLLOW SERVICE SPECIFIC GUIDANCE. SRP, MOB SITE, AND CRC PROVIDERS SHOULD USE MEDICATIONS LISTED ON THE CENTCOM FORMULARY TO ENSURE CONTINUITY OF TREATMENT. CONTACT THE CENTCOM SURGEON (EMAIL: CENTCOM-PMO@CENTCOM.SMIL.MIL; DSN: 312-651-6397) FOR A COPY OF THE FORMULARY.

15.C.2. PSYCHOTROPIC MEDICATIONS WILL BE LIMITED TO NO MORE THAN A 90 DAY SUPPLY FOR BOTH INITIAL PRESCRIPTIONS AND REFILLS TO ENSURE APPROPRIATE CLINICAL FOLLOW-UP.

15.C.3. PERSONNEL REQUIRING ONGOING PHARMACOTHERAPY SHOULD MAXIMIZE USE OF THE TRICARE MAIL-ORDER PHARMACY (TMOP) SYSTEM.

15.D. MEDICAL EQUIPMENT.

15.D.1. PERSONNEL WHO REQUIRE MEDICAL EQUIPMENT (FOR EXAMPLE, CORRECTIVE EYEWEAR, HEARING AIDS, ORTHODONTIC EQUIPMENT) MUST DEPLOY WITH ALL REQUIRED ITEMS IN THEIR POSSESSION, TO INCLUDE TWO PAIRS OF EYEGLASSES, PROTECTIVE MASK EYEGASS INSERTS, BALLISTIC EYEWEAR INSERTS, AND HEARING AID BATTERIES.

15.D.2. PERSONAL DURABLE MEDICAL EQUIPMENT (E.G., CPAP, TENS, ETC) IS NOT PERMITTED. MEDICAL MAINTENANCE, LOGISTICAL SUPPORT, AND INFECTION PROTOCOLS FOR PERSONAL MEDICAL EQUIPMENT IS 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.

15.D.3. CONTACT LENSES.

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

15.D.3.B. AIR FORCE PERSONNEL (NON-AIRCREW) WILL NOT DEPLOY WITH CONTACT LENSES UNLESS WRITTEN AUTHORIZATION IS PROVIDED BY THE DEPLOYED UNIT COMMANDER. AIR FORCE PERSONNEL DEPLOYING WITH CONTACT LENSES MUST RECEIVE PRE-DEPLOYMENT EDUCATION IN THE SAFE WEAR AND MAINTENANCE OF CONTACT LENSES IN THE CENTCOM AOR ENVIRONMENT, AND 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.D.3.C. CONTACT LENSES ARE LIFE SUPPORT EQUIPMENT FOR AIRCREWS, NOT MEDICAL EQUIPMENT, THEREFORE ARE EXEMPT IAW SERVICE GUIDELINES.

15.D.4. MEDICAL ALERT TAGS. DEPLOYING PERSONNEL REQUIRING MEDICAL ALERT TAGS (EG. MEDICATION ALLERGIES) WILL DEPLOY WITH RED MEDICAL ALERT TAGS WORN IN CONJUNCTION WITH THEIR PERSONAL IDENTIFICATION TAGS.

15.E. MEDICAL RECORD. A DEPLOYMENT HEALTH RECORD (DD 2766 - "ADULT PREVENTIVE AND CHRONIC CARE FLOWSHEET" OR EQUIVALENT) SHOULD BE USED INSTEAD OF DEPLOYING A SERVICE MEMBER'S ENTIRE MEDICAL RECORD. THE FOLLOWING HEALTH INFORMATION MUST ACCOMPANY OR BE PART OF AN ACCESSIBLE ELECTRONIC MEDICAL RECORD FOR ALL PERSONNEL (SERVICE MEMBERS AND CIVILIANS):

15.E.1. ANNOTATION OF BLOOD TYPE AND RH FACTOR, G-6-PD, HIV, AND DNA.

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

15.E.3. SPECIAL DUTY QUALIFICATIONS.

15.E.4. ANNOTATION OF CORRECTIVE LENS PRESCRIPTION.

15.E.5. SUMMARY SHEET OF CURRENT AND PAST MEDICAL AND SURGICAL PROBLEMS.

15.E.6. MOST RECENT DD FORM 2795 (PREDEPLOYMENT HEALTH ASSESSMENT FORM).

15.E.7. DOCUMENTATION OF DENTAL STATUS CLASSES I OR II.

15.E.8. IMMUNIZATION RECORD. MOBILIZATION 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). 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 THROUGH CCSG FHP PERSONNEL.

15.E.9. DOCUMENTATION OF ALL MEDICAL AND DENTAL CARE RECEIVED WHILE DEPLOYED WILL BE IAW CENTCOM MEDICAL INFORMATION MANAGEMENT GUIDELINES.

15.F. USCENTCOM THEATER SPECIFIC IMMUNIZATION REQUIREMENTS:

15.F.1. ALL IMMUNIZATIONS WILL BE GIVEN IAW AR 40-562, BUMEDINST 6230.15A, AFJI 48-110, AND CG COMDTINST M6230.4F.

