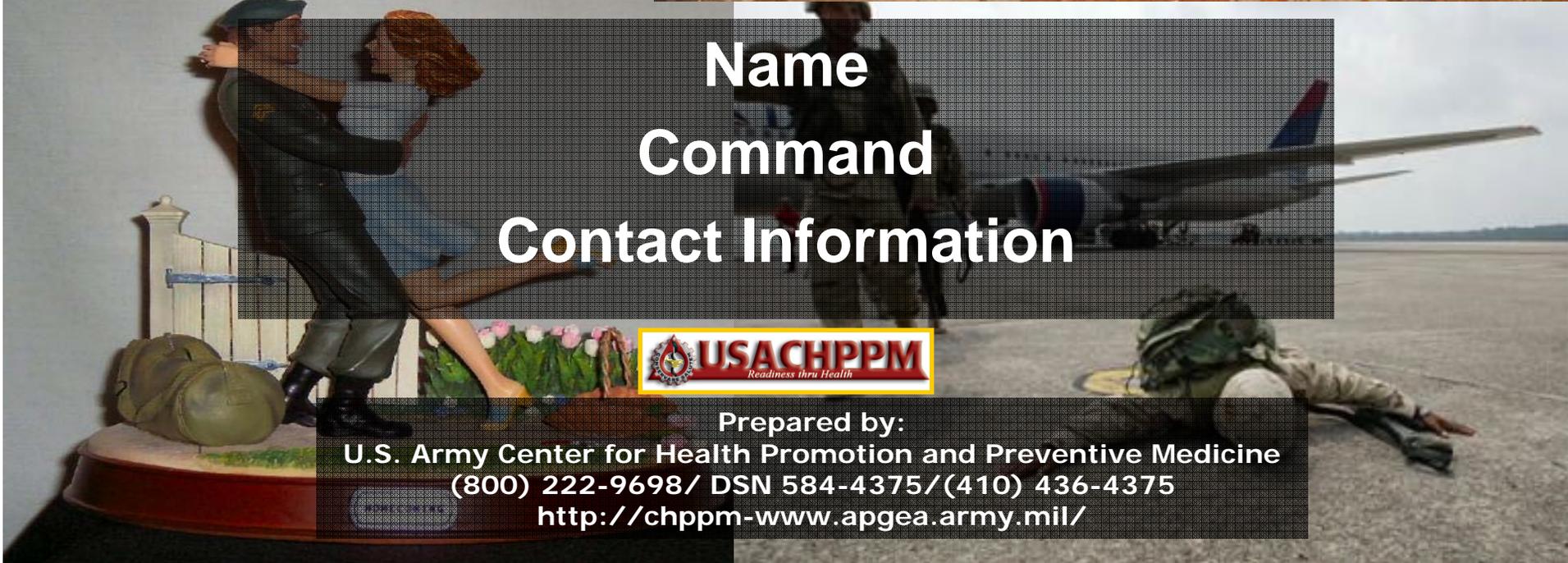


# Notes/Changes

- Briefer – if service members are completing the health assessment through AKO you may hide/omit/modify slides 11 through 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  
<http://chppm-www.apgea.army.mil/>

# 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



# BACKGROUND

- **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

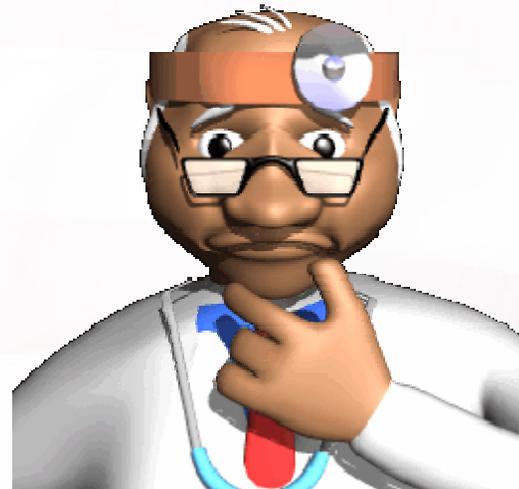
# COMMON HEALTH PROBLEMS



- 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

Wednesday, 15 March 2006 My Medical Readiness  
Search All AKO This Site Group Management Send Feedback Send AKO Link Add to my Favorites

