

# DHAP

## DEPLOYMENT HEALTH ASSESSMENT PROGRAM

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### A LEADER'S GUIDE



2023 Draft as of 22 September 2023



**DHAP**  
DEPLOYMENT HEALTH  
ASSESSMENT PROGRAM



**DIRECTORATE OF PREVENTION,  
RESILIENCE AND READINESS**

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Dear Reader:

In every mission and operation in our Nation's history, the American Soldier has proven his/her valor and dedication to our country. As defenders of the Constitution and the American way of life, the U.S. Army continues to provide high-quality care for the men and women who serve our great Nation during times of peace and war.

The Army of today encompasses people, technology, medical advances, and scientific research that paved the way for how we treat and care for our Soldiers. The latest medical technology is on the battlefield ready to heal and save lives. Our physicians, physician assistants, nurses, medical non-commissioned officers, and support staff are at the forefront of providing preventative care and use state-of-the-art tools to ensure the personal readiness and resilience of those who serve – our Soldiers and Department of the Army Civilians.

**The Deployment Health Assessment Program (DHAP)** is a Commander's program and is critical to building the personal readiness and resilience of Soldiers and Army Civilians, bringing the medical care system directly to them. Uniquely, this tool stands apart from other programs because instead of relying on the individual to come forward with his or her physical or emotional concerns, the DHAP comes directly to the individual in a safe and confidential setting that is stigma-free.

**The DHAP Leader's Guide** is a user-friendly resource for Unit and Garrison Commanders, their staff, as well as the medical and personnel communities to implement this important mission and whose leadership and dedication are necessary to protect the health of the American Soldier.

Sincerely,

The DHAP Team



## **The Army Deployment Health Assessment Program Support Team**

The DHAP team is comprised of a Program Executive Officer at Army G-9, a project manager, and Component program managers for the Active Component, Army Reserves, and the National guard. The Reserves team also includes a deputy program manager and a STRATCOM analyst. Each component includes a senior consultant and an analyst position to help execute the program. Additionally, the Department of the Army has a civilian and IRR program manager as well as a DA civilian analyst.





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## DEPLOYMENT HEALTH ASSESSMENT PROGRAM OFFICE

The Deployment Health Assessment Program (DHAP) Office has primary responsibility for overall program management, implementation, and monitoring of Deployment Health Assessments. The Program Office works within the Army G9, Directorate of Prevention, Resilience and Readiness (DPRR) in a collaborative effort with The Office of the Surgeon General (OTSG). The Program Office assists the Army components, which include the Active Component, the Army National Guard, the United States Army Reserve, the Individual Ready Reserve and the Department of the Army Civilians in program administration, policy implementation, and program completion. For questions related to managing the DHAP or completion of any Deployment Health Assessment (DHA), feel free to contact any of the Program Office members listed immediately below or the respective component support team members contained in the component section of this guide.



## SECTION I – INTRODUCTION

- 1.0. The execution of Deployment Health Assessments (DHAs) is mandated by public law 10 U.S.C. § 1074f - U.S. Code - Unannotated Title 10. Armed Forces § 1074f. Medical tracking system for members deployed overseas, Department of Defense Instruction ([DoDI 6490.03](#), Deployment Health, 19 June 2019, Defense Health Agency Procedural Instruction ([DHA-PI 6490.03](#), Deployment Health Procedures, 17 December 2019 and Army policy, [AR 11-35](#) Army Programs Occupational and Environmental Health Risk Management. The Deployment Health Assessment Program (DHAP) promotes DHAs in support of individual personal readiness and resilience, and unit readiness for Soldiers, DA Civilians, and contractors throughout the deployment cycle. As a critical tool in support of building ready and resilient Soldiers and Department of the Army Civilians (DACs) across all Army Components, DHAP serves as a gateway to care and is designed to identify emerging physical and behavioral health conditions. DHAP ensures members of the Armed Forces have access to comprehensive counseling on the full range of methods for contraception, pregnancy prevention and menstrual suppression, pursuant to DHAPI 6200.02, including the interaction between anticipated deployment conditions and methods of contraception. The DHAP identifies physical and behavioral health conditions related to deployments such as Traumatic Brain Injury (TBI), Post-Traumatic Stress Disorder (PTSD), depression, suicidal ideation, substance abuse disorder, environmental exposures, and combat-related injuries.

In accordance with [DoDI 6490.03](#), *Deployment Health*, 19 June 2019 and [DHA-PI 6490.03](#), DHAs are required for all deployments outside the continental United States (e.g., operational deployments, training events, humanitarian missions, etc.) greater than 30 days.<sup>1</sup> For deployments of 30 days or fewer outside of the United States, and operations within the United States (e.g., emergency response), conduct DHAs as determined by Commanders exercising operational control. Commanders should use [AR 11-35 Army Programs Occupational and Environmental Health Risk Management](#), dated 11 May 2016 as a critical reference in support of the military decision-making process when determining the need to execute DHAs.

### PURPOSE

- 1.1. The purpose of the DHAP is to identify Soldier and DAC health issues related to deployment. Successful DHA execution allows for the early identification and access to care for deployment-related health concerns that may manifest into serious conditions months before and after an individual's deployment. The DHAP aligns to Deployment Cycle Support (DCS) with the goal of facilitating well-being throughout a unit's readiness cycle. The DHAP Program focuses on DoD deployment health-related activities that promote and sustain a healthy and fit force,

<sup>1</sup> Department of Defense Instruction, 6490.03, Deployment Health, 19 June 2019



including fitness, applicable training, preventing illness and injury from occupational and environmental health threats while in garrison or deployed.

## MISSION

- 1.2. Implementation of the DHAP ensures all deploying Soldiers and DAC complete the assessments within directed timelines to identify emerging physical and behavioral conditions, refer individuals for health care, and maximize individual resilience and the operational readiness of the Total Army.

## PROGRAM ADMINISTRATION

- 1.3. The DHAP is administered by the Army Deputy Chief of Staff, G-9, through DHAP Support Teams embedded in the OTSG/United States Army Medical Command (MEDCOM), the Army National Guard, Office of the Chief, United States Army Reserve (OCAR), the United States Army Reserve Command (USARC), Individual Ready Reserve (IRR), and Office of the Assistant G-9 for Civilian Personnel. Each DHAP team provides direct support and is responsible for meeting program management, evaluation, and implementation timelines in accordance with (IAW) Department of Defense Instruction ([DoDI 6490.03](#), [DHA-PI 6490.03](#), [Deployment Health Procedures](#), and DHAP HQDA EXORD 270-17 ISO Deployment Health Assessment Program.

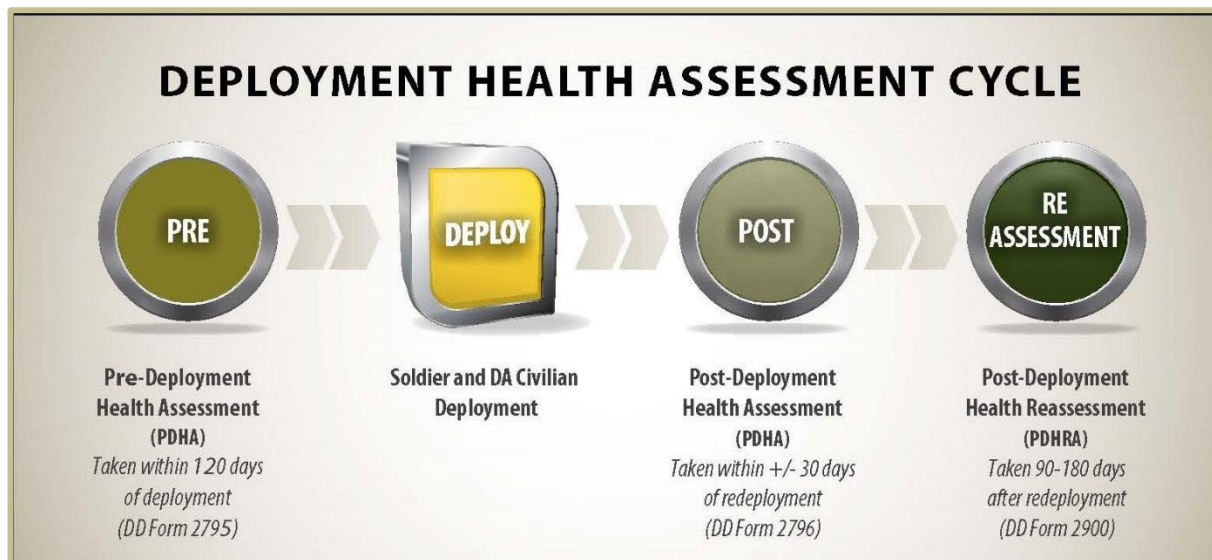
## SUCCESSFUL DHAP MANAGEMENT

- 1.4. Effective DHAP management requires strong collaboration between Commanders and their staff (e.g., S1, S3, Unit Surgeons and Medical NCOs), the Garrison Commander, Installation Director of Human Resources, MTF and Soldier Readiness Processing (SRP) site personnel. Successful DHAP management requires key partnerships that: **(1)** understand the guidelines that drive DHAP planning and execution; **(2)** ensure DHAP planning across all organizations to ensure timely execution; **(3)** promote maximum participation throughout all levels of leadership and **(4)** plan the integration of deployment cycle resilience training (DCRT) prior to assessment execution.

## REQUIREMENTS AND TIMELINE

- 1.5. In accordance with [DoDI 6490.03](#) and [DHA-PI 6490.03](#), DHAs must be completed at specific intervals throughout the deployment cycle. DHAP execution varies by location, by component, and by assessment. Providing clear, concise, and consistent guidance on the required completion of the DHAs is critical to the continued success of the DHAP. Deployment Health Assessments are completed in the following order as depicted in **Figure 1**.





**Figure 1: DHA Cycle – Pre, Deploy, Post, and Reassessment**

**1. DD Form 2795, Pre-Deployment Health Assessment (Pre-DHA)**

- The Pre-DHA is completed within 120 days prior to deployment.
- The Pre-DHA screens for physical, mental, or behavioral readiness, it also provides opportunity for the individual to address/correct any health deficiencies prior to deployment.

**2. DD Form 2796, Post-Deployment Health Assessment (PDHA)**

- The PDHA is completed no earlier than 30 days before redeployment date and no later than 30 days after redeployment. For ARNG and USAR Component members, the PDHA is completed before they are released from active duty.
- The PDHA screens for immediate deployment-health related injuries such as physical and mental or behavioral issues the individual may have sustained, during deployment.
- PDHA responses are compared to the Pre-DHA responses and with documentation of care, during deployment, found in the deployment health record.

**3. DD Form 2900, Post-Deployment Health Reassessment (PDHRA)**

- The PDHRA is completed within 90 to 180 days after redeployment.
- The PDHRA screens for physical and mental or behavioral health issues that may have evolved since the individual's return from deployment.
- PDHRA completion venues vary by Army Component.