15.F.2. ALL PERSONNEL (TO INCLUDE PCS PERSONNEL) MUST HAVE REQUIRED ROUTINE AND THEATER-SPECIFIC IMMUNIZATIONS PRIOR TO DEPLOYMENT AS SPECIFIED BELOW. SUPERVISORS AND COMMANDERS MUST ENSURE THE FOLLOWING STANDARD IMMUNIZATIONS ARE SCREENED FOR, ADMINISTERED AS NECESSARY, AND PROPERLY DOCUMENTED IAW 15.E.8 PRIOR TO DEPLOYING TO THE USCENTCOM AOR:

15.F.2.A. HEPATITIS A VACCINE SERIES.

15.F.2.B. HEPATITIS B VACCINE SERIES.

15.F.2.C. INFLUENZA (CURRENT ANNUAL VACCINE).

15.F.2.D. VARICELLA.

15.F.2.D.1. PERSONNEL DEPLOYING TO A DETAINEE OR MEDICAL TREATMENT FACILITY LOCATION WHO DO NOT HAVE A HISTORY OF VARICELLA DISEASE OR A POSITIVE VARICELLA TITER WILL RECEIVE VARICELLA VACCINE. DOCUMENTATION OF STATUS INTO THE MEDICAL RECORD AND SERVICE IMMUNIZATION DATABASE IS REQUIRED.

15.F.2.D.2. VARICELLA IMMUNIZATION AND SMALLPOX VACCINATION MUST BE GIVEN 28 DAYS APART TO DIFFERENTIATE BETWEEN POTENTIAL ADVERSE EVENTS.

15.F.2.D.3. THIS REQUIREMENT DOES NOT APPLY TO PERSONNEL IN THE CENTCOM AOR AS OF THE DATE OF THIS MOD.

15.F.2.E. MENINGOCOCCAL VACCINATION IS REQUIRED FOR COUNTRIES WHERE THE NATIONAL CENTER FOR MEDICAL INTELLIGENCE (NCMI), FORMERLY THE ARMED FORCES MEDICAL INTELLIGENCE CENTER (AFMIC) ASSESSES THAT RISK IS ELEVATED ABOVE US BASELINE. AT THIS WRITING, THESE COUNTRIES INCLUDE SUDAN, ETHIOPIA, ERITREA, DJIBOUTI, SOMALIA, AND KENYA. MENINGOCOCCAL VACCINE IS NOT REQUIRED FOR PERSONNEL DEPLOYING ONLY TO OTHER COUNTRIES IN THE CENTCOM AOR.

15.F.2.F. TETANUS-DIPHTHERIA (WITHIN 10 YEARS). A ONE-TIME DOSE OF TDAP (ADACEL (r)) IS TO BE GIVEN IAW ACIP GUIDELINES IN PLACE OF TD TO PERSONNEL WHO HAVE NOT PREVIOUSLY RECEIVED TDAP.

15.F.2.G. TYPHOID (INJECTABLE OR ORAL), CURRENT PER PACKAGE INSERT, WITHIN TWO YEARS FOR INJECTABLE AND FIVE YEARS FOR ORAL.

15.F.2.H. YELLOW FEVER VACCINE (YF) (LAST DOSE WITHIN 10 YEARS): REVIEW CURRENT NCMI ASSESSMENTS. YF VACCINATION IS REQUIRED FOR COUNTRIES WHERE THE DISEASE IS PRESENT. AS OF THE DATE OF THIS MESSAGE, THESE COUNTRIES INCLUDE SUDAN, ETHIOPIA, ERITREA, DJIBOUTI, SOMALIA, AND KENYA.

15.F.2.I. PNEUMOCOCCAL VACCINE: FOR ALL ASPLENIC (WITH NO SPLEEN) PERSONNEL -- 0.5 ML IM OR SUBCUTANEOUS. GIVE ONE REVACCINATION FIVE OR MORE YEARS AFTER INITIAL PNEUMOCOCCAL VACCINATION.

15.F.2.J. POLIO AND MEASLES, MUMPS, AND RUBELLA VACCINES: IAW DOD POLICY, IT IS TO BE ASSUMED ALL POST-ACCESSION PERSONNEL ARE IMMUNE TO THESE DISEASES AND DO NOT NEED THE IMMUNIZATIONS. DOCUMENTATION OF IMMUNITY OR IMMUNIZATION REQUIRED FOR ALL CIVILIAN DEPLOYERS.

15.F.2.K. ANTHRAX: ALL MEDICALLY ELIGIBLE SERVICE MEMBERS AND OTHER SELECT PERSONNEL DEPLOYING TO THE CENTCOM AOR FOR 15 DAYS OR MORE WILL BEGIN OR RESUME THE ANTHRAX IMMUNIZATION SERIES IAW CENTCOM FRAGO 09-1190. PERSONNEL ELIGIBLE FOR VOLUNTARY AVIP ARE OUTLINED IN CENTCOM FRAGO 09-1190.

