Notes/Changes

- Briefer – if service members are completing the health assessment through AKO you may hide/omit/modify slides 11 though 20. They are for use if the service member is filling out the hard copy form DD 2796
- V03.06 – added Post-Deployment Health Reassessment Form information
Re-Deployment Preventive Medicine Measures

Name
Command
Contact Information

Prepared by:
U.S. Army Center for Health Promotion and Preventive Medicine
(800) 222-9698 / DSN 584-4375 / (410) 436-4375
AGENDA

• Purpose of this briefing
• Background on health concerns
• Medical threats / Health problems
• Re-deployment medical requirements
• Homecoming Stress
• Summary and where to get more information
PURPOSE

To address any concerns you may have about your health and ensure that you understand the medical requirements for re-deployment.
• Forces redeploy from all over the world

• Of utmost importance is force health protection and addressing concerns you might have about your health
STAYING HEALTHY GUIDE

• Unfold YOUR Redeployment Guide
• Basic information and resources
• Reference Guide for this Briefing

This guide is for use by all active/reserve component military, civilian, retiree, and contractor personnel. Any individual who is returning from any type of military operation should keep and refer to this guide.
POTENTIAL MEDICAL THREATS

• Threat Categories
  – Infectious
  – Vector borne
  – Animal associated
  – Environmental

• Diarrheal diseases
• Tuberculosis
• Malaria
• Dengue
• Meningococcal Meningitis
• Leishmaniasis
• Q-Fever
• Rabies
• Sandfly Fever
• Schistosomiasis
• Typhoid/Paratyphoid
• Typhus
• Boutonneuse Fever
• West Nile Fever
• Leptospirosis
COMMON HEALTH PROBLEMS

• Most illnesses occur while in theater
• You may experience minor, temporary changes in health after redeployment
• Some diseases may not cause symptoms until after returning home; most of these will show up within the first six months
• Take medications as directed by your physician (ex. Anti-malarial)
COMMON HEALTH PROBLEMS

• If you experience:
  – Fever
  – Muscle or joint pain
  – Stomach or bowel problems
  – Swollen glands
  – Skin problems
  – Excessive tiredness
  – Emotional problems
  – Sleep difficulties
  – Shortness of breath
  – Weight loss

• Seek medical care as soon as possible
• Be sure to tell your provider that you were deployed and where
MEDICAL REQUIREMENTS

• In-theater
  – Receiving this post-deployment medical threat briefing
  – Completing the Post-Deployment Health Assessment (DD Form 2796)
  – Receiving post-deployment medical screening (of 2796), testing, and follow-up
  – Understanding where to go for health problems or concerns after you return home

• Home Station
  – Tuberculosis skin test (TB), blood draw and any indicated referral appointments, post-deployment health reassessment (DD2900)
MEDICAL REQUIREMENTS

• In-theater
  – Receiving this post-deployment medical threat briefing
  – Completing the Post-Deployment Health Assessment (DD Form 2796)
    – Receiving post-deployment medical screening (of 2796), testing, and follow-up
    – Understanding where to go for health problems or concerns after you return home

• Home Station
  – TB skin test, blood draw and referral appointments, post-deployment health reassessment (DD2900)
DEPLOYMENT HEALTH ASSESSMENTS

- Available through AKO under the “My Medical Readiness” link
DEPLOYMENT HEALTH ASSESSMENTS

Deployment Health Assessments

Pre Deployment
DD2795
Post Deployment
DD2796
Post Deployment Health Reassessment
DD2900

Please select the survey you would like to view, edit, or complete

PRE DEPLOYMENT HEALTH ASSESSMENT FORM
DD2795

POST DEPLOYMENT HEALTH ASSESSMENT FORM
DD2796

POST DEPLOYMENT HEALTH REASSESSMENT FORM
DD2900
**Post-Deployment Health Assessment Form**

**Page 1: Service Member Administrative Information**

- **Last Name:**
- **First Name:**
- **MI:**
- **Name of Your Unit or Ship during this Deployment:**
- **Gender:**
  - Male
  - Female
- **Service Branch:**
  - Air Force
  - Army
  - Coast Guard
  - Marine Corps
  - Navy
  - Other
- **Location of Operation:**
  - Europe
  - SW Asia
  - SE Asia
  - Asia (Other)
  - Unknown
- **Component:**
  - Active Duty
  - National Guard
  - Reserves
  - Civilian Government Employee
- **Pay Grade:**
  - E1
  - E2
  - E3
  - E4
  - E5
  - E6
  - E7
  - E8
  - E9
- **Location of Operation (mark all that apply - list where/date arrived):**
  - Kuwait
  - Qatar
  - Afghanistan
  - Bosnia
  - On a Ship
- **Name of Operation:**
- **Occupational specialty during this deployment (MOS, NEC or AFSC):**
- **Combat specialty:**