## PERIODIC HEALTH ASSESSMENT (PHA)

1.6. In order to improve Individual Medical Readiness (IMR) rates, the Army implemented the Periodic Health Assessment (PHA) program, which requires an annual health assessment that replaced the five-year mandatory physical. The PHA is a preventative health screening tool designed to improve reporting and visibility of individual Soldier Medical Readiness and address health care issues that require further evaluation and/or treatment. While this is an annual requirement, the PHA will be deferred during deployment. The medical readiness status of deployed Soldiers will be considered “Green.” Per Chief of Staff Army Memorandum dated 12 October 2006, [AR 40-501](#), *Standards of Medical Fitness*, and [AR 40-502](#), Medical Readiness, an annual PHA is required for all general officers, officers, warrant officers and enlisted personnel regardless of component. Per The Assistant Secretary Of Defense Memorandum dated October 28, 2016 [DoDI 6200.06](#), “*PHA Program*” was released for implementation on September 8, 2016. The logic-based DoD PHA tool will enable the Services to assess the Medical Readiness of Service Members and the overall health of the force.

### Components of the New DoD PHA Program:

- Service Members will complete a comprehensive web based PHA every 12 months. A PHA will be recorded as overdue, if it is not completed within 90 days after the due date, as outlined in PHA [DoDI 6200.06](#) dated September 8, 2016 and prescribed by Title 10, United States Code. At any time during the PHA process, a referral visit with a health care provider or other appropriate individual may be indicated and/or scheduled.
- Trained health care personnel will review the Service Member’s self-assessment, available health records and other information from medical encounters since the Service Member’s last PHA.
- A person-to-person Mental Health Assessment (MHA) between the Service Member and a health care provider trained to perform MHAs is required. Trained health care personnel will determine if the Service Member requires further evaluation or health education.

Completion of DD Form 2795, DD Form 2796, and DD Form 2900, when done face-to-face, satisfies most of the elements of a PHA. Additional objective data requirements are:

- Review and record height and weight.
- Age and gender-appropriate preventative counseling.
- Cardiovascular screening for individuals over 40 years of age who have not had a cardiovascular screening within the previous five years.

Every face-to-face visit with a provider for Deployment Health Assessments should be leveraged to update the PHA.



**MENTAL HEALTH ASSESSMENT (MHA)**

1.7. In accordance with [DoDI 6490.03](#), person-to-person deployment MHAs will be conducted for each Service Member deployed in connection with a Contingency Operation, subject to specific limited exceptions. These MHAs will be conducted during five timeframes in a consistent manner across the Military Services and administered at least 90 days apart. **Figure 2** depicts the entire schedule in relation to the DHAs.

- Not earlier than 120 days before estimated deployment date (completed via Pre-DHA).
- MHAs should be administered not earlier than 90 days and no later than 180 days after entering theater. The in-theater MHA should be re-administered accordingly for each 180 days of deployment (e.g., between 181 and 360 days) with a minimum of 90 days between each in-theater MHA administration.
- Between 181 days and 18 months after return from deployment (completed via PHA).
- Between 0 to 21 days after post deployment leave
- Between 90 and 180 days after return from deployment (completed via PDHRA).
- Between 18 and 30 months after return from deployment (completed via PHA).

**MHAs** are intended to help identify Mental Health conditions including PTSD, depression, alcohol misuse, and safety concerns, such as suicidal tendencies that require referral for additional care and treatment in order to ensure Individual and Unit Readiness. For additional information regarding the MHA, please refer to the OTSG/MEDCOM Policy Memo 17-029 Behavioral Health Service Line (BHSL) Department of Behavioral Health (DBH), 08 May 2017.

Pre-Deployment Health Assessment (Pre-DHA) (DD Form 2795)	In Theater Mental Health Assessment (DD Form 2978)	Post-Deployment Health Assessment (PDHA) (DD Form 2796)	Mental Health Assessment (DD Form 2978)	Post-Deployment Health Reassessment (PDHRA) (DD Form 2900)	Periodic Health Assessment (PHA)	
					The PHA is completed annually	
Mental Health Assessment		Mental Health Assessment		Mental Health Assessment	Mental Health Assessment	Mental Health Assessment
The Pre-DHA is completed up to 120 days prior to deployment	The MHA is completed each 180-day period during deployment	The PDHA is completed +/- 30 days of redeployment (There are timeline exceptions for COMPOs 2 & 3)	The MHA is completed 21 days after redeployment leave	The PDHRA is completed between 90-180 days after redeployment	The MHA is completed 181 days – 18 months after return from deployment	The MHA is completed 18 – 30 months after return from deployment

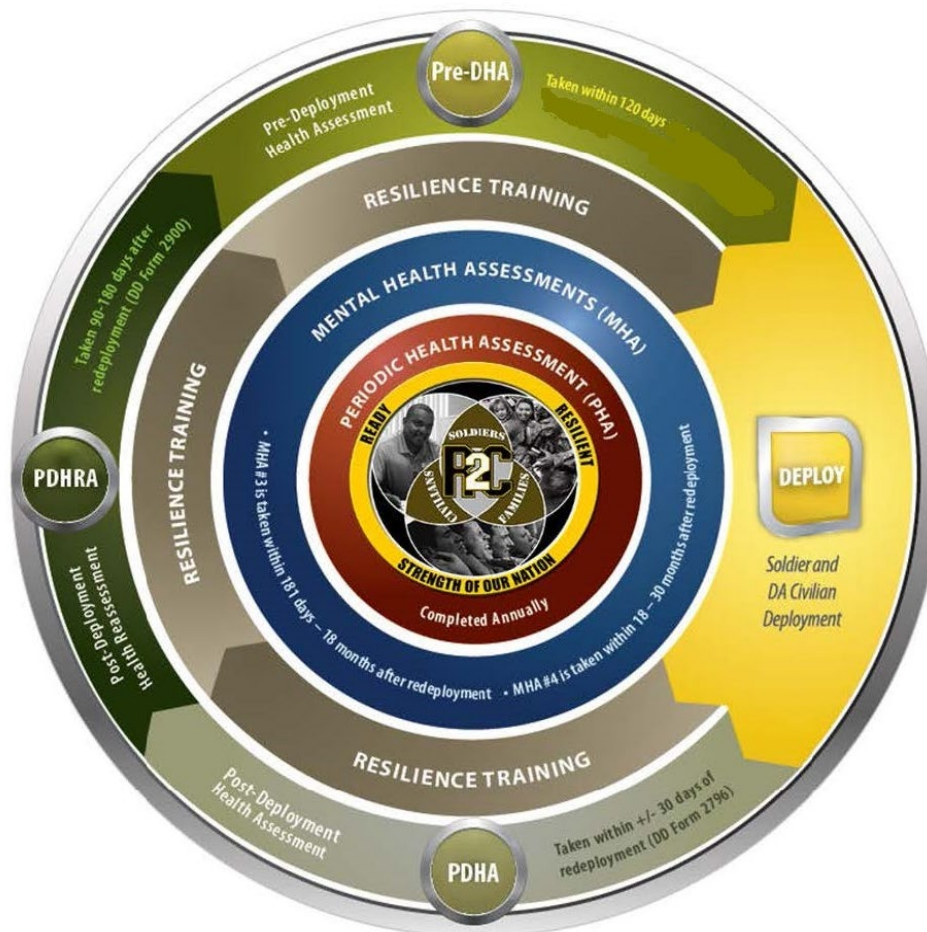
**Figure 2: Table of Health Assessments**

## ARMY HEALTH ASSESSMENT CYCLE

1.8. Understanding the importance of health assessments throughout the Soldier Lifecycle is a key to maintaining optimum health and is the catalyst for building a strong “Soldier for Life” attitude/environment. From prevention to treatment, health assessments are the foundation for maintaining Individual Personal Readiness and Resilience and Unit Readiness. This is accomplished by providing targeted primary prevention through risk factor counseling, early identification, and care for emerging health concerns.

Health Assessments serve as a path to care and promote the physical, emotional, and behavioral strength of Soldiers. **Figure 3** depicts the Army Health Assessment Cycle, which incorporates the complete Directorate of Prevention, Resilience and Readiness (DPRR) Initiative including Health Assessments and Resilience Training.

Note that the Army Health Assessment Cycle is continuous as Soldiers and DA Civilians deploy with units or as individuals and the requirements in the cycle remain the same. Our goal is to be proactive and prevent or treat physical and behavioral health issues at critical stages before and after deployment.



**Figure 3: Army Health Assessment Cycle**



## SECTION II – DHAP OVERVIEW

- 2.0. The DHA process involves the completion of three Deployment Health Assessments annotated and captured via three DoD Forms as follows:
- DD Form 2795, Pre-Deployment Health Assessment (Pre-DHA)
  - DD Form 2796, Post-Deployment Health Assessment (PDHA)
  - DD Form 2900, Post-Deployment Health Reassessment (PDHRA)

The completion of each DD Form involves a two-step process completed in this order:

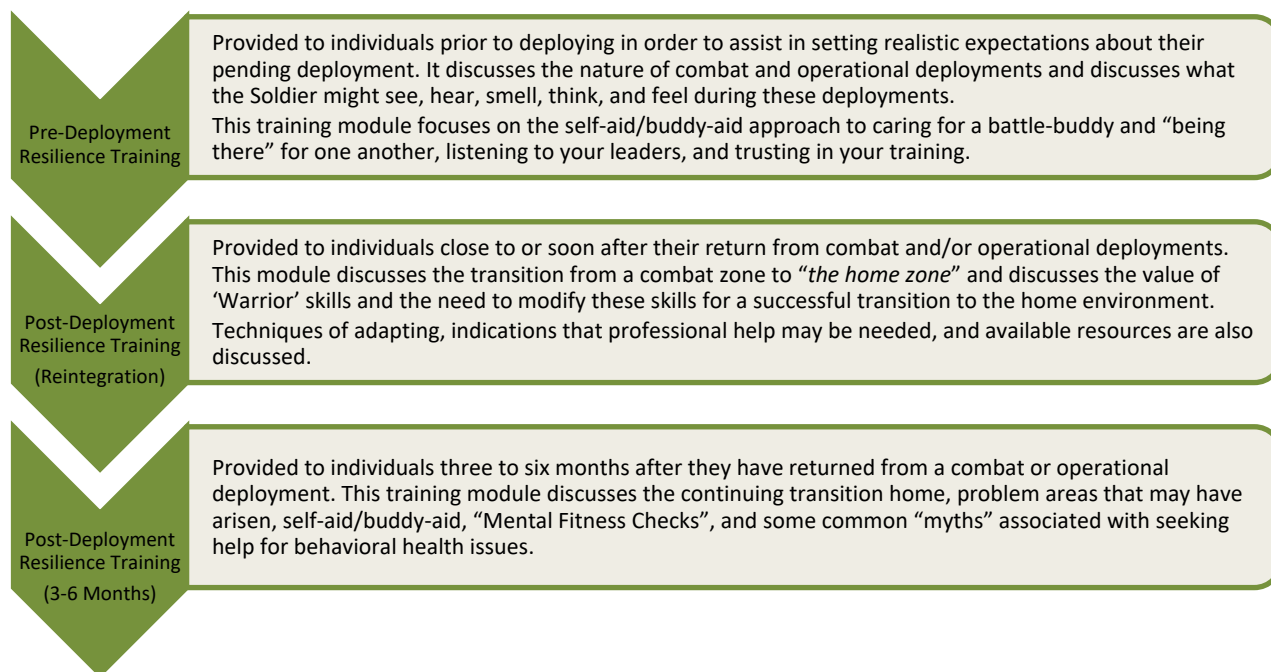
1. Self-assessment portion completed online via [MODS Medical Readiness Portal](#) by the individual. For USAR Soldiers, the self-assessment portion on the DD Form 2900 must be completed online via <https://www.qtc.com/> when using the USAR contracted medical provider to complete the PDHRA.
2. Provider portion completed via a confidential conversation with a credentialed healthcare provider. Please note that a DD Form is not considered complete unless it is signed electronically in MEDPROS by a credentialed health care provider. For USAR Soldiers, the DD Form 2900 is not considered complete unless it is signed electronically by a credentialed health care provider, the form is placed in the Soldier's Health Readiness Record (HRR) in MEDCHART, and the date entered into MEDPROS when using the USAR contracted medical provider to complete the PDHRA.