15.F.2.L. SMALLPOX: ALL MEDICALLY ELIGIBLE SERVICE MEMBERS AND OTHER SELECT PERSONNEL DEPLOYING INTO THE CENTCOM AOR FOR 15 DAYS OR MORE WILL RECEIVE THE SMALLPOX VACCINATION IAW DOD POLICY.

15.F.2.L.1. MEDICAL TEMPORARY VACCINATION WAIVER: EVERY ATTEMPT WILL BE MADE TO ADMINISTER THE SMALLPOX VACCINATION PRIOR TO DEPLOYMENT WITHOUT INCREASING RISK TO SERVICE MEMBERS AND THEIR CLOSE CONTACTS. HOWEVER, DEPLOYERS 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.3. REQUIRED IMMUNIZATIONS WILL BE DEFERRED UNTIL ARRIVAL IN THE AOR ONLY BY THE FOLLOWING EXCEPTIONS.

15.F.3.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. HOWEVER, IAW DOD POLICY, ANTHRAX AND SMALLPOX VACCINATIONS CAN START

BEING ADMINISTERED 120 DAYS PRIOR TO DEPLOYMENT. IT IS ADVISABLE TO GET THE FIRST THREE ANTHRAX IMMUNIZATIONS OR SUBSEQUENT DOSE/BOOSTER TO AVOID UNNECESSARY STRAIN ON THE DEPLOYED HEALTHCARE SYSTEM.

15.F.3.B. SMALLPOX MEDICAL TEMPORARY WAIVER AS DESCRIBED IN 15.F.2.L.1.

15.F.3.C. USE THE VACCINE HEALTHCARE CENTER AT WWW.VHCINFO.ORG OR THE MILITARY VACCINE AGENCY AT WWW.VACCINES.MIL FOR ANY QUESTIONS REGARDING VACCINATION SAFETY AND ADMINISTRATION.

15.G. TUBERCULOSIS SKIN TESTING (TST).

15.G.1. TST WILL BE PERFORMED AND DOCUMENTED, IAW SERVICE POLICY, PRIOR TO DEPLOYMENT. QUANTEFERON GOLD IS ALSO AN ACCEPTABLE METHOD OF TB SCREENING.

15.G.2. PPD CONVERTORS/REACTORS WILL BE HANDLED IAW SERVICE POLICY.

15.G.3. LARGE GROUP/UNIT-BASED TST SHOULD NOT BE ROUTINELY PERFORMED IN THE CENTCOM AOR. A TST IS PLACED PRE-DEPLOYMENT AND POST-DEPLOYMENT IAW SERVICE GUIDELINES. CLINICAL DISCRETION NEEDS TO BE USED TO DETERMINE THE NECESSITY FOR TST IN THE AOR CONSIDERING AT LEAST PATIENT PRESENTATION, EXPOSURE RISK, AND TIME REMAINING IN AOR.

15.H. LABORATORY TESTING.

15.H.1. HIV TESTING. SCREENING WILL BE WITHIN THE PREVIOUS 90 DAYS PRIOR TO DEPLOYMENT. CIVILIAN SCREENING WILL BE IAW DOD, SERVICE, SOFA AND HOST NATION REQUIREMENTS.

15.H.2. SERUM SAMPLE. SAMPLE WILL BE TAKEN WITHIN THE PREVIOUS 12 MONTHS IAW DOD POLICY.

15.H.3. G6PD TESTING. ONE-TIME G-6-PD DEFICIENCY TESTING IS REQUIRED. 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.

15.H.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.H.5. DNA SAMPLE: OBTAIN SAMPLE OR CONFIRM PRIOR SAMPLING IS ON FILE. CONTACT THE DOD DNA SPECIMEN REPOSITORY (TELEPHONE 301-319-0262, DSN PREFIX 285; FAX 301-295-5932); [HTTP://WWW.AFIP.ORG/DEPARTMENTS/OAFME/DNA/REGISTRY.HTML](http://www.afip.org/departments/oafme/dna/registry.html).

15.I. THERAPEUTIC/CHEMOPROPHYLACTIC MEDICATIONS.

15.I.1. ALL THERAPEUTIC/CHEMOPROPHYLACTIC MEDICATIONS, INCLUDING ANTIMALARIALS AND NBC DEFENSE MEDICATIONS, WILL BE PRESCRIBED IAW DODI 6490.03.