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**Demographics**

- **Today's Date (dd/mm/yyyy):**
- **Social Security Number:**
- **DOB (dd/mm/yyyy):**
- **Date of arrival in theater (dd/mm/yyyy):**
- **Date of departure from theater (dd/mm/yyyy):**
- **Administrator Use Only**
  - Medical threat de briefing completed
  - Medical information sheet distributed
  - Post Deployment weapon specimen collected

**DD FORM 2796, APR 2003**

**Previous Edition is Obsolete.**

**ASD/HAJ APPROVED**

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**Instructions:** Please read each question completely and carefully before marking your selections. Provide a response for each question. If you do not understand a question, ask the administrator.
DD FORM 2796

• DD Form 2796 must be completed no more than 30 days prior to departing for home station

• Page 1: Administrative information
  — Deployment location
  — Country, list all
  — Operation (Iraqi Freedom, Enduring Freedom)

*You will need your DD 2796 in hand to depart from theater*

Do not pack it in your bags
Please answer all questions in relation to THIS deployment

1. Did your health change during this deployment?
   ○ health stayed the same or got better
   ○ health got worse

2. How many times were you in sick call during this deployment?
   

3. Did you have to spend one or more nights in a hospital as a patient during this deployment?
   ○ No
   ○ Yes, for:

4. Did you receive any vaccinations just before or during this deployment?
   ○ HBlobus leaves a scar on the arm
   ○ Flue
   ○ BCG
   ○ Typhoid
   ○ Measles
   ○ Meningococcal
   ○ Other, list:
   ○ Don't know
   ○ None

5. Did you take any of the following medications during this deployment?
   ○ Pain relievers or non-aspirin ibuprofen
   ○ Antihistamines
   ○ Antibiotics
   ○ Other, list:
   ○ Don't know

6. Do you have any of these symptoms now or did you develop them anytime during this deployment?

7. Did you see anyone wounded, killed or dead during this deployment?
   ○ No
   ○ Yes - location

8. Were you engaged in direct combat where you discharged your weapon?
   ○ No
   ○ Yes

9. During this deployment, did you ever feel that you were in great danger of being killed?
   ○ No
   ○ Yes

10. Are you currently interested in receiving help for a stress, emotional, alcohol or family problem?
    ○ No
    ○ Yes

11. Over the LAST 2 WEEKS, how often have you been bothered by any of the following problems?
    ○ Little interest or pleasure in doing things
    ○ Feeling down, depressed, or hopeless
    ○ Thoughts that you would be better off dead or hurting yourself in some way

12. Have you ever had any experience that was so frightening, horrible, or upsetting that, IN THE PAST MONTH, you ....
    ○ Yes
    ○ No
    ○ Have had nightmares about it or thought about it when you did not want to?
    ○ Tried hard not to think about it or went out of your way to avoid situations that reminded you of it?
    ○ Were constantly on guard, watchful, or easily startled?
    ○ Felt numb or detached from others, activities, or your surroundings?

13. Are you having thoughts or concerns that ...
    ○ Yes
    ○ No

14. While you were deployed, were you exposed to:
    ○ Yes, explain with date and location

15. On how many days did you wear your MOPP over garments?
    ○ No
    ○ Yes

16. How many times did you put on your gas mask because of alarms and NOT because of exercises?
    ○ No
    ○ Yes

17. Were you in or did you enter or closely inspect any destroyed military vehicles?
    ○ No
    ○ Yes

18. Do you think you were exposed to any chemical, biological, or radiological warfare agents during this deployment?
    ○ No
    ○ Don't know

19. Would you like more information about this survey?
    ○ Yes
    ○ No

DD FORM 2796, APR 2003
• Page 2: Service Member Report
  – Report vaccinations, medications, and health care during deployment process
  – Report experiences, symptoms or concerns

• Page 3: Service Member Report
  – Report possible exposures and duration
  – Identify potentially hazardous situations that may concern you

*You will need your DD 2796 to out-process from theater*
Health Care Provider Only

Post-Deployment Health Care Provider Review, Interview, and Assessment

Interview
1. Would you say your health in general is: ○ Excellent ○ Very Good ○ Good ○ Fair ○ Poor
2. Do you have any medical or dental problems that developed during this deployment? ○ Yes ○ No
3. Are you currently on a profile or light duty? ○ Yes ○ No
4. During this deployment have you sought, or do you now intend to seek, counseling or care for your mental health? ○ Yes ○ No
5. Do you have concerns about possible exposures or events during this deployment that you feel may affect your health? Please list concerns:

6. Do you currently have any questions or concerns about your health? Please list concerns:

Health Assessment
After my interview/exam of the service member and review of this form, there is a need for further evaluation as indicated below. (More than one may be noted for patients with multiple problems. Further documentation of the problem evaluation to be placed in the service member’s medical record.)