### Deployment Cycle Resiliency Training (DCRT)

- 2.1. The DCRT modules and materials were designed to support individuals in the deployment cycle and coincides with the completion of the three DHAs, thereby rounding out the DHAP process. DCRT is conducted in coordination with Comprehensive Soldier and Family Fitness (CSF2) instruction at the company level by a Master Resilience Trainer (MRT) and includes three modules directly related to the DHA process:
- Pre-Deployment Resilience Training (1-6 months before deployment)
  - Post-Deployment Resilience Training (Reintegration- 1 month before or after redeployment)
  - Post-Deployment Resilience Training (3-6 Months)

**Figure 4** provides a description of the three DCRT modules.





**Figure 4: Operational (Deployment Cycle) Resilience Training (DCRT)**

Figure 5 illustrates how DCRT coincides with the completion of the three DHAs, thereby rounding out the DHAP process.

Pre-Deployment Health Assessment (Pre-DHA) DD Form 2795	Post-Deployment Health Assessment (PDHA) DD Form 2796	Post-Deployment Health Reassessment (PDHRA) DD Form 2900
Pre-Deployment Resilience Training	Post-Deployment Resilience Training (Reintegration)	Post-Deployment Resilience Training (3-6 Months)
<p><b>STEP 1:</b> Self-assessment portion of the form, completed online via <a href="#">MODS Medical Readiness Portal</a> by the individual. (For USAR Soldiers, the self-assessment portion on the DD Form 2900 must be completed online via <a href="https://www.qtcm.com/">https://www.qtcm.com/</a> when using the USAR contracted medical provider to complete the PDHRA.)</p>		
<p><b>STEP 2:</b> Provider portion of the form, completed via face-to-face appointment with a credentialed health care provider</p>		

**NOTE:** Operational (Deployment Cycle) Resilience Training (DCRT) coincides with DHAP execution. It is strongly recommended that DCRT is completed in conjunction with DHAP execution in order to maximize resilience.

**Figure 5: Deployment Health Assessment Completion Process**



## SELF-ASSESSMENT PORTION OF DHA FORM

- 2.2. The purpose of the self-assessment is to identify physical and behavioral health information in order to assess health concerns associated with deployment and to assist Healthcare Providers (HCP) in identifying and providing access to care for the individual. Information from the Deployment Health self-assessments may result in a referral for additional health care that may include medical, dental, and behavioral health (to include substance abuse disorders) or referral to diverse community support services, such as Chaplains or Military OneSource.

The authority to collect DHA information is derived from [10 U.S.C. 136](#), Under Secretary of Defense for Personnel and Readiness; [10 U.S.C. 1074f](#), Medical Tracking System for Members Deployed Overseas; [45 Code of Federal Regulation \(CFR\) Parts 160 and 164](#), Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules and [E.O. 9397 \(SSN\)](#), as amended. Information captured and tracked using Deployment Health Assessments are subject to HIPAA and Privacy Act Regulations. DHAP execution must ensure patient information is protected in accordance with HIPAA and Privacy Act guidelines. Mental Health-specific information should be treated with increased sensitivity.

Disclosure of specific medical and behavioral health information is voluntary. If an individual chooses not to provide information, comprehensive health care services may not be possible or administrative delays may occur. Care will not be denied whenever an individual identifies medical or behavioral health concerns. Individuals deploying must, at a minimum, complete the first portion of the form (demographics, contact information, and deployment details) and are encouraged to answer all questions. If an individual does not understand a question, the question should be discussed with an HCP.

## PROVIDER PORTION OF DHA FORM

- 2.3. Authorized health care providers include physician, physician assistant, nurse practitioner, advanced practice nurse, independent duty corpsman, special forces medical sergeant, independent duty health services technician, or independent duty medical technician. Independently licensed mental health providers are authorized to complete DD Form 2978.

Health care providers who review DD Forms 2795, 2796, 2900, and 2978 are required to have a certificate documenting completion of DoD Mental Health Assessment Health Care Personnel Training (available through Joint Knowledge Online) Providers can access the required training on JKO at: <https://jkosupport.jten.mil>, Course Number and Title: DHA-US332: DoD MHA Health Care Personnel Training Course. Independently licensed mental health providers may complete Deployment Mental Health Assessments and are not required to complete the additional training.

Deployment Mental Health Assessments may also be conducted by a mental health technician, or a Tri-Service mental health registered nurse provided:



- That technician has completed the training and certification requirements described above.
- An independently licensed mental health provider, or a physician, nurse practitioner, or physician assistant (who has completed the training and certification requirements described above) is available to supervise and countersign each assessment before a disposition is made. The provider portion of the form is completed via a confidential one-on-one conversation with an HCP to discuss the results of the self-assessment portion. Based on the responses from the self-assessment and the discussion with the individual, the HCP may recommend referral care depending on the needs of the individual.
- Any MHA conducted by a registered nurse must be supervised by, and assessments countersigned by a provider who is authorized to conduct MHAs.

The venue for completing the confidential one-on-one conversation varies by Army Component, by DD Form (Pre-DHA, PDHA and PDHRA) and by location. The execution site may vary from on-site event completion at an SRP site, treatment facility or contracted call centers.

## REFERRAL CARE

- 2.4. The Active Component (AC), Army National Guard (NGARNG), US Army Reserve (USAR), and DACs have distinct referral care processes.

**AC:** For Active Component Soldiers, individuals usually schedule the referral appointments themselves. Individuals may call their local MTF (<http://www.tricare.mil/mtf/>), a TRICARE network provider or a U.S. Department of Veterans Affairs (VA) medical facility ([www.va.gov/directory](http://www.va.gov/directory)).

Additionally, behavioral health referral care for all DHA assessments may be obtained from the installation's Department of Behavioral Health, Army OneSource ([www.militaryonesource.mil](http://www.militaryonesource.mil)), a Soldier/Family Support Center, or an Army Chaplain. Active-Duty Soldiers can use the TRICARE network if they are enrolled in TRICARE Prime Remote or are referred to the network by their installation MTF.

Appointments for VA care are sometimes made in conjunction with the Deployment Health Assessment interview. If VA appointments are not available at that time, an individual can schedule a visit with any of the other sources of referral care previously mentioned.

**USAR:** For United States Army Reserve Soldiers (USAR), Pre-DHA referral care is provided either at the MTF or in the Behavioral Health (BH) section of the VA. If USAR Soldier lives outside of the catchment area of an MTF, he/she has the option to see a civilian provider with proper authorization. If a referral is derived from either the Pre-DHA or PDHRA, based on medical conditions identified that were incurred or aggravated while in an Active Duty (AD) status, and requires 14 days of



care or more, the individual will receive care at a VA clinic, TRICARE provider or be referred to a Soldiers Recovery Unit (SRU) if they meet eligibility criteria outlined in AR 40-58 (Warrior Care and Transition Program).

After completing the PDHRA (DD Form 2900) electronically, an individual will speak to an HCP for a one-on-one confidential conversation in-person or virtually. He or She will receive instructions on how to obtain follow-up evaluation for diagnosis to address his/her medical and/or BH concerns if it is determined that the individual needs referral care.

The HCP will inform the individual that a referral is recommended and advise the Soldier regarding the process for referral (i.e., VA Health Administration, MTF, TRICARE provider). Whether call center, individual call-in or on-site event, the USAR contracted medical provider will inform the individual of his/her ability to print off the DA Form 2173 (Statement of Medical Examination and Duty Status) to be completed by the provider and retained by Soldier as a record of “referral issues” and that this document provided is not the actual Line of Duty. The provider will advise the Soldier that he/she must provide any further documentation regarding any evaluation for diagnosis/prognosis from a referral to their command.

- An individual must use the local MTF if he/she lives/works within the catchment area. To determine or verify TRICARE prime remote access eligibility, the individual should check <https://www.tricare.mil/FindDoctor/mtf>.
- A Health Readiness Coordinator (HRC) will reach out to the individual to provide assistance and follow-up. After making the appointment and receiving a diagnosis/potential treatment plan, provide the documentation to the HRC at your unit.
- If an individual is diagnosed as having a deployment-related health condition, the HRC, UA/Commander or higher headquarters representative will need to complete and submit a Line of Duty (LOD) determination (DA Form 2173, *Statement of Medical Examination and Duty Status*) to document the individual’s condition and ensure he/she gets the necessary care needed.
- Travel orders or expense reimbursement may be available under certain circumstances for travel to/from authorized referral care. The referral appointment will cost nothing, not even a co-payment. The individual may also be eligible to be paid for the time required to attend the appointment. Additional information can be provided by the UA.

**ARNG:** For Army National Guard Soldiers, a referral will be issued from an HCP screening session in order to receive additional evaluation or required medical care. The HCP will inform the individual that a referral is recommended and advise the Soldier regarding the process for referral (i.e., VA Health Administration, MTF, TRICARE provider). Whether call center, individual call-in or on-site event, the ARNG contracted medical provider will inform the individual of his/her ability to print off the DA 2173 Form, Statement of Medical Examination and Duty Status, to be completed by the provider and retained by Soldier as a record of “diagnosis.” The



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provider will advise Soldier that he/she must provide documentation regarding diagnosis/prognosis from referral to their command.

Funding may be available to compensate Service Members for attending medical appointments that are the result of a referral made during the PDHRA screening completed during current or previous FY.

Funds cannot be used for per diem and/or lodging. A Service Member should be paid one (1) day's pay plus mileage to and from the medical appointment (to a maximum of seven) only if the following criteria have been met:

- Soldier participated in and completed their PDHRA based on the most recent deployment. The referral can be issued in-person or via a telephonic healthcare provider screening.
- Soldier attends referral medical appointment and provides supporting documentation of attended visit back to unit/PDHRA PM.

Service Members who receive an Emergent Referral should immediately be put on seven (7) day orders. This protects the Service Member from a break in orders if an extended hospital stay is required.