15.I.2. USCENTCOM MALARIA CHEMOPROPHYLAXIS REQUIREMENTS. COMPONENT AND CJTF SURGEONS WILL ASSESS THE VALIDITY OF AND MODIFY AS NECESSARY MALARIA CHEMOPROPHYLAXIS GUIDANCE FOR THEIR SUBORDINATE UNITS ANNUALLY BASED ON LATEST MEDICAL INTELLIGENCE AND UNIT MEDICAL RISK ASSESSMENT. SEE NCMI REPORTS AT [WWW.AFMIC.DIA.SMIL.MIL](http://www.afmic.dia.smil.mil). THE CENTCOM SURGEON'S OFFICE, DEPLOYING UNITS AND PRE-DEPLOYMENT READINESS CENTERS MUST BE NOTIFIED OF THESE LOCAL POLICY MODIFICATIONS. THE LOCAL COMPONENT/CJTF POLICIES WILL BE STORED ON THE COMMAND SURGEON HOME PAGE ([HTTP://HQSWEB03.CENTCOM.SMIL.MIL/INDEX.ASP?DIVISION=CCSG](http://HQSWEB03.CENTCOM.SMIL.MIL/INDEX.ASP?DIVISION=CCSG)) UNDER THE FORCE HEALTH PROTECTION LINK, UNDER THE SUB-LINK MALARIA POLICIES. MALARIA RISKS AND REQUIREMENTS VARY WITH LOCATION AND SEASON WITHIN THE USCENTCOM AOR, AND ARE BASED ON ASSESSMENTS PROVIDED BY NCMI. CURRENT NCMI ASSESSMENTS OF MALARIA WILL BE REVIEWED BY ALL DEPLOYING UNITS.

15.I.2.A. SEE CJTF POLICIES, NCMI, AND CDC REPORTS TO DETERMINE SEASONALITY & TREATMENT.

15.I.2.B. AFGHANISTAN WILL BE CONSIDERED ENDEMIC FOR MALARIA YEAR-ROUND.

15.I.2.C. ALL CHEMOPROPHYLACTIC AGENTS WILL BE USED IAW FDA GUIDELINES. DOXYCYCLINE OR MEFLUQUINE WILL BE USED AS THE PRIMARY MALARIA CHEMOPROPHYLACTIC AGENTS. OTHER FDA APPROVED AGENTS MAY BE USED TO MEET SPECIFIC SITUATIONAL REQUIREMENTS. CHLOROQUINE IS ONLY TO BE USED IN AREAS KNOWN NOT TO BE RESISTANT.

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

15.I.2.E. UNITS CURRENTLY TAKING DAILY DOXYCYCLINE PROPHYLAXIS DESIRING TO CHANGE TO WEEKLY CHLOROQUINE OR MEFLUQUINE ARE ADVISED TO ENSURE THAT AN APPROPRIATE

MEDICATION OVERLAP IS ENFORCED. PERSONNEL BEGINNING A CHLOROQUINE OR MEFLOROQUINE REGIMEN SHOULD CONTINUE DAILY DOXYCYCLINE FOR A PERIOD OF 2 WEEKS, TO ALLOW FOR A BUILDUP OF ADEQUATE CHLOROQUINE OR MEFLOROQUINE LEVELS IN THE BLOODSTREAM. FAILURE TO OVERLAP MEDICATIONS MAY RESULT IN A PERIOD WHEN THE INDIVIDUAL IS NOT PROTECTED FROM MALARIA. UNITS CURRENTLY TAKING WEEKLY MEFLOROQUINE DESIRING TO CHANGE TO CHLOROQUINE CAN DISCONTINUE MEFLOROQUINE AND BEGIN CHLOROQUINE THE NEXT WEEK. RESIDUAL BLOOD LEVELS OF MEFLOROQUINE WILL PROVIDE PROTECTION UNTIL ADEQUATE CHLOROQUINE LEVELS ARE ACHIEVED.

15.I.2.F. TERMINAL PROPHYLAXIS WITH PRIMAQUINE IS INDICATED FOR ALL COUNTRIES IN THE US CENTCOM AOR WHERE P. VIVAX AND P. OVALE MALARIA ARE TRANSMITTED AND WHERE CHEMOPROPHYLAXIS WAS ADMINISTERED [UNLESS SPECIFICALLY STATED BY LOCAL COMPONENT/CJTF GUIDANCE]. ONCE THE DISEASE TRANSMISSION IS TERMINATED (I.E., DEPARTURE FROM AOR), ALL PERSONNEL INDICATED FOR TERMINAL PROPHYLAXIS WILL SEE A LICENSED MEDICAL PROVIDER. ON AN INDIVIDUAL BASIS, THE PROVIDER WILL ENSURE THAT THE PERSON HAS BEEN TESTED FOR G-6-PD DEFICIENCY AND THE DOSING REGIMEN IS TAILORED TO THAT PERSON BASED ON CDC AND FDA GUIDANCE. INDIVIDUALS SHOULD REMAIN ON MALARIA CHEMOPROPHYLAXIS UNTIL SUCH TIME THAT THEY CAN BEGIN PRIMAQUINE AND THEN CONTINUE BOTH FOR THE PRESCRIBED DURATION.

15.I.2.F.1. SCREENING FOR G-6-PD DEFICIENCY WILL BE PERFORMED PRIOR TO DEPLOYMENT AND ANNOTATED IN EITHER DD FORM 2766 OR THE SERVICE SPECIFIC IMMUNIZATION DATABASE. G-6-PD TEST RESULTS MUST BE REVIEWED PRIOR TO PRESCRIBING PRIMAQUINE, IAW SERVICE POLICY.

15.I.3. MEDICAL CBRN DEFENSE MATERIEL (MCDM) ITEMS.

