## HEALTH AFFAIRS

## THE ASSISTANT SECRETARY OF DEFENSE

WASHINGTON, D. C. 20301-1200

OCT 2 5 2001

MEMORANDUM FOR SURGEON GENERAL OF THE ARMY
SURGEON GENERAL OF THE NAVY
SURGEON GENERAL OF THE AIR FORCE
DEPUTY DIRECTOR FOR MEDICAL READINESS, J-4,
THE JOINT STAFF

SUBJECT: Updated Policy for Pre and Post-Deployment Health Assessments and Blood Samples

This memorandum updates the policy on this subject contained in the attached memorandum dated October 6, 1998. All previously issued guidance remains the same with the following important modifications:

- Deployment-related health assessments and blood sample collections, as described in the attachment, shall be required for all Reserve component personnel called to active duty for 30 days or more. This requirement applies whether or not the Reserve personnel are deploying outside the United States.
- Copies of completed health assessment forms (DD Forms 2795 [Predeployment] and 2796 [Post-deployment]) shall be forwarded to a new address: Army Medical Surveillance Activity, Bldg. T-20, Room 213 (Attn: MCHB-TS-EDM), 6900 Georgia Ave., NW, Washington, DC 20307-5001.

The policy which remains in force includes the following criteria:

Requirements for health assessments and blood samples apply to all troop
movements of active component personnel resulting from a Joint Chiefs of
Staff/Unified Command deployment order for 30 continuous days or greater to
a land-based location outside of the United States that do not have a permanent
U.S. military treatment facility. Routine shipboard operations that do not
involve field operations ashore for over 30 days are still exempt from this
policy memorandum.

The purpose of these assessments is to afford Reserve component service members the opportunity to have health needs and concerns addressed by the Military Health System upon activation, prior to deployment, and following deployments. This is particularly important for reservists whose entitlement to military health care is usually limited to periods of active duty service and up to 30 days following termination of service. Without documentation of health problems, reservists may encounter difficulty obtaining care for service-connected health problems from the Military Health System or from the

Department of Veterans Affairs following release from active duty. For all Components, the attached DD Form 2795 and DD Form 2796 are the only forms to be used. Completion of these forms is mandatory and may not be waived by the individual service member or unit commander. Original forms will be placed in the service member's permanent health record and copies will be sent to the address shown above.

This policy is effective immediately and should be included in Service and Joint Staff plans and policies for joint medical surveillance and force health protection. I request that each of you identify a point of contact to coordinate your efforts in this area. I also encourage you to make use of the staff and resources in the Office of the Special Assistant for Gulf War Illnesses, Medical Readiness, and Military Deployments (OSAGWIMRMD). The points of contact for this policy are COL Francis O'Donnell, Director of Medical Readiness, OSAGWIMRMD, who may be reached at (703) 845-3374 or email: <a href="mailto:fodonnel@gwillness.osd.mil">fodonnel@gwillness.osd.mil</a>, and Colonel John Powers, Acting Principal Director for Clinical and Program Policy, OASD(HA), who may be reached at (703) 681-1703, extension 5215, or <a href="mailto:John.Powers@ha.osd.mil">John.Powers@ha.osd.mil</a>.

J. Jarrett Clinton, MD, MPH Acting Assistant Secretary

## Attachments:

- 1. Memorandum, ASA(HA), 6 October 1998
- 2. Pre-Deployment Health Assessment (DD 2795)
- 3. Post-Deployment Health Assessment (DD 2796)

**HA POLICY: 01-017**