REFERRAL INDICATED FOR:
- None
- Cardiac
- Combat/Operational Stress Reaction
- Dental
- Dermatology
- ENT
- Eye
- Family Problems
- Fatigue, Malaise, Multi-system complaint
- Audiology

EXPOSURE CONCERNS (During deployment):
- GI
- GU
- GYN
- Mental Health
- Neurology
- Orthopedia
- Pregnancy
- Pulmonary
- Other

Comments:

I certify that this review process has been completed.

Provider’s signature and stamp:

This visit is coded by V70.5 __ 6

Date (dd/mm/yyyy):

End of Health Review

DD FORM 2796, APR 2003

ASD(HA) APPROVED
MEDICAL REQUIREMENTS

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  – Receiving post-deployment medical screening (of 2796), testing, and follow-up
  – Understanding where to go for health problems or concerns after you return home

• Home Station
  – TB skin test, blood draw and referral appointments, post-deployment health reassessment (DD2900)
• Page 4: Health Assessment
  – Face-to-face discussion with Health Care Provider (HCP)
  – Answer based on how you are feeling today
  – Review of completed DD 2796 with HCP
  – Follow-up may be recommended at home station
  – Answering yes to any questions will not delay your departure from theater

*Hand-carry a copy of your DD 2796 all the way through your home station out-processing*
MEDICAL REQUIREMENTS

- **In-theater**
  - Receiving this post-deployment medical threat briefing
  - Completing the Post-Deployment Health Assessment (DD Form 2796)
  - Receiving post-deployment medical screening (of 2796), testing, and follow-up
  - **Understanding where to go for health problems or concerns after you return home**

- **Home Station**
  - TB skin test, blood draw and referral appointments, post-deployment health reassessment (DD2900)
SO YOU HAVE HEALTH QUESTIONS AND CONCERNS

• Step 1
  – Be aware that some conditions (like malaria, tuberculosis, and others) may not produce symptoms for weeks to months after you return home.

• Step 2
  – Contact your local MTF or civilian health care provider for problems, questions, or concerns noticed after re-deployment, and make sure to tell him/her about your deployment.

• Step 3
  – If you feel ill, your primary health care provider can do an initial assessment. If symptoms persist or your condition is not improving, make sure you return to your health care provider.

• Step 4
  – The DoD Deployment Health Clinical Center is always available to answer your questions, and any questions your health care provider (civilian or military) may have about your health.
Walter Reed Army Medical Center
6900 Georgia Avenue, NW
Building 2, Room 3G04
Washington, DC 20307-5001
Phone: (202) 782-6563
Fax: (202) 782-3539
DSN: 662-3577
Toll Free Help Line: (866) 559-1627
http://www.pdhealth.mil
MEDICAL REQUIREMENTS

• In-theater
  – Receiving this post-deployment medical threat briefing
  – Completing the Post-Deployment Health Assessment (DD Form 2796)
  – Receiving post-deployment medical screening (of 2796),
    testing, and follow-up
  – Understanding where to go for health problems or concerns after you return home

• Home Station
  – TB skin test, blood draw and referral appointments,
    post-deployment health reassessment (DD2900)
MEDICAL REQUIREMENTS

• Tuberculosis Skin Test
  – A skin test on the forearm to show if you have been exposed to tuberculosis
  – Delayed onset of positive test in some folks requires that you be tested twice:
    • At the time of redeployment
    • At 3-6 months after redeployment
      (Date will be indicated on your DD Form 2796)
  – You must return 48-72 hours after the test to have it read and documented by a health care professional

• Blood sample taken at home station
DD FORM 2900

• Post Deployment Health Reassessment
  – Completed 3-6 months after re-deployment
  – Must complete the demographic information portion; the remainder of the form is voluntary
  – The form will be completed through AKO or MEDPROS at a screening location
  – A healthcare provider will review and discuss your answers with you
BLOOD DONATION

• If you get malaria you will be deferred from donating blood for 3 years

Many soldiers who have been deployed overseas cannot donate blood for a year after redeploying.
REUNITING WITH FAMILY AND FRIENDS

- Reunion is a part of the deployment cycle and can be filled with joy and stress. Reintegration into the family structure is a critical process.

- Refer to the *A Soldier and Family Guide to redeploying* for things to remember during reunion with family and friends.

- Chaplains and counselors are available to help cope with homecoming stress.
SUMMARY

• Background
• Medical Threats / Health Problems
• Post Deployment Requirements
• Completion of DD Form 2796
• Where to go for health information
• Homecoming Stress
CONCLUSION

It is important to the US military and the nation that you enjoy good health as you rejoin your family and friends upon return to home station.

If you have health problems or concerns, it is critical that you let someone know. It will not delay your departure for home station.

Are there any questions?