15.I.3.A. TO PROTECT AGAINST CBRN THREATS WITHIN THE AOR, DEPLOYING UNITS WILL BULK SHIP AND STORE MCDM ITEMS IAW MANUFACTURER GUIDELINES WITHIN THEATER AND BPT INDIVIDUALLY ISSUE ON ORDER FROM THE UNIT COMMANDER THE FOLLOWING TYPES AND QTYS OF MCDM ITEMS:

15.I.3.A.1. ATROPINE AND 2-PAM CHLORIDE AUTOINJECTORS OR ANTIDOTE TREATMENT NERVE AGENT AUTOINJECTOR (ATNA); THREE OF EACH INJECTOR PER DEPLOYING INDIVIDUAL.

15.I.3.A.2. DIAZEPAM INJECTION (CONVULSANT ANTIDOTE NERVE AGENT - CANA); ONE EACH PER DEPLOYING INDIVIDUAL.

15.I.3.A.3. FOR INDIVIDUALS/UNITS ENTERING THE THEATER, UNITS WILL HAVE AVAILABLE EITHER CIPROFLOXIN 500MG TABS OR DOXYCYCLINE 100MG TABS; SIX EACH 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.I.3.B. TO PROTECT AGAINST POSSIBLE AND POTENTIALLY INDICATED CBRN THREATS WITHIN THE AOR, SERVICES AND 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.I.3.B.1. PYRIDOSTIGMINE BROMIDE (PB) 30MG TABS (SOMAN NERVE AGENT PRETREATMENT PYRIDOSTIGMINE - SNAPP); 42 TABLETS PER DEPLOYED INDIVIDUAL.

15.I.3.B.2. SKIN EXPOSURE REDUCTION PASTE AGAINST CHEMICAL WARFARE AGENTS (SERPACWA) PACKETS (6 PACKETS PER DEPLOYED INDIVIDUAL) OR REACTIVE SKIN DECONTAMINATION LOTION (RSDL; 1 PACKAGE OF 3 EACH PER DEPLOYED INDIVIDUAL).

15.I.3.B.3. POTASSIUM IODIDE (KI) TABLETS; 14 TABS PER DEPLOYED INDIVIDUAL.

15.I.3.C. 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 THREE MCDM ITEMS LISTED IN PARA 15.I.3.A 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.I.3.D. INDIVIDUAL DEPLOYERS RECEIVING MCDM ITEMS DURING PRE-DEPLOYMENT PROCESSING WILL TURN-IN THESE ITEMS TO THEIR UNIT UPON ARRIVAL IN THE AOR.

15.J. HEALTH ASSESSMENTS.

15.J.1. PERIODIC HEALTH ASSESSMENTS AND SPECIAL DUTY EXAMS MUST BE CURRENT PRIOR TO DEPLOYMENT IAW SERVICE POLICY AND WILL BE CONSIDERED TO REMAIN CURRENT FOR THE DURATION OF THE DEPLOYMENT FOR PERSONNEL ON ACTIVE DUTY. THE ABILITY TO PROVIDE THESE SERVICES IN THE AOR IS EXTREMELY LIMITED.

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

15.J.2.A. ALL DEPLOYING PERSONNEL WILL UNDERGO 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.J.2.B. FOLLOWING COMPLETION OF THE 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 A TRAINED HEALTH CARE PROVIDER (PHYSICIAN, PHYSICIAN ASSISTANT, NURSE PRACTITIONER, ADVANCED PRACTICE NURSE, INDEPENDENT DUTY CORPSMAN, INDEPENDENT DUTY MEDICAL TECHNICIAN, OR SPECIAL FORCES MEDICAL SERGEANT).

15.J.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.J.3. POST-DEPLOYMENT HEALTH ASSESSMENT (DD FORM 2796)

15.J.3.A. ALL PERSONNEL WILL COMPLETE A POST-DEPLOYMENT HEALTH ASSESSMENT ON A DD FORM 2796 AS CLOSE TO THE REDEPLOYMENT DATE AS POSSIBLE, BUT NOT EARLIER THAN 30 DAYS BEFORE EXPECTED REDEPLOYMENT DATE OR NO LATER THAN 30 DAYS AFTER REDEPLOYMENT.

15.J.3.B. ALL REDEPLOYING PERSONNEL WILL UNDERGO A FACE-TO-FACE HEALTH ASSESSMENT WITH A TRAINED HEALTH CARE PROVIDER (PHYSICIAN, PHYSICIAN ASSISTANT, NURSE PRACTITIONER, ADVANCED PRACTICE NURSE, INDEPENDENT DUTY CORPSMAN, INDEPENDENT DUTY MEDICAL TECHNICIAN, OR SPECIAL FORCES MEDICAL SERGEANT). 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.K. FORCE HEALTH PROTECTION

15.K.1. HEALTH SURVEILLANCE AND PROTECTION DURING DEPLOYMENT.

15.K.1.A. JOINT MEDICAL WORKSTATION (JMEWS).

15.K.1.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.K.1.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, OTHER SERVICES DO NOT HAVE DIRECTED TRAINERS AT THIS TIME.

15.K.2. DISEASE AND INJURY (DI) SURVEILLANCE.