If the Service Member's home of record (HOR) zip code is more than 50 miles from the zip code of the appointment location, DTS will be used for travel authorizations. Additional instructions must be added to Active-Duty Orders – 2 tab.

Service Members traveling under DTS for a referral appointment must be cross-org to the G-1. Select PDHRA LOA and ensure that the approval is routed to PDHRA before signing the travel authorization.

**Department of Defense Civilian (DODC):** DODCs requiring referral care should contact their supporting Occupational Health Clinic (OHC) located within the nearest MTF. If it is not practical for the supporting MTF to provide the required care, evaluation, or treatment, it will be necessary to refer the employee out for Private Sector Care (PSC). This service is provided at no cost to the employee if the condition is determined to be related to their deployment.

PSC referrals must be coordinated with the serving Civilian Personnel Advisory Center (CPAC) Injury Compensation Program Administrator (ICPA). The PSC referrals for this population will not follow the normal MTF referral management process utilized for other Title 10, United States Code (USC) and eligible beneficiaries. Instead, the required care for DODCs will be provided under the auspices of the Federal Employee Compensation Act (FECA).

MTFs will assign a case manager for affected DAC employees when MTF/OHC-controlled medical management is expected to encompass an extended period of time (i.e., complex, high-acuity medical conditions). This management may require





back and forth movement of the patient between the MTF/OHC and FECA-coordinated PSC when the MTF does not have in-house capabilities to treat the employee.

When a deployment-related condition is identified through the PDHRA process, the employee’s supervisory chain is available to help the employee file a Worker’s Compensation claim in accordance with the provisions of FECA. Contact the servicing CPAC/ICPA for assistance and guidance with filing FECA claims. MTFs will provide copies of referrals to support the medical management transfer from the MTF/OHC to a civilian provider upon request of the employee or servicing CPAC.

SECTION III – ROLES & RESPONSIBILITIES

3.0. Proper and complete DHAP execution requires all members of the health care team, unit leaders, their staff, and individuals to understand and take ownership of their roles, tasks, and responsibilities.

ROLES	RESPONSIBILITIES
<p><b>Soldiers and Civilians</b></p>	<p><b>The Soldiers and other deployable personnel will—</b></p> <ul style="list-style-type: none"> <li>• Monitor and maintain currency of medical readiness requirements. RC personnel may have to accomplish some IMR requirements on their own time such as civilian dental exams or medical evaluations.</li> <li>• Complete all DHAP assessments on the required forms, within the published timelines, in accordance with <a href="#">DODI 6490.03</a>, and Army policy as specified in chapter 4.</li> <li>• Per <a href="#">DODI 6025.19</a>, report medical (including mental health) and health issues that may affect their readiness to deploy or fitness to continue serving in an active status.</li> <li>• Each Soldier is responsible for authorizing and facilitating disclosures of health information by any non-DOD health care provider(s) to the Military Health System for inclusion in the EHR and/or STR. RC Soldiers not empaneled will follow the guidance and direction of commands to submit the documentation to the STR. Maintenance of physical and medical fitness is an individual Soldier responsibility. Each Soldier is responsible for maintaining their physical and medical fitness. Physical fitness is the level of function required to effectively perform all required military duties. Soldiers maintain their medical fitness by seeking timely medical care and advice when they have a medical issue that may affect their readiness. Soldiers will provide their unit records custodian, patient administration officer, unit administrator, and/or unit commander all civilian health records that may affect their medical readiness status or fitness to continue service. Soldiers should not wait until their annual PHA to make such</li> </ul>





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	<p>a condition or defect known. Medical records personnel, designated by component, are responsible to scan any civilian health records or other documentary evidence into the Soldier's EHR and file any paper documents into the STR.</p>
<p><b>DHAP Coordinator</b></p>	<p><b>DHAP coordinator appointed in writing.</b></p> <ul style="list-style-type: none"> <li>• DHAP Coordinator must be trained in DHAP policy and procedures from higher headquarters.</li> <li>• Provides guidance and assistance in all areas of DHAP to staff and subordinate units.</li> <li>• Advises senior leadership on status of deployment health assessments completion compliance rates.</li> <li>• Communicates with unit and higher headquarters offices on deployment issues and maintain folders/documentation for historical data.</li> <li>• Ensures personnel complete their Pre-Deployment Health Assessment (DD Form 2795), Post-Deployment Health Assessment (DD Form 2796), and Post-Deployment Health Reassessment (DD Form 2900) and Mental Health Assessments within their required timeline.</li> <li>• Monitor pre-deployment and redeployment schedules of subordinate units.</li> <li>• Monitor in &amp; out-processing and deployment checklists for Pre-Deployment Health Assessment (DD Form 2795), Post-Deployment Health Assessment (DD Form 2796), and Post-Deployment Health Reassessment (DD Form 2900) annotations.</li> <li>• Gathers, researches, analyzes, and interprets MEDPROS medical readiness data for deployment health assessments.</li> <li>• Provides input for executive summaries, information papers, memorandums, and action papers on DHAP issues of importance.</li> <li>• Facilitates training when needed for DHAP reporting in MEDPROS to all eligible military and civilian personnel.</li> <li>• Ensures units are familiar with implementing/sustaining MEDPROS deployment health assessment reporting.</li> </ul>
<p><b>S1 / G9</b></p>	<p><b>G-9 will—</b></p> <ul style="list-style-type: none"> <li>• Recommend medical readiness and personnel policy integration and operational tasks to The Surgeon General (TSG).</li> <li>• Coordinate medical readiness and personnel policy with appropriate personnel programs and systems.</li> <li>• Facilitate commander's management, monitoring, and participation in personnel readiness. Support the implementation of the medical readiness tools and guidance provided by the Office of The Surgeon General (OTSG) to optimally support personnel readiness.</li> </ul>





	<ul style="list-style-type: none"> <li>• Implement standardized DHAP processes across the Army for deploying and redeployed Soldiers and Department of the Army Civilians (DACs) to address potential deployment-related physical and behavioral health concerns.</li> </ul>
<p><b>S3 / G3/5/7</b></p>	<p><b>G–3/5/7 will—</b></p> <ul style="list-style-type: none"> <li>• Monitor and ensure the integration of medical readiness policy with current operational readiness reporting policy.</li> <li>• Facilitate commander’s engagement, monitoring, and participation in IMR programs to maximize Soldier and subsequently unit medical readiness.</li> <li>• Recommend medical readiness policy integration and operational tasks to policy proponent.</li> <li>• Coordinate operational programs and systems with medical readiness policy, processes, and procedures as described in <a href="#">DA Pam 40–502</a>.</li> <li>• Ensure collaboration between appropriate organizations and activities integral to Army readiness reporting.</li> </ul>
<p><b>Unit Commander</b></p>	<p><b>The unit commanders will—</b></p> <ul style="list-style-type: none"> <li>• Establish a command expectation that individuals will be personally responsible for meeting and maintaining IMR requirements.</li> <li>• Monitor individual and unit IMR status using the Commander Portal as described in <a href="#">DA Pam 40–502</a>. Commanders will take action when unit members fail to respond to notifications of due or overdue IMR requirements or fail to keep scheduled appointments to ensure the unit meets the published medical readiness goal.</li> <li>• Ensure unit medical readiness; determine deployable personnel when informed by medical readiness information and administration; and report unit readiness in accordance with <a href="#">AR 220–1</a> on the Commander Portal.</li> <li>• Formally appoint a commander’s designee who is a trusted and trained individual as an alternate to execute command readiness responsibilities. Commander designees will obtain system access after completing all training required for access to the Commander Portal.</li> <li>• Allocate adequate duty time for Soldiers to meet and maintain IMR requirements.</li> <li>• Ensure processes are in place and functioning to notify Soldiers of due and overdue IMR requirements, and deployment-related health assessments completion.</li> <li>• Review all physical profiles describing duty limitations within 14 days after a profiling officer issues a profile (30 days for RC) and make</li> </ul>





	<p>deployability determination on all profiles not constrained by regulation or policy for all Soldiers in their command through the Commander Portal.</p> <ul style="list-style-type: none"> <li>• Complete Commander Portal training and obtain system access no later than 14 days (RA) or 30 days (RC) after assuming their duties.</li> <li>• Commanders at all levels are responsible for ensuring Soldiers and DACs assigned to deploy with their unit receive deployment health assessment screenings and maintain readiness throughout the deployment cycle.</li> <li>• The unit commander is responsible for ensuring that each Soldier completes all medical readiness requirements; the accuracy of personnel and medical readiness systems of record and taking appropriate follow-up action regarding each Soldier's readiness or medical status.</li> </ul>
<p><b>Battalion commanders or equivalent</b></p>	<p><b>The battalion commanders or equivalent will—</b></p> <ul style="list-style-type: none"> <li>• Review the unit medical readiness and deployment status of subordinate units.</li> <li>• Mentor unit commanders regarding deployability determinations and command support of medical readiness.</li> <li>• Participate in profile review boards as outlined in <a href="#">DA Pam 40-502</a>.</li> <li>• Appoint dedicated MEDPROS unit managers and commander clerks at battalion headquarters to track Soldier and unit medical readiness.</li> <li>• Use the Commander Portal to perform a monthly review of temporary profiles lasting 120 days or more as described in <a href="#">DA Pam 40-502</a>.</li> </ul>





ROLES	RESPONSIBILITIES
<p style="text-align: center;"><b>Medical Readiness Commanders</b></p>	<p><b>The MRC commanders will—</b></p> <ul style="list-style-type: none"> <li>• Evaluate DOD, Army, and CCMD - specific medical readiness guidance and published supplemental directives as required. Support and ensure implementation of OTSG/MEDCOM policy for medical readiness processes, deployment/mobilization, and redeployment/demobilization in accordance with directed requirements.</li> <li>• Plan, coordinate, and conduct staff assistance visits and inspections under the authority of the MRC Organizational Inspection Program to ensure compliance of medical readiness processes within the MRC service area.</li> <li>• Monitor medical readiness and provide reports and analysis of the status for organic MTFs and supported installations within the MRC service area.</li> <li>• Research, identify, and track units (all components (COMPOs)), and provide reports and analysis of status for units deploying and redeploying within the MRC service area.</li> <li>• Ensure access management for the automated Medical Readiness System of Record through a designated agent. Monitor/perform quality assurance assessments of the major command (U.S. Army) appointed approval authorities granting access to the Commander Portal for the commander, their designee, and selected staff.</li> <li>• Perform quality assurance reviews of data entries within the MRC service area and ensure correction of erroneous processes.</li> <li>• Provide clinical readiness, Medical Readiness Systems of Record, and electronic health record (EHR) training and assistance, as needed.</li> <li>• Provide proponent oversight of the DHAP within the MRC service area.</li> <li>• Provide medical readiness support for Reserve Component (RC), Army National Guard (ARNG), and U.S. Army Reserve (USAR) on active-duty orders with line of duty (LOD), DHAP support and continuity when transitioning status.</li> <li>• Conduct staff assistance visits and staff inspection visits at MTFs to ensure standardized DHAP processes and procedures occur in accordance with established guidance. Ensure local DHAP policies and procedures are in place to track individuals with priority self-assessment questionnaires.</li> <li>• Ensure MTFs have appropriate processes for DHAP related emergent behavioral health referrals and DHAP generated</li> </ul>