- Available through AKO under the "My Medical Readiness" link

AKO Site  
AKO File  
DA Publications  
People (White Pages)  
Create AKO Content

Content Directory

Pages Files Forums

- My Medical Readin...
- PDHRA Commander P...
- PDHRA Soldier Page

My Favorites [Edit]

Pages Links Files Forums

- CRC / Safety
- 72D/E - ESO/Sani Eng
- Army Publishing Dir
- MEDCOM
- MEDKN Home

Army Organizations

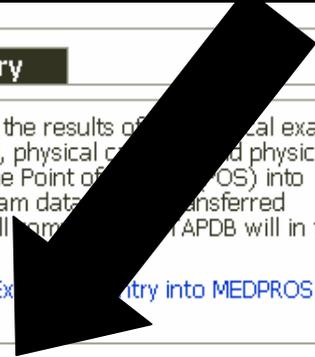
Self Service

Reference

### Physical Exam Data Entry

Effective 1 December 2005, the results of the physical exam, which consist of PE, PULHES serial, physical condition and physical source will be entered directly at the Point of Service (POS) into MEDPROS. The Physical Exam data will be transferred electronically to TAPDB for all Army units. TAPDB will in turn feed other DA source systems.

[Point of Service Physical Exam Data Entry into MEDPROS Memorandum](#)



### Deployment Health Assessments

Soldiers deploying or redeploying from theater can now complete their portion of the Pre, Post or Post Deployment Health Reassessment online before their scheduled deployment processing at which time a medical provider will complete the assessment with the Soldier. Click here ([DHA](#)) to begin your assessment.

### Post Deployment Health Re-Assessment (PDHRA)

for selection to impending deployment battle rosters on the PROFIS Deployment System (PDS). For those selected, PDS offers predictability and preparation.

Visit the MEDCOM Volunteer Web site at:  
<http://www.mods.army.mil>

**Additional Resources:**

- TSG Volunteer Memorandum
- OTSG/MEDCOM Memorandum 06-003

### Weigh to Stay Program

**Want to lose weight?** Weigh to Stay is the Army's intensive standardized weight management and education program. This program includes a three part education series with designated follow-ups. Weigh to Stay will provide soldiers with the tools needed to learn and establish healthy eating and exercise habits. Currently this program is being offered to the USAR in CONUS and both AD and USAR Soldiers who are deployed through an internet collaborative platform. The training is real time conducted from the comfort of your own computer. All you need is a dedicated

# DEPLOYMENT HEALTH ASSESSMENTS

M  
E  
N  
U

## Deployment Health Assessments

Pre Deployment  
DD2795

Post  
Deployment  
DD2796

Post  
Deployment  
Health  
Reassessment  
DD2900

Deployment  
Health  
Assessment

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

PRE DEPLOYMENT HEALTH ASSESSMENT FORM

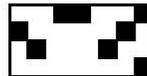
DD2795

POST DEPLOYMENT HEALTH ASSESSMENT FORM

DD2796

POST DEPLOYMENT HEALTH REASSESSMENT FORM

DD2900



33348

# POST-DEPLOYMENT Health Assessment

Authority: 10 U.S.C. 136 Chapter 55. 1074f, 3013, 5013, 8013 and E.O. 9397

Principal Purpose: To assess your state of health after 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 to you.

Routine Use: To other Federal and State agencies and civilian healthcare providers, as necessary, in order to provide necessary medical care and treatment.

Disclosure: (Military personnel and DoD civilian Employees Only) Voluntary. If not provided, healthcare WILL BE furnished, but comprehensive care may not be possible.

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.

## Demographics

Last Name [Grid]

Today's Date (dd/mm/yyyy) [Grid]

First Name [Grid] MI [Grid]

Social Security Number [Grid]

Name of Your Unit or Ship during this Deployment [Text]

DOB (dd/mm/yyyy) [Grid]

**Gender**  
 Male  
 Female

**Service Branch**  
 Air Force  
 Army  
 Coast Guard  
 Marine Corps  
 Navy  
 Other

**Component**  
 Active Duty  
 National Guard  
 Reserves  
 Civilian Government Employee

Date of arrival in theater (dd/mm/yyyy) [Grid]