15.K.2.A. THE LIST OF DI REPORTING CATEGORIES, THEIR DEFINITIONS, AND THE ESSENTIAL ELEMENTS OF THE STANDARD DI REPORT CAN BE FOUND IN ENCLOSURE C OF MCM 0028-07.

15.K.2.B. COMPONENT AND CJTF COMMAND SURGEONS ARE RESPONSIBLE FOR ENSURING THAT UNITS WITHIN THEIR AOR ARE COLLECTING THE PRESCRIBED DNBI DATA AND REPORTING THAT DATA THROUGH THE JOINT MEDICAL WORKSTATIONS (JMEWS) ON A WEEKLY BASIS.

15.K.2.C. 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.K.3. REPORTABLE MEDICAL EVENT (RME) SURVEILLANCE.

15.K.3.A. AN RME LIST CAN BE FOUND IN THE TRI-SERVICE REPORTABLE MEDICAL EVENT LIST.

15.K.3.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 WWW.VAERS.HHS.GOV.

15.K.3.C. COMPONENT AND CJTF COMMAND SURGEONS ARE RESPONSIBLE FOR ENSURING THAT UNITS WITHIN THEIR AOR ARE COLLECTING THE APPROPRIATE RME DATA AND REPORTING THAT DATA THROUGH THEIR SERVICE SPECIFIC REPORTING MECHANISMS.

15.K.3.D. RME REPORTING IS TO OCCUR AS SOON AS REASONABLY POSSIBLE AFTER THE EVENT HAS OCCURRED, BUT NOT MORE THAN 24 HOURS.

15.K.4. HEALTH RISK COMMUNICATION. 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.K.4.A. PRE-DEPLOYMENT.

15.K.4.A.1. 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.K.4.A.2. CONTENT. SHOULD INCLUDE, BUT NOT BE LIMITED TO, THE FOLLOWING AREAS: OPERATIONAL OR COMBAT STRESS; NUCLEAR, BIOLOGICAL, CHEMICAL THREATS; ENDEMIC INFECTIONS; COMMUNICABLE DISEASES; VECTORBORNE DISEASES; ENVIRONMENTAL CONDITIONS; SAFETY; OCCUPATIONAL HEALTH; ENDEMIC PLANT, ANIMAL, REPTILE, AND INSECT HAZARDS.

15.K.4.B. DURING DEPLOYMENT.

15.K.4.B.1. IT IS A COMMANDER'S RESPONSIBILITY TO ENSURE THAT ALL PERSONNEL POTENTIALLY AFFECTED BY A BLAST EVENT ARE EVALUATED FOR TRAUMATIC BRAIN INJURY (TBI) BY A MEDICAL PROVIDER (PHYSICIAN, PA, OR NURSE PRACTITIONER).

15.K.4.B.2. CONTINUAL RISK AND HAZARD ASSESSMENT/REASSESSMENT IS AN ESSENTIAL ELEMENT OF HEALTH RISK COMMUNICATION 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. DOCUMENTATION INTO THE MEDICAL RECORD IS MANDATORY WHEN THERE IS EITHER EVIDENCE OR SUSPICION OF TBI INJURY.

15.K.4.B.3. 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 OF THE ASSESSMENTS OCCURS.

15.K.5. 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](http://www.afpmb.org).

15.K.5.A. TREAT UNIFORM WITH PERMETHRIN (INDIVIDUAL DYNAMIC ABSORPTION (IDA) KIT NSN: 6840-01-345-0237. IDA KITS AND 5 GALLON SPRAYER PERMETHRIN TREATMENT DOES NOT PROVIDE PROTECTION TO UNIFORMS FACTORY TREATED WITH FIRE RETARDANT (FRACU). USE OF OTHER PROTECTIVE MEASURES IAW THE DOD INSECT REPELLANT SYSTEM IS ESSENTIAL.

15.K.5.B. APPLY DEET CREAM (NSN: 6840-01-284-3982) TO EXPOSED SKIN (ONE APPLICATION LASTS 6-12 HOURS; MORE FREQUENT APPLICATION IF HEAVY SWEATING AND/OR IMMERSION IN WATER, ETC.).

15.K.5.C. WEAR TREATED UNIFORM PROPERLY TO MINIMIZE EXPOSED SKIN [E.G. SLEEVES DOWN].

15.K.5.D. USE PERMETHRIN TREATED BEDNET PROPERLY TO MINIMIZE EXPOSURE DURING REST/SLEEP PERIODS.

15.K.6. UNIT MASCOTS AND PETS. 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. PER CENTCOM GENERAL ORDER 1.B, DEPLOYED PERSONNEL WILL AVOID CONTACT WITH LOCAL ANIMALS IN THE DEPLOYED SETTING AND WILL NOT ATTEMPT TO FEED, ADOPT OR INTERACT WITH THEM IN ANY WAY.

15.K.7. FOOD AND WATER SOURCES:

15.K.7.A. ALL WATER (INCLUDING ICE) IS CONSIDERED NON-POTABLE UNTIL TESTED AND APPROVED BY APPROPRIATE MEDICAL PERSONNEL.