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	<p>behavioral health referrals through completion of initial appointment.</p> <ul style="list-style-type: none"> <li>• Monitor and ensure access to care standards is met for DHAP generated referrals.</li> <li>• Coordinate with Joint Service MTFs within their regions to ensure Army personnel are able to obtain DHAP screening in the system of record.</li> </ul>
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ROLES	RESPONSIBILITIES
<p><b>Military Treatment Facility (MTF) Commander</b></p>	<p><b>The MTF commanders will, in addition to the responsibilities of Military treatment facilities, the U.S. Army Reserve command surgeon, the Chief Surgeon of the Army National Guard</b></p> <ul style="list-style-type: none"> <li>• Use the healthcare team to optimize the implementation of the medical readiness requirements by making every visit a readiness visit.</li> <li>• Ensure the Army healthcare team, in preparation for every visit, will use the Healthcare Portal to validate the IMR status of every Soldier, use the Medical Readiness Assessment Tool to identify Soldiers at risk for becoming non-deploy-able, and review e-Profile for Soldiers active profiles.</li> <li>• Ensure that the healthcare team addresses any due or overdue medical readiness requirements at the time of the visit or before the Soldier leaves the medical facility. Any deficiencies will be corrected, identified for the healthcare provider, or appointed for appropriate service. Readiness requirements will not delay or impede urgent or emergent care.</li> <li>• Implement the policies prescribed in this regulation with the processes and procedures described in <a href="#">DA Pam 40-502</a> in the care of all RA and TRICARE Prime Remote Soldiers within their specific health service area and geographic area of responsibility boundaries worldwide.</li> <li>• Ensure there is a DHAP coordinator appointed in writing, provide the resources, training, and allocated time to assist with tracking deployment readiness.</li> <li>• Ensure DHAP staff have training on and access to Soldier electronic system of record prescribed in <a href="#">DA Pam 40-502</a>.</li> <li>• Ensure health care providers check Soldiers' profile status (all COMPOs) in the readiness system of record during each DHAP screening (pre-, post-, and DD Form 2900 (Post Deployment Health Re-assessment (PDHRA))) and make changes/updates, as appropriate.</li> <li>• Ensure DHAP information is treated confidentially and in accordance with HIPAA and the <a href="#">DODM 6025.18</a>.</li> </ul>





	<ul style="list-style-type: none"> <li>• Assist deploying personnel with completion of deployment readiness requirements. To support command readiness programs, the MTF personnel will collaborate with the unit healthcare providers on readiness issues and the DHAP process.</li> <li>• Ensure review of Soldiers' priority self-assessment questionnaires and coordinate appointments.</li> <li>• Ensure collaboration between providers, unit commanders, and CCMD waiver authorities to address specific deployment status issues for Soldiers with an assigned mission.</li> </ul>
<p><b>Commanders, Army commands, Army service component commands, and direct reporting units</b></p>	<p><b>The ACOM, ASCC, and DRU commanders will—</b></p> <ul style="list-style-type: none"> <li>• Organize, train, and equip forces and installations to meet and maintain IMR requirements.</li> <li>• Establish a command expectation that unit commanders and individuals will meet and maintain IMR requirements. Readiness is a commander's program.</li> <li>• Establish a forum, or integrate into an existing forum with medical, human resources, and personnel leaders with installation leadership to regularly evaluate the IMR status of Soldiers on the installation. This forum must meet monthly at a minimum. Direct the unit command teams or designated representatives to use the Commander Portal to track their unit members' profile status, IMR compliance, and requirements.</li> <li>• Ensure appropriate action is taken regarding units and members with IMR deficiencies.</li> <li>• Appoint dedicated medical MEDPROS unit administrators and commander clerks at ACOM, ASCC, and DRU headquarters to track Soldier and unit medical readiness.</li> <li>• Appoint appropriate approval authorities to grant access to the Commander Portal and ensure users have the required training, correct role designation and unit identification code structure.</li> <li>• Ensure processes are in place to review the IMR status of every Soldier using the automated Medical Readiness System of Record during in and out-processing through the installation MTF or COMPO specific processes.</li> </ul>
<p><b>Military treatment facilities, the U.S. Army Reserve command</b></p>	<p><b>The MTF commanders, the USAR command surgeon, and the chief surgeon of the ARNG are responsible to set policy to--</b></p> <ul style="list-style-type: none"> <li>• Ensure use of the Commander Portal to perform a monthly review of all temporary profiles 240 days or older at the command level.</li> </ul>





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National  
Guard**

- Appoint dedicated MEDPROS unit administrators and commander clerks at senior command headquarters to track Soldier and unit medical readiness.
- Maintain adequate capabilities and access to care in order to support Soldier compliance with IMR requirements. Where applicable, commanders will ensure Tri-Service Medical Care (TRICARE) access standards are met in their organization.
- Notify installation commander, senior commander (to include Commanding General, U.S. Army Recruiting Command, The Adjutants General, if applicable), command surgeon, or medical operational leadership immediately when capabilities are not sufficient to keep Soldiers medically ready due to lack of services or access.
- Plan, program, and submit budget requests for funds and procure supplies and equipment to accomplish IMR program requirements.
- Ensure processes are in place to review the IMR status of every Soldier using the automated Medical Readiness System of Record during in and out-processing through the installation MTF or COMPO specific processes.
- Ensure that all IMR-related services for RA and RC members are documented in the Medical Readiness System of Record and the EHR or service treatment record (STR).
- Ensure installation, maintenance, and proper use of programs related to accessing the Medical Readiness System of Record with trained administrators and users.
- Provide the necessary information technology support to ensure the installation and operation of the Medical Readiness System of Record and EHR are functional and meet all security and privacy requirement.
- Be responsible for delegating approval authority for the various medical readiness applications in Medical Operational Data System and maintain oversight and control of user management.
- Establish regional support command (RSC) surgeons and state surgeons' responsibility to—
  - Serve as approval authorities by their position for second signature profiles.
  - Support the major subordinate command commanders within their area of operations with medical readiness deficiencies and training.
  - Support the Soldier readiness processing requirements.
  - Collaborate with profiling authorities regarding adjudicating the Military Occupational Specialty Administrative Retention Review (MAR2) processes.



Table 1: Deployment Health Assessment Program Roles and Responsibilities

SECTION IV – ARMY DHAP SUPPORT TEAMS

4.0. The Army Deputy Chief of Staff, G-9 is tasked by the Assistant Secretary of the Army (Manpower & Reserve Affairs) to provide Deployment Health Assessment Program management and oversight for the U.S. Army. Program management is delivered through individual teams that provide direct support to the Army G-9, Active Army (AC), Army National Guard (ARNG), U.S. Army Reserve (USAR), Individual Ready Reserve (IRR) and DACs. The Army G-9 DHAP team includes the Program Executive Officer and provides overall Army DHAP leadership and coordinates closely with the other support teams to ensure proper program execution, synchronization, and reporting requirements.

ACTIVE ARMY COMPONENT

4.1. The U.S. Army Active Component (AC) DHAP Team or **AC DHAP Team** supports the OTSG/ MEDCOM. The AC DHAP Team manages the completion of all assigned tasks under the immediate direction of the Chief, G-37 Medical Readiness, OTSG/MEDCOM/AC DHAP Program Manager, and the Chief, Health Promotion Policy, Office of the Deputy Chief of Staff, G-9/Army DHAP Program Executive Officer (PEO).

AC DHAP Team responsibilities:

- Provide direct liaison and coordination of DHAP support policies and procedures with the Office of the Assistant Secretary of Defense - Health Affairs (OASD/HA), Army G-9, key OTSG/MEDCOM stakeholders, the ARNG, the USAR, U.S. Navy, and the U.S. Air Force.
- Support the OTSG/MEDCOM G-37, Medical Readiness with maintaining, updating, and implementing OTSG/MEDCOM policy concerning Pre-DHA, PDHA and PDHRA execution, program analysis and interpretation of DHA completion and compliance data as required.
- Draft and coordinate DHAP OTSG/MEDCOM policies and staffing procedures, to include: HQDA Execution Orders (EXORDs), related OTSG/MEDCOM Operations Orders (OPORDs), All Army Activity (ALARACT) Messages, OTSG Executive Summaries and Information Papers.
- Plan, host and execute the Annual AC DHAP Training Conference. Prepare training course schedule and agenda, schedule trainers and SMEs, and coordinate facilities and lodging.
- Track and gather data from MEDPROS reporting modules (Pre-DHA, PDHA, and PDHRA) to monitor Army PDHRA compliance and completion performance.
- Perform analysis of PDHRA compliance and completion data and advise leadership on current program status and trends associated with the DHAP.
- Manage Army DHAP execution and compliance with MEDCOM Medical Readiness Command DHAP Coordinators.



- Prepare, conduct, and document the DHAP portion of the MEDCOM Command Organizational Inspection Program (OIP).
- Verify PDHRA compliance for all Army COMPOS on the Strategic Management System (SMS) and provide comments as necessary.
- Respond to AC DHAP field inquiries from Soldiers and DA Civilians, Commanders, S1, S3, Unit Surgeons and Medical Readiness Coordinators (MRC).
- Participate in periodic In-Progress Review (IPR) meetings with all DHAP team members and government leads.

For more information regarding AC DHAP execution, troubleshooting and/or guidance, please contact the AC DHAP Team or visit <https://www.armyg1.army.mil/hr/dhap/index.html>.

## ARMY NATIONAL GUARD (ARNG)

4.2. The U.S. Army National Guard DHAP Team or **ARNG DHAP Team** supports the U.S. Army National Guard Bureau, Office of the Chief Surgeon General and is responsible for the establishment of plans, policies, and execution across the Army National Guard. The ARNG DHAP Team is responsible for DHAP execution for National Guard units across all 50 States, the 4 U.S. Territories, and the District of Columbia.

### ARNG DHAP Team responsibilities:

- Provide direct liaison and coordination of DHAP activities between all Army Components regarding support policies and procedures with the Office of the Chief Surgeon and National Guard Bureau.
- Track and report program performance metrics regarding ARNG completion and compliance rates among individual units, the Community Care Unit (CCU) population and ARNG PDHRA sites.
- Assist with the planning and distribution of funding for ARNG State DHAP Program Managers in all 50 States, 4 U.S. Territories, and the District of Columbia. Process any additional funding requests throughout the fiscal year.
- Plan, host and execute the Annual ARNG DHAP Training Conference. Prepare training course schedule and agenda, schedule trainers and SMEs, and coordinate facilities and lodging.
- Ensure the proper scheduling and approval of all ARNG DHAP on-site and call center events between the State and the ARNG contracted medical provider through the Automated Voucher System.
- Act as liaison between State DHAP Managers and the Office of the Chief Surgeon, National Guard Bureau, and address personnel inquiries from the field.
- Assist in processing PDHRA referrals within the Electronic Medical Management Processing System (eMMPS) by redirecting PDHRA referrals to the correct Unit Identification Code (UIC) or archiving referrals.