**Location of Operation**

<input type="radio"/> Europe	<input type="radio"/> Australia	<input type="radio"/> South America
<input type="radio"/> SW Asia	<input type="radio"/> Africa	<input type="radio"/> North America
<input type="radio"/> SE Asia	<input type="radio"/> Central America	<input type="radio"/> Other _____
<input type="radio"/> Asia (Other)	<input type="radio"/> Unknown	

Date of departure from theater (dd/mm/yyyy) [Grid]

**Pay Grade**

<input type="radio"/> E1	<input type="radio"/> O01	<input type="radio"/> W1
<input type="radio"/> E2	<input type="radio"/> O02	<input type="radio"/> W2
<input type="radio"/> E3	<input type="radio"/> O03	<input type="radio"/> W3
<input type="radio"/> E4	<input type="radio"/> O04	<input type="radio"/> W4
<input type="radio"/> E5	<input type="radio"/> O05	<input type="radio"/> W5
<input type="radio"/> E6	<input type="radio"/> O06	
<input type="radio"/> E7	<input type="radio"/> O07	<input type="radio"/> Other
<input type="radio"/> E8	<input type="radio"/> O08	
<input type="radio"/> E9	<input type="radio"/> O09	
	<input type="radio"/> O10	

To what areas were you mainly deployed: (mark all that apply - list where/date arrived)

Kuwait \_\_\_\_\_

Qatar \_\_\_\_\_

Afghanistan \_\_\_\_\_

Bosnia \_\_\_\_\_

On a ship \_\_\_\_\_

Iraq \_\_\_\_\_

Turkey \_\_\_\_\_

Uzbekistan \_\_\_\_\_

Kosovo \_\_\_\_\_

CONUS \_\_\_\_\_

Other \_\_\_\_\_

Name of Operation: [Grid]

Occupational specialty during this deployment (MOS, NEC or AFSC) [Grid]

Combat specialty: \_\_\_\_\_

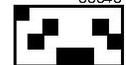
**Administrator Use Only**

Indicate the status of each of the following:

Yes	No	N/A	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Medical threat debriefing completed
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Medical information sheet distributed
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Post Deployment serum specimen collected

Reset

33348



# Post-Deployment Health Assessment Form

## Page 1: Service Member Administrative Information

# 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



# DD FORM 2796

- 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\***

# Post-Deployment Health Assessment Form

## Page 4: Health Care Provider Assessment

### Health Care Provider Only

SERVICE MEMBER'S SOCIAL SECURITY #    -   -

#### 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?  Yes  No  
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:

- |   |                                     |
|---|-------------------------------------|
| <input type="radio"/> None                                    | <input type="radio"/> GI            |
| <input type="radio"/> Cardiac                                 | <input type="radio"/> GU            |
| <input type="radio"/> Combat/Operational Stress Reaction      | <input type="radio"/> GYN           |
| <input type="radio"/> Dental                                  | <input type="radio"/> Mental Health |
| <input type="radio"/> Dermatologic                            | <input type="radio"/> Neurologic    |
| <input type="radio"/> ENT                                     | <input type="radio"/> Orthopedic    |
| <input type="radio"/> Eye                                     | <input type="radio"/> Pregnancy     |
| <input type="radio"/> Family Problems                         | <input type="radio"/> Pulmonary     |
| <input type="radio"/> Fatigue, Malaise, Multisystem complaint | <input type="radio"/> Other _____   |
| <input type="radio"/> Audiology                               |                                     |

##### EXPOSURE CONCERNS (During deployment):

- Environmental  
 Occupational  
 Combat or mission related  
 None

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

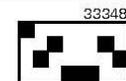
I certify that this review process has been completed.  
 Provider's signature and stamp:

This visit is coded by V70.5 \_\_ 6

\_\_\_\_\_

Date (dd/mm/yyyy)   /   /

#### End of Health Review



# 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)

# DD FORM 2796

- 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.