15.K.7.B. NO FOOD SOURCES WILL BE UTILIZED UNLESS INSPECTED AND APPROVED BY U.S. VETERINARY PERSONNEL.

15.K.7.C. COMMANDERS WILL ENSURE THAT THE NECESSARY SECURITY IS IN PLACE 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.K.7.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.L. ALL OTHER INSTRUCTIONS AND GUIDANCE SPECIFIED IN INITIAL POLICY MESSAGE
REMAIN IN EFFECT. MOD 8 IS NOW INVALID.

15.M. THE USCENTCOM POC FOR PREVENTIVE MEDICINE/FORCE HEALTH PROTECTION IS CCSG,
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BT

PPG-TAB A: AMPLIFICATION OF THE MINIMAL STANDARDS OF FITNESS FOR DEPLOYMENT TO THE CENTCOM AOR; TO ACCOMPANY MOD 9 TO USCENTCOM INDIVIDUAL PROTECTION AND INDIVIDUAL/UNIT DEPLOYMENT POLICY

1. General. This tab accompanies MOD 9 Section 15.B. 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 more conditions that could be cause to deny medical clearance for deployment. Possession of one or more of the conditions listed in this chapter does not automatically mean 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. 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). The services' parent regulations are as follows. Army: AR 40-501, Standards of Medical Fitness; Air Force: AFI 48-123, Medical Examinations And Standards; Navy: NAVMED P-117, The Manual of the Medical Department; Marine Corps: NAVMED P-117, article 15-5; Coast Guard: Medical Manual, COMDTINST M6000.1B. The Under Secretary of Defense Memorandum titled, "Policy Guidance for Medical Deferral Pending Deployment to Theaters of Operation" dated 09 FEB 06 and Assistant Secretary of Defense Memorandum titled, "Policy Guidance for Deployment-Limiting Psychiatric Conditions and Medications" dated 07 NOV 06 are also useful references.

2. The medical authority evaluating personnel for deployment must bear in mind the following facts:

- Medical care in theater is not as robust and amply available as that in the continental U.S. If maintaining an individual's health requires frequent or intense medical management and/or specialist care, laboratory testing, or ancillary services, they should not deploy.
- The individual must take all required medications and medical supplies with him or her. Replacements may not be available in theater.
- Medical maintenance support for personal medical devices is not available. Common household electrical current (110V AC) is not universally or consistently available.
- In addition to the individual's duties, the environmental conditions 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), discomfort, sleep deprivation, emotional stress, and circadian disruption. If maintaining an individual's health requires avoidance of these extremes or excursions, she/he should not deploy.

3. The rules and facts listed in para 2 should assist the evaluating medical authority to make qualified judgements as to whether a condition is deployable. Any medical 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 care 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 amount of medications being taken and their suitability and availability in the theater environment must be considered.

4. Nothing in this guidance document should be construed as authorizing use of defense health program or military health system resources for such evaluations if it is not elsewhere 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 9 section 15B applies to:

A. All personnel (uniformed Service Members, government civilian employees, volunteers, and contractor employees) deploying to theater must be medically and psychologically fit for deployment and possess a current Periodic Health Assessment or physical. Fitness specifically includes 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.

B. Personnel who have existing medical conditions may deploy if:

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

2) And 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.

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) 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. *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 condition.* Medical clearance to deploy with any of the following documented medical conditions may be granted IAW MOD 9 Section 15.B. If personnel who are obviously medically unfit for deployment are found deployed, contact the CENTCOM Surgeon with details of the case. A list of all possible diagnoses and their severity that may cause an individual to be non-deployable would be too expansive. In general, individuals with the following conditions, based on an individual assessment as per DoDI 6490.03, should not deploy:

- A. Conditions which prevent the wear of personal protective equipment, including protective mask, ballistic helmet, body armor, and chemical/biological protective garments, regardless of the nature of the condition that causes the inability.
- B. Conditions which prohibit required theater immunizations (other than smallpox & anthrax per current guidance) or medications (such as antimalarials, chemical and biological antidotes, and other chemoprophylactic antibiotics).
- C. Any chronic medical condition that requires frequent clinical visits, that fails to respond to adequate conservative treatment, necessitates significant limitation of physical activity, or constitutes increased risk of illness, injury, or infection.
- D. Any unresolved acute illness or injury that would impair one's duty performance during the duration of the deployment.
- E. Blood-borne diseases that may be transmitted to others in a deployed environment. Confirmed HIV antibody positivity is disqualifying for deployment.
- F. Any medical condition that could result in sudden incapacitation such as seizure disorders (within the past year) and Diabetes Mellitus, Type I or II, on pharmacological therapy or with Hg A1C > 7.0.
- G. Symptomatic coronary artery disease.
- H. Myocardial infarction within one year of deployment.
- I. Coronary artery bypass graft, coronary artery angioplasty, carotid endarterectomy, other arterial stenting, or aneurysm repair within one year of deployment.
- J. Cardiac dysrhythmias or arrhythmias, either symptomatic or requiring medication, electro-physiologic control, or automatic implantable cardiac defibrillator.
- K. Hypertension not controlled with medication or that requires frequent monitoring; current heart failure.
- L. Morbid obesity (BMI \geq 40) in accordance with National Heart Lung and Blood Institute guidelines. Military personnel in compliance with body fat guidelines do not require a waiver.
- M. Asthma that has a Forced Expiratory Volume-1 \leq 50% of predicted despite appropriate therapy, that has required hospitalization at least 2 times in the past 12 months, or that requires daily systemic (not inhalational) steroids.