- Regularly query the Army's MEDPROS and identify reporting errors or concerns and recommend solutions to identified problems/issues. Recommend upgrades to MEDPROS to improve data accuracy, functionality, end-user efficacy and relevance.
- Work with DHAP Strategic Communications (STRATCOM) team to develop meaningful communications products specific to the ARNG.
- Participate in periodic In-Progress Review (IPR) meetings with all DHAP team members and government leads.
- Prepare, conduct, and document Staff Assistance Visits of the DHAP across the ARNG units.
- Perform analysis of PDHRA compliance and completion data and advise leadership on current program status and trends associated with the DHAP.
- Provide oversight for the DHAP program and ensure all Army personnel meet the DHAP criteria and deployment cycle resiliency training.
- Develop working relations with outside agencies such as RHRP, ASMR, NGB G8 Budget and Execution, Family Readiness group, and the VA VET Center.

For more information regarding ARNG DHAP execution, troubleshooting and or guidance, please contact the [Army National Guard DHAP Team](#) or visit Guard Knowledge Online at

<https://gko.portal.ng.mil/arng/STAFF/D10/B01/S07/SitePages/Home.aspx>.

## UNITED STATES ARMY RESERVE (USAR)

- 4.3. The USAR DHAP Team supports the OCAR and United States Army Reserve Command (USARC). The USAR DHAP Team is responsible for the establishment of plans, policies, and execution across the USAR to ensure mobilized individuals who meet DHAP criteria complete all requirements.

The team coordinates closely with the Army G-9, FORSCOM, and the OTSG/MEDCOM to establish USAR program procedures in accordance with DoD and Army policies. The USAR DHAP Team establishes reporting procedures and metrics to track compliance and completion of USAR Soldiers, and Individual Mobilization Augmentation (IMA) Soldiers assigned to subordinate USAR units.

### USAR DHAP Team responsibilities:

- Provide liaison support, oversight, and guidance to Major Subordinate Commands (MSC) and Direct Reporting Units (DRU) executing DHAP requirements across the USAR, specifically, the Readiness Divisions (RDs) and the Geographic and Functional Commands (GFCs).
- Provide guidance and counsel to the Chief, USAR and senior leaders.
- Plan, host and execute the Annual USAR DHAP Training Conference. Prepare training course schedule and agenda, schedule trainers and SMEs, and coordinate facilities and lodging.



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- Coordinate with the Yellow Ribbon Reintegration Program (YRRP) to conduct PDHRAs for Post Deployment Soldiers attending so they are accomplished during the required timeline. Ensure DHAP information is provided during the pre- and post-deployment YRRP events.
- Coordinate with MSC SRP Teams, First U.S. Army Mobilization Team, and the USAR YRRP Team to complete all Pre-DHA and PDHA requirements at local mobilization and demobilization sites.
- Support unit-coordinated screening events and ensure the PDHRA screening is administered at unit scheduled battle assemblies, YRRP post-deployment events, and scheduled call center screening events.
- Ensure approval of PDHRA referrals in the Electronic Medical Management Processing System (eMMPS) for Soldiers to access referral care primarily MTFs or Department of VA. Primary Soldier assistance with this service offering is provided by the AR PDHRA Approvers, Referral Trackers, DHAP Coordinators and HRCs.
- Participate in periodic In-Progress Review (IPR) meetings with all DHAP team members and government leads.
- Prepare, conduct, and document Staff Assistance Visits of the DHAP across the GFCs.
- Plan, host and execute the Annual AC DHAP Training Conference. Prepare training course schedule and agenda, schedule trainers and SMEs, and coordinate facilities and lodging.
- Track and gather data from MEDPROS reporting modules (Pre-DHA, PDHA, and PDHRA) to monitor Army PDHRA compliance and completion performance.
- Perform analysis of PDHRA compliance and completion data and advise leadership on current program status and trends associated with the DHAP.

For more information regarding USAR DHAP execution, troubleshooting and/or guidance, please contact the [USAR DHAP Team](mailto:USAR.DHAP@army.mil) or visit <https://www.usar.army.mil/DHAP/>.

### INDIVIDUAL READY RESERVE (IRR)

- 4.4. The Army IRR DHAP Program Manager resides within the Surgeon's Office, U.S. Army Human Resources Command (HRC), Fort Knox, Kentucky. The IRR DHAP Program Manager provides overall program management and oversight for all IRR Soldiers subject to DHAP Program requirements. The IRR Program Manager coordinates all daily operational and planning activities and holds review authority regarding policy development and review of executive level correspondence.

#### IRR Team DHAP Responsibilities:

- Provide direct liaison and coordination of activities with all Army Components regarding DHAP support policies.
- Provide on-site program management support.



- Provide business process reengineering for the IRR DHAP to streamline current operations and improve processes. Recommend new processes to screen the IRR population.
- Participate in periodic In-Progress Review (IPR) meetings with all DHAP team members and government leads.
- Assist with the development and updating of Army DHAP policy as well as prepare executive level correspondence.
- Consolidate HRC command data and ensure the timely preparation of all reports and briefings utilizing the Army's Medical Protection System (MEDPROS) database.
- Conduct detailed planning and coordination with other Fort Knox directorates and other organizations to schedule DHAP screening events for IRR Soldiers.
- Utilize project management and financial management best practices to forecast program personnel and resource requirements.

For more information regarding USAR DHAP execution, troubleshooting and/or guidance, please contact the [USAR Individual Ready Reserve DHAP Team](#) or visit <https://www.hrc.army.mil/STAFF/IRR%20Virtual%20Muster>.

## **DA CIVILIANS**

- 4.5.** The DA Civilian Team works within the Employment Policy Division of the Army's Assistant G-1 for Civilian Personnel. The DA Civilian team conducts program management of DA Civilian Deployment Health requirements and ensures completion of all assigned tasks under the immediate direction of the Chief, Employment Policy Division within the Assistant G-1 for Civilian Personnel.

### **DA Civilian Team responsibilities:**

- Provide policy guidance and serve as the primary DA staff point of contact under the Deputy Chief of Staff, G-1 for the DA Civilian DHAP screening process as part of the DCS Program.
- Provide direct liaison and coordination of DA Civilian DHAP support policies and procedures with the DHAP Program Office, Army G-1.
- Conduct liaison with U.S. Navy and the U.S. Air Force as it relates to the completion of DHAs for DA Civilians when required.
- Assist the OTSG and MEDCOM in the development of policy guidance that addresses procedures for DA Civilians to access health care through the DHA-GL and establish service connectivity for care through the Federal Health Benefits Program.
- Track and gather data from MEDPROS reporting modules (Pre-DHA, PDHA, and PDHRA) to monitor DA Civilian DHAP compliance and completion performance.
- Perform analysis of DA Civilian Pre-DHA, PDHA and PDHRA compliance and completion data to advise leadership on current status and trends associated with DHAP activities.



- Coordinate execution and enforcement of DHA requirements and compliance standards for DA Civilians with all Army Commands, DRU and Army Service Component Commands.
- Verify DHA compliance for DA Civilians on the SMS and provide quarterly comments as necessary.
- Respond to DA Civilian DHA field inquiries from individual DA Civilian employees, Commanders, S1, S3, Command Surgeons, and CPAC offices.

**SECTION V – INFORMATION TECHNOLOGY SYSTEMS**

**5.0.** The Medical Operational Data System (MODS) is a Military Health Services System that provides the Army Medical Department (AMEDD) with an integrated automation system that supports all phases of Human Resource Lifecycle Management in both peacetime and mobilization. This online system provides commanders, staffs, and functional managers of AMEDD organizations with a real-time source of information on the qualifications, training, special pay, and readiness of AMEDD personnel. MODS applications used to manage DHAP requirements are highlighted below:

SYSTEM	FUNCTION
<p><b>Medical Protection System (MEDPROS)</b></p>	<ul style="list-style-type: none"> <li>• Provides Pre-DHA, PDHA, and PDHRA completion and compliance reporting capabilities.</li> <li>• Allows for filtering of Pre-DHA, PDHA, and PDHRA reports by Service, Component, Command, Individual Name, MRC, RSC/OFTS Cmdr, Duty Location, SRP, SSN, State, Taskforce, and UIC.</li> <li>• Referral aggregation and reporting capabilities; contains filtering ability based on Taskforce, Soldier Duty Location, RRC, MRC, Army Commands, and Component.</li> </ul> <p><b>Link:</b> <a href="https://medpros.mods.army.mil/MEDPROSNew/">https://medpros.mods.army.mil/MEDPROSNew/</a></p>
<p><b>Medical Health Assessment System</b></p>	<ul style="list-style-type: none"> <li>• Stores, archives, and retrieves electronic Pre-DHA, PDHA, and PDHRA forms.</li> <li>• Accessible to all Army personnel to view own individual Medical Health Assessments.</li> <li>• Utilized by certified medical personnel to complete HCP portion of the electronic Pre-DHA, PDHA, and PDHRA forms.</li> <li>• Provides referral tracking and referral follow-up data entry capabilities.</li> <li>• Platform for Service Members and healthcare providers to review responses on respective DHAP forms.</li> </ul> <p><b>Link:</b> <a href="https://rc.mods.army.mil/MHA/">https://rc.mods.army.mil/MHA/</a></p>





<b>MODS Warrior Transition (MODS-WT)</b>	<ul style="list-style-type: none"> <li>• Provides visibility of demographics, orders, medical condition(s), and transition status information of Service Members in a WTU.</li> <li>• Tracks Service Members either assigned or attached to a WTU.</li> <li>• Used to track PDHA and PDHRA compliance and completion statistics.</li> </ul>
<b>MWDE</b>	<ul style="list-style-type: none"> <li>• Provides a secure, online data entry portal for the posting of all immunization, medical readiness, and deployability data.</li> <li>• Contains reporting capability to identify “priority Soldiers.”</li> </ul> <p><b>Link:</b> <a href="https://medpros.mods.army.mil/MWDEnet/">https://medpros.mods.army.mil/MWDEnet/</a></p>
<b>MEDCHART</b>	<ul style="list-style-type: none"> <li>• MEDCHART enables a customizable, centralized approach to managing all aspects of a Soldier’s medical readiness information and care history.</li> </ul>

Table 2: Deployment Health Assessment Program Information Technology Systems

**SECTION VI – FREQUENT SCENARIOS & CHALLENGES**

6.0. Special circumstances can develop and suddenly impact DHAP execution when external factors such as unexpected missions, changes to policies or procedures, or complex unit deployment schedules arise. The following scenarios are provided, along with tips and best practices, to help you successfully navigate the challenges.