# **DOD DEPLOYMENT HEALTH CLINICAL CENTER**

**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

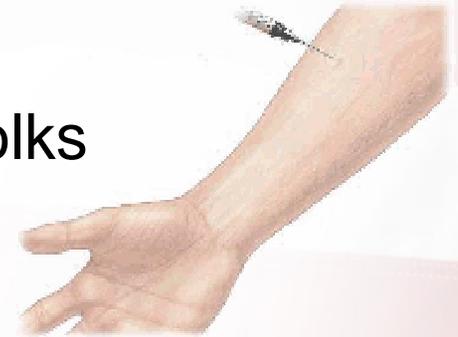
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- Home Station

- **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

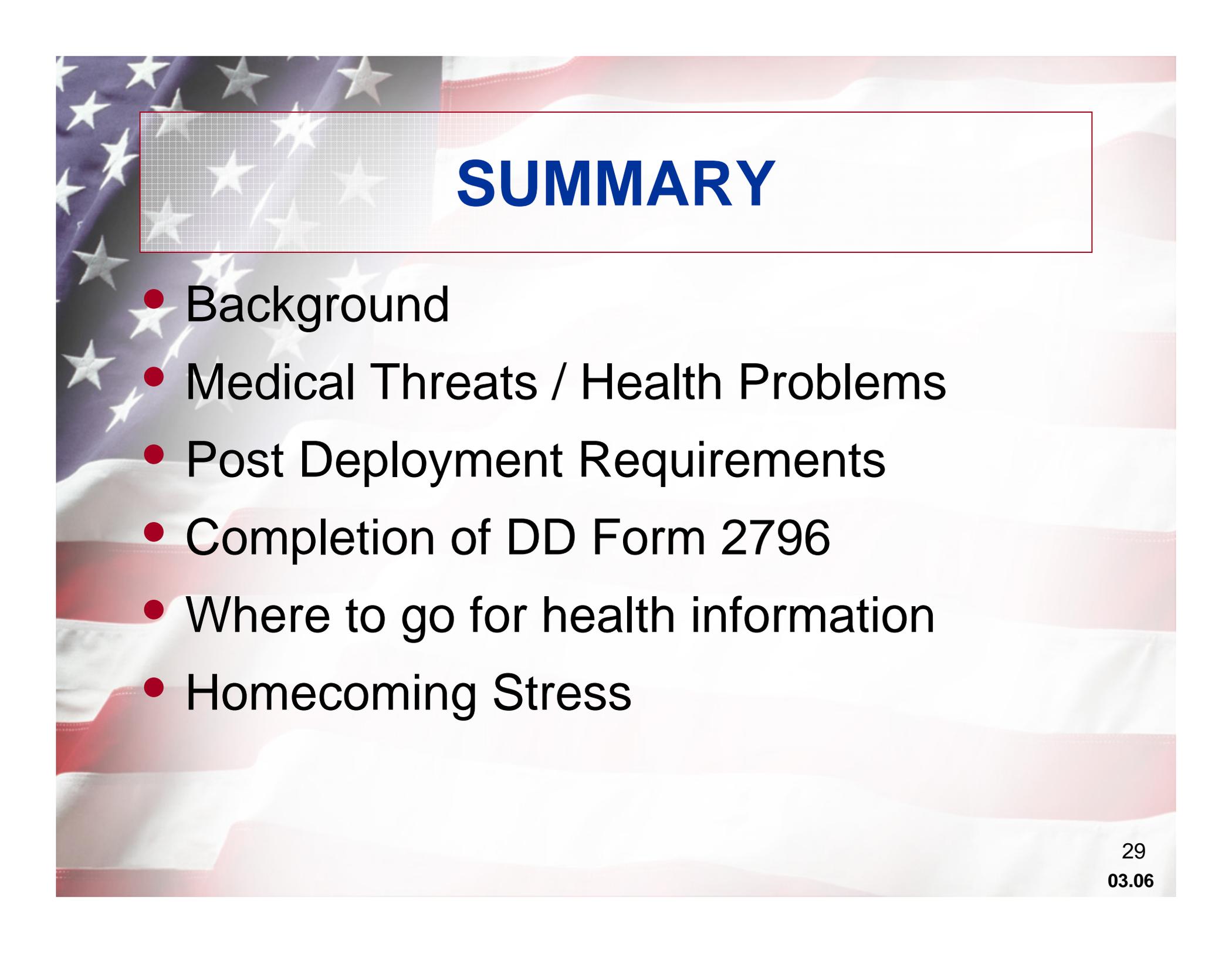
Many soldiers who have been deployed overseas cannot donate blood for a year after redeploying.



# 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



The background of the slide is a stylized American flag with a grid overlay on the stars. The title 'SUMMARY' is centered in a white box with a red border.

# 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?