- N. 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.
- O. Vision loss. Best corrected visual acuity must meet job requirements to safely perform duties.
- P. Therapeutic anticoagulation.
- Q. Biologic Response Modifiers (immune suppressors) such as Abatacept, Humira, Enbrel, Remicade, chronic steroidal, etc.
- R. 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.
- S. Precancerous lesions that have not been treated and/or evaluated and that require treatment/evaluation during the anticipated duration of the deployment.
- T. Dental and oral conditions requiring or likely to require urgent dental care within six months' time, active orthodontic care, conditions requiring endodontic care, uncontrolled periodontal disease, conditions requiring prosthodontic care, conditions with immediate restorative dentistry needs, conditions with a current requirement for oral-maxillofacial surgery. Individuals without a dental exam within the last 12 months. Individuals being evaluated by a non-DoD civilian dentist should use a DD Form 2813, or equivalent, as proof of dental examination.
- U. History of heat stroke.
- V. Meniere's disease or other vertiginous/motion sickness disorder, unless well controlled on medications available in theater.
- W. Recurrent syncope for any reason.
- X. Any musculoskeletal condition that significantly impairs performance of duties in a deployed environment.
- Y. Any medical condition that requires surgery (e.g., unrepaired hernia) or for which surgery has been performed and the patient requires rehabilitation or additional surgery to remove devices (e.g., external fixator placement).
- Z. Tracheostomy or aphonia.
- AA. Renolithiasis, current symptomatic.
- BB. Active tuberculosis.
- CC. Pregnancy.
- DD. Any medical condition that requires durable medical equipment or appliances (e.g., CPAP, TENS, etc) or that requires periodic evaluation/treatment by medical specialists not readily available in theater.
- EE. Psychotic and Bipolar Disorders are disqualifying for deployment. 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.
- FF. Psychiatric disorders under treatment with fewer than three months of demonstrated stability from the last change in treatment regimen.
- GG. Clinical psychiatric disorders with residual symptoms that impair duty performance.
- HH. Mental health conditions that pose a substantial risk for deterioration and/or recurrence of impairing symptoms in the deployed environment.

II. Chronic medical conditions that require ongoing treatment with antipsychotics, lithium, or anticonvulsants.



UNITED STATES CENTRAL COMMAND
 7115 SOUTH BOUNDARY BOULEVARD
 MACDILL AIR FORCE BASE, FLORIDA 33621-5101

CENTCOM Medical Waiver Request

Patient Name (Last, First) _____ DOB _____ SSN _____
 # Previous Deployments _____ Destination _____ Diagnosis (ICD9) _____
 Age _____ Sex _____ Grade _____ MOS/Job Description _____ Home Station _____ Unit _____
 Service _____ Years Service _____ Active or Reserve Component/Civilian _____
 Length of Deployment _____ Profiles (PULHES) _____ Previous Waivers: YES NO (please circle)

Case Summary (see reverse side for guidance):

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

Signature _____
 Battalion Commander or higher, or Brigade Surgeon

CENTCOM Response

Waiver Approval: YES NO

Signature _____

Comments:

Documentation (if appropriate and in the following order):

The request is assembled electronically and will require documentation to be scanned for transmission in encrypted, electronic format. Not all requests will require all the items listed below. Please, however, include as much information as possible as this will decrease follow-up questions and speed decision-making. Include only medical information that is pertinent to the waiver request and on a need to know basis that is HIPAA compliant.

1. CENTCOM Medical Waiver Request Form
2. Medical Summary:
 - a. Hx of condition
 - b. Date of onset
 - c. Applied treatments
 - d. Current treatment
 - e. Limitations imposed by condition and/or medication
 - f. Prognosis
 - g. Required follow-up
3. Enclosures (include only if have bearing on deployability – positive or negative):
 - a. Specialty consultations needed to establish a Dx, Tx, Monitoring Plan, and Prognosis.
 - b. Reports of operations which are pertinent and recent.
 - c. Lab reports, pathology report, tissue examinations if they demonstrate a pattern of stability.
 - d. Reports of studies: x-rays, pictures, films, or procedures (ECG, AGXT, Holter, ECHO, cardiac scans, catheterization, endoscopic procedures, etc.).
 - e. Summaries and past medical documents (e.g. hospital summary, profiles).
 - f. Reports of proceedings (e.g. tumor board, MEB/PEB, MMRB).
4. Commander Documentation
 - a. Statement of request to deploy a Soldier with non-deployable status:
 1. Soldier's criticality to the Mission.
 2. Changes in the Soldier's duty assignment, if any.
 3. Other comments supportive of deployment.

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