**PARTIAL DHA ASSESSMENTS**

6.1. A partial DHA refers to the completion of the self-assessment portion of the DHA form (DD Form 2795, DD Form 2796 & DD Form 2900). Once this first step is completed by the individual, he/she is referred to as being “partially” completed. As such, there are times when a DHA is in “partial” or “incomplete” status for any number of days, until the individual completes the face-to-face appointment with an HCP and the assessment is electronically signed by the HCP.

**RESETTING THE DHA CYCLE FOR A SUBSEQUENT DEPLOYMENT**

6.2. If one deploys a second time before completing the PDHA, or PDHRA, the DHA requirements will be reset for the next deployment. The reset goes into effect when the Pre-DHA is completed for the upcoming deployment or when MEDPROS receives a new deployment start date. It is important to note that until the subsequent Pre-DHA is completed, or new deployment start date is received, the individual will remain due for all noncompliant DHA forms required from the previous deployment.



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## FREQUENT DEPLOYERS

- 6.3.** Individuals who deploy within 180 days following the end of a previous deployment may not have sufficient time to complete the PDHRA. To allow for this occurrence, a Pre-DHA completed within 180 days after returning from a deployment will be accepted to satisfy the outstanding PDHRA requirement if substantiated by the deployment data. If the individual does not actually deploy again, the outstanding PDHRA will still be required based on the timeline established by the completion of the most recent deployment. **NOTE:** After 150 days, if a new deployment date is not received, the Pre-DHA is ignored, and the statuses revert.

## INDIVIDUALS ASSIGNED TO SOLDIER RECOVERY UNIT-OR COMMUNITY CARE UNIT

- 6.4.** In accordance with Army policy, all previously deployed Soldiers assigned or attached to a SRU or CCU are required to complete the Deployment Health Assessment process to determine if a referral for further health care related to their deployment is appropriate. This requirement applies to all Soldiers in a SRU or CCU, whether AC, ARNG, USAR, or IRR. See policies regarding eligibility for assignment to a SRU at the Army Recovery Care Program Page <https://www.arcp.army.mil/>.

## SEPARATION FROM SERVICE

- 6.5.** Early completion of the PDHRA is required prior to installation clearance due to Expiration of Terms of Service (ETS), retirement, separation of service, or transition to IRR regardless of the timeframe. Soldiers transitioning due to PCS, temporary change of station (TCS), or transfer to the USAR or ARNG (or any branch of the Armed Forces) are required to complete the PDHRA within the 90–180-day period.

## FREQUENTLY ASKED QUESTIONS (FAQ)

- 6.6 QUESTION:** I completed my DD Form 2900 online, why is my stoplight not green?  
**ANSWER:** *Completing the self-assessment portion of the DD Form 2900 online does not fulfill the requirement for PDHRA. You must meet with a HCP, who completes the form and electronically signs it.*

0-89 Days: The PDHRA stoplight will be green following a return from deployment to a combat zone if you completed the Post-Deployment Health Assessment (PDHA).

90-180 Days: During the 90 to 180 days following a return from deployment, the stoplight will turn to Amber, indicating the need to complete the PDHRA (this is the target window during which you should complete your PDHRA).

After 180 Days: The PDHRA stoplight will be Red, indicating non-compliance with the PDHRA requirement. When you complete the PDHRA requirement, to include





the HCP interview, the stoplight in [MODS Medical Readiness Portal](#) will turn Green.

**6.7 QUESTION:** Are the results of the assessments going to be shared with my Chain of Command? Are they confidential?

**ANSWER:** *Information shared during PDHRA screening is confidential and will only be shared as needed with those who have a medical need to know.*

**6.8 QUESTION:** What happens after the PDHRA process?

**ANSWER:** *Usually, there is no medical need for additional action. If necessary, the HCP will refer the Soldier for diagnosis. Referrals are made for a range of issues, both physical and mental.*

**6.9 QUESTION:** I completed the Soldier's portion of the DD Form 2900 online. Do I have to print it out and take it to my installation health facility? What is the next step?

**ANSWER:** *No. A Soldier's DD Form 2900 is recorded in the MODS database and paper copies do not need to be printed unless they are for the Soldier's personal records. The PDHRA screening is not complete when the Soldier completes their portion of the DD Form 2900 online – the Soldier is still required to complete the interview with an HCP. The PDHRA is complete when the HCP fills in and electronically signs the DD Form 2900.*

**6.10 QUESTION:** I am currently assigned to an Air Force Base. How can I complete my PDHRA?

**ANSWER:** *You should complete your portion of the PDHRA online via the Air Force medical system called ASIMS-Web located at: <https://asimsimr.health.mil/imr/appdir>. Once you complete your portion of the PDHRA, you should schedule an appointment with an HCP on the Air Force Base to complete your PDHRA. MEDPROS interfaces with ASIMS and the Deployment Health Assessment data will be retrieved.*

**6.11 QUESTION:** I really don't want to complete the PDHRA. I am healthy and just don't think I need to waste everyone's time. Do I have to complete the PDHRA?

**ANSWER:** *Yes, you are required to complete the PDHRA during the prescribed time period, because issues develop over time and may become more prevalent down the road. Documentation in the PDHRA can be a reference for future medical/disability claims.*

**6.12 QUESTION:** I deployed as a Reserve Soldier, but I am also a DA Civilian employee. Do I complete the PDHA and PDHRA as a Reservist or as a DA Civilian?

**ANSWER:** *Complete the PDHA and PDHRA as the category for which you deployed.*



**6.13 QUESTION:** Although I deployed as a National Guard Soldier, I am a DA Civilian at an Army installation and I was contacted by my DA Civilian Chain of Command that my PDHRA is in amber status, what do I do?

**ANSWER:** *You should contact your National Guard unit Chain of Command to determine options for completing your PDHRA as soon as possible. This may entail attending the next unit event or calling the contract call center to complete your PDHRA as a National Guard Soldier.*

## SECTION VII – RESOURCES

**7.0. The DHAP Strategic Communications (STRATCOM) Team** provides communications counsel to the DHAP PEO and coordinates closely with Army Component Public Affairs Office (PAO) teams to increase awareness of the DHAP across Army Commands, Installations, and units. The team manages all DHAP web platforms, to include the milSuite DHAP topic page. Furthermore, the DHAP STRATCOM team develops all DHAP branding, messaging and informational products, coordinates media activities, and authors digital, print and video materials in support of DHAP objectives and goals.

For more information about DHAP communications and objectives, contact the DHAP STRATCOM team at [usarmy.pentagon.hqda-dcs-g-1.mesq.dhap@mail.mil](mailto:usarmy.pentagon.hqda-dcs-g-1.mesq.dhap@mail.mil).

### DHAP RESOURCES

- **DHAP Army Homepage:**  
<http://www.armyresilience.army.mil/ard/R2/Deployment-Health-Assessment-Program.html>
- **DHAP ARMY RESERVE RESOURCES**  
DHAP USAR: <https://www.usar.army.mil/DHAP/Overview/>
- **DHAP ARMY NATIONAL GUARD RESOURCES**  
DHAP ARNG Online (GKO): <https://gko.portal.ng.mil/SitePages/Home.aspx>  
(CAC Access Only)

### 7.1. U.S. ARMY RELATED LINKS

Army Behavioral Health: <https://armymedicine.health.mil/Behavioral-Health>

Army Civilian Expeditionary Workforce (CPOL):

<https://home.army.mil/imcom/index.php/Organization/human-services/g1-personnel/cew>

Army Comprehensive Soldier and Family Fitness (CSF2):

[https://ready.army.mil/ra\\_csf.htm](https://ready.army.mil/ra_csf.htm)

Army Family Readiness Group: [https://home.army.mil/lewis-](https://home.army.mil/lewis-mcchord/index.php/about/Directorates-support-offices/dhr/sfrg#qt0:0)

[mcchord/index.php/about/Directorates-support-offices/dhr/sfrg#qt0:0](https://home.army.mil/lewis-mcchord/index.php/about/Directorates-support-offices/dhr/sfrg#qt0:0)

Army Family Morale, Welfare and Recreation Program: <http://www.armymwr.com>



Army G-1: <http://www.armyg1.army.mil>  
Army G-9: <https://dcsq9.army.mil/>  
Army HRC: <http://www.hrc.army.mil>  
Army Medicine: <https://armymedicine.health.mil/>  
Army Medical Protection System (MEDPROS): <https://medpros.mods.army.mil>  
MEDPROS Medical Readiness Portal: <https://medpros.mods.army.mil/portal>  
Army Performance Triad: <https://armymedicine.health.mil/Performance-Triad>  
Army Public Health Center: <https://phc.amedd.army.mil/Pages/default.aspx>  
Army Sexual Harassment/Assault Response & Prevention (SHARP):  
<https://www.armyresilience.army.mil/sharp/>  
Army Soldier for Life: <http://www.army.mil/soldierforlife>  
Army Strong Bonds: <http://www.strongbonds.org>  
Army Substance Abuse Program (ASAP):  
<https://www.armyresilience.army.mil/substance/pages/sudcc.html>  
Army Suicide Prevention Program: <https://www.armyresilience.army.mil/suicide-prevention/index.html>  
Army TBI: <https://www.usar.army.mil/TBI/>  
Army Recovery Care Program Page: <https://www.arcp.army.mil/>

## **7.2. DEPARTMENT OF DEFENSE AND OTHER HELPFUL LINKS**

Army OneSource: <https://www.militaryonesource.mil/branch-of-service/army/>  
After Deployment: <http://www.afterdeployment.org>  
Brainline Military: <http://www.brainlinemilitary.org>  
Defense Center of Excellence (DCOE):  
Defense Suicide Prevention Office: <http://www.dspo.mil/>  
Psychological Health Center of Excellence: <https://health.mil/Military-Health-Topics/Centers-of-Excellence/Psychological-Health-Center-of-Excellence>  
eBenefits: <https://www.ebenefits.va.gov>  
Military Health System: <http://www.health.mil>  
Military OneSource: <http://www.militaryonesource.mil>  
National Center for PTSD: <http://www.ptsd.va.gov>  
National Center for Telehealth & Technology (T2): <https://mantherapy.org/mental-health-resources/the-national-center-for-telehealth-technology-t2>  
Real Warriors Campaign: <http://www.realwarriors.net>  
TRICARE: <http://www.tricare.mil>  
United States Department of Veterans Affairs: <http://va.gov>  
Vet2Vets: <https://www.vet2vetusa.org/>  
Vets4Warriors: <http://www.vets4warriors.com>  
Yellow Ribbon Reintegration Program: <http://www.yellowribbon.mil>



DAPE-AR (ARIMS AR 600-63)

29 August 2022

SUBJECT: Products on Demand Website Instructions and Guidance

1. Purpose: Directorate of Prevention, Resilience and Readiness (DPRR) created materials in support of the Army Suicide Prevention Program for the assistance of leader resources.

2. Awareness: The website link available for the products related to topics on SHARP, Suicide, Resilience, and Army Substance Abuse (ASAP) access is

<https://www.armyresilience.army.mil/index.html>

<https://www.armyresilience.army.mil/ard/R2/Deployment-Health-Assessment-Program.html>

3. Included below are the instruction steps for obtaining products on demand:

a. **Resources**

DPRR has compiled a list of resources for leaders at every level including links and files for Department of Defense and Army policies, reports, national prevention agencies and organizations, and partners.

Click on

**DPRR Awareness Materials**

b. **The Products on Demand (POD)** site from the Directorate of Prevention, Resilience and Readiness provides DPRR professionals communication materials for outreach to Soldiers, DA Civilians, Families, and units. Order print materials for delivery or download digital materials for immediate use. Before you can obtain materials, you must register for a free account and confirm your organizational affiliation. Follow the “New Users - Click Here to Register” to fill out and submit the form.

Click on

Sign In

**New Users Click to Register**

c. **Instructions:** Please enter information below. Must use official government issued email address. Please be sure that your Internet Browser is set to accept cookies and to refresh (reload) pages on every visit before continuing the signup process.



**d. Required Fields:**

First Name:

Last Name:

(Your Email will be your User ID)

Email:

Password:

(Please re-type your password)

Confirm Password:

Select a Security Question:

(Drop down options are available, or the option to custom your question)

Security Question Answer:

Confirm Security Question Answer:

**Submit Registration**

**4. Requirements for completing the order for materials:**

Once registered, you can review, select, and order your awareness materials.

**Printed Materials**

(Minimal and maximum quantity is applied) by adding to your cart.

**Digital Materials**

Click to

**Download (Digital file delivery):** Download individual files or select and download a collection in .zip format.

Click on

**Download Selected** (option of location to save)



SECTION VIII – POLICIES & GUIDANCE

8.0. DoD & Public Law

[DoDI 6490.03](#), Deployment Health, 19 June 2019 (In revision)

[DoDI 6490.07](#), Deployment-Limiting Medical Conditions for Service Members and DoD Civilian Employees, 5 February 2010

[DHA-PI 6200.02](#), Comprehensive Contraceptive Counseling and Access to the Full Range of Methods of Contraception, 13 May 2019

[DoDI 6200.05](#), Force Health Protection Quality Assurance (FHPQA) Program, 16 June 2016 (Change 1 Effective: 21 December 2017)

[DHA-PI 6200.05](#), Department of Defense Procedural Instruction 6200.05, Force Health Protection Quality Assurance Program, 2 May 2018

[DoDI 1241.01](#), Reserve Component (RC) LOD Determination for Medical and Dental Treatments and Incapacitation Pay Entitlements, 19 April 2016

[DHA-PI 6490.03](#), Deployment Health Procedures, 17 December 2019

[DHA-PI 6010.01](#), Healthcare Benefit Eligibility Verification and Patient Registration Procedures, 24 June 2021

[HIPAA Public Law 104-191, Health Insurance Portability and Accountability Act of 1996.](#)

8.1. OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE, HEALTH AFFAIRS (OASD HA)

OASD (HA) Memorandum, Policy for IMR Metrics, 24 April 2003

OASD (HA) Memorandum, Implementation of Revised DoD Forms 2795, 2796, and 2900, July 2012

[Other Deployment Health Policies](#)

8.2. U.S. ARMY HQDA DIRECTIVES & EXECUTIVE ORDERS (EXORD)

HQDA EXORD 090-19 Standard Medical Pre-Requisites for Army Courses  
Unclassified

HQDA EXORD 270-17, Deployment Health Assessment Program (in revision)





HQDA EXORD 178-11, Mobilization Command Support Relationships and Requirements Based Demobilization Process with FRAGOs 1 & 2, April 2011

HQDA EXORD 185-11, Reduction of Non-deployable, April 2011

Army Directive 2012-13 (Policy and Implementing Guidance for DCS), 21 May 2012

DA PAM 600-8-101, Personnel Readiness Procedures, 6 March 2019

### **8.3. ARMY REGULATIONS (AR)**

[AR 40-66](#), Medical Record Administration and Healthcare Documentation, RAR, 04 January 2010.

[AR 40-501](#), Standards of Medical Fitness, 27 June 2019. [\(In revision\)](#)

[AR 40-502](#), Medical Readiness, 27 June 2019

[AR 220-1](#), Unit Status Reporting, 15 April 2010.

[AR 350-53](#), Comprehensive Soldier and Family Fitness, 19 June 2014.

[AR 600-63](#) Army Health Promotion

[AR 600-8-101](#), Personnel Readiness Processing, 6 March 2018.

[AR 600-20](#), Army Command Policy, 24 July 2020.

[AR 11-35](#), Occupational and Environmental Health Risk Management, 11 May 2016

[DA-PAM 40-502](#) Medical Readiness Procedures, 27 June 2019

[DA-PAM 40-501](#) Army Hearing Program, 8 January 2015

### **8.4. ALARACTS**

ALARACT 003/2009, Post-Deployment Audiograms, 03 January 2009

ALARACT 127/2008, Subject: Incorporation of the Post-Deployment Health Reassessment (PDHRA) In- and Out-Processing

### **8.5. ARMY DEPUTY CHIEF OF STAFF (G-1) GUIDANCE (DCS)**

Army DCS, G-1 Memorandum, DA Civilian Post-Deployment Health Reassessment (PDHRA) Compliance, 28 July 2008



Army DCS, G-1, Memorandum, Army Civilian Employees Who Volunteer for Deployment to Iraq or Afghanistan, 28 July 2008

Army DCS, G-1, Memorandum, Post-Deployment Health Reassessment (PDHRA) Compliance, 6 May 2010

Army DCS, G-1, Memorandum, Deployment Health Assessment Program (DHAP), 27 March 2013

#### **8.6. U.S. ARMY MEDICAL COMMAND GUIDANCE (MEDCOM)**

MEDCOM OPORD 18-36, Deployment Health Assessment Program, 7 February 2018

MEDCOM 11-03 (SRP & Medical and Dental Reset), 142200Q, April 2011

MEDCOM OPORD 08-50, Post-Deployment Health Re-Assessments Program, June 2008

MEDCOM OPORD 12-59, Post-Deployment Health Reassessment (PDHRA) For Re-deployed Civilians, 30 July 2012

MEDCOM OPORD 21-49, Medical and Dental SRP, August 2021

#### **8.7. UNITED STATES ARMY RESERVE (USAR)**

USAR OPORD 15-131 (United States Army Reserve Command (USARC), Army Reserve (AR) Deployment Health Assessment Program (DHAP) Updates), 011600ZJUL15

USARC FRAGORD 001 to OPORD 17-120 (United States Army Reserve Command (USARC), Medical Readiness Red to Green 2.0), 111230ZMAY18

USARC FRAGORD 001 (Updated Guidance) to OPORD 15-131 (United States Army Reserve Command (USARC), Army Reserve (AR) Deployment Health Assessment Program (DHAP) Updates), 211000ZAPR16

USAR OPORD 18-020 (USARC, Operation Procedures for Soldier Readiness Processing), Annex A (Surgeon Medical Guidance), 251500ZOCT17

USARC Surgeon Directorate Memorandum, Subject: USARC Memorandum of Instruction for Providers Conducting Deployment Health Assessments, 08 February 2019



- 8.8. ARMY NATIONAL GUARD (ARNG)**  
ARNG CSG STANDARD OPERATION PROCEDURE  
ARMY NATIONAL GUARD DEPLOYMENT HEALTH ASSESSMENT PROGRAM  
22 January 2019

**INSTALLATION MANAGEMENT COMMAND (IMCOM)**  
IMCOM OPORD 11-271, Incorporation of the Post-Deployment Health Reassessment (PDHRA) at In- and Out-Processing, 18 March 2011

- 8.9. U.S. CENTRAL COMMAND (CENTCOM)**  
Mod Twelve to USCENTCOM Individual Protection and Individual - Unit Deployment Policy



**SECTION IX – GLOSSARY**

AC	Active Component
ACSAP	Army Center for Substance Abuse Programs
ACS-DAL	Agile Core Services Data Access Layer
ALARACTS	All Army Activities
AMEDD	Army Medical Department
ARNG	Army National Guard
ARFORGEN	Army Force Generation
ASIMS	Aeromedical Service Information Management System (Air Force)
CCU	Community Care Unit
CSF2	Comprehensive Soldier and Family Fitness
CONUS	Continental United States
CTS	Contingency Tracking System
DAC	Department of the Army Civilian
DODC	Department of Defense Civilian
DCS	Deployment Cycle Support
DCRT	Deployment Cycle Resilience Training
DHA	Deployment Health Assessment
DHA	Defense Health Agency
DHA-GL	Defense Health Agency Great Lakes
DHHQ	Defense Health Headquarters
DHAP	Deployment Health Assessment Program
DMDC	Defense Manpower Data Center
DPRR	Directorate of Prevention, Resilience and Readiness
DRHA	Deployment Related Health Assessment
DTAS	Deployed Theater Accountability System
DoD	Department of Defense
DoDI	Department of Defense Instruction
eMMPS	Electronic Medical Management Processing System
ETS	Expiration of Term of Service
GFC	Geographic and Functional Command
GKO	Guard Knowledge Online
HCP	Health Care Provider
HIPAA	Health Insurance Portability and Accountability Act
HRC	Health Readiness Coordinator
IRR	Individual Ready Reserve
IPPS-A	Integrated Personnel and Pay System- Army
JKO	Joint Knowledge Online
QTC	Quality Timeliness Customer Service
LOD	Line of Duty
LNO	Liaison Officer
MHA	Mental Health Assessment



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MHSS  
MEDCOM  
MEDCHART

MEDPROS  
MODS  
MODS-WT

MRT  
MRRS

MTF  
MWDE

OCONUS  
OHC

OTSG  
PAO

PCS  
PEO

PHA  
PDHRA

PTSD  
PULHES

RD  
SAAR

SRU  
SME

TBI  
TCS

USAR  
USARC

WRAIR

Military Health Services System  
United States Army Medical Command  
Medical Electronic Data for Care History and Readiness Tracking  
Medical Protection System  
Medical Operational Data System  
Medical Operational Data System - Warrior Transition  
Master Resilience Trainer  
Medical Readiness Reporting System (Navy)  
Military Treatment Facility  
MEDPROS Web Data Entry  
Outside of the Continental United States  
Occupational Health Clinic  
Office of The Surgeon General  
Public Affairs Office  
Permanent Change of Station  
Program Executive Officer  
Periodic Health Assessment  
Post-Deployment Health Reassessment  
Post-Traumatic Stress Disorder  
Physical, Upper, Lower, Hearing, Eyes, Psychiatric  
Readiness Division  
System Authorization Access Request  
Soldier Recovery Unit  
Subject Matter Expert  
Traumatic Brain Injury  
Temporary Change of Station  
United States Army Reserve  
United States Army Reserve Command  
Walter Reed Army Institute of Research





## SECTION X – FIGURES & TABLES

### FIGURES

Figure 1	DHAP Cycle
Figure 2	Table of Deployment Health Assessments
Figure 3	Army Health Assessment Cycle
Figure 4	Operational (Deployment Cycle) Resilience Training (DCRT)
Figure 5	Deployment Health Assessment Completion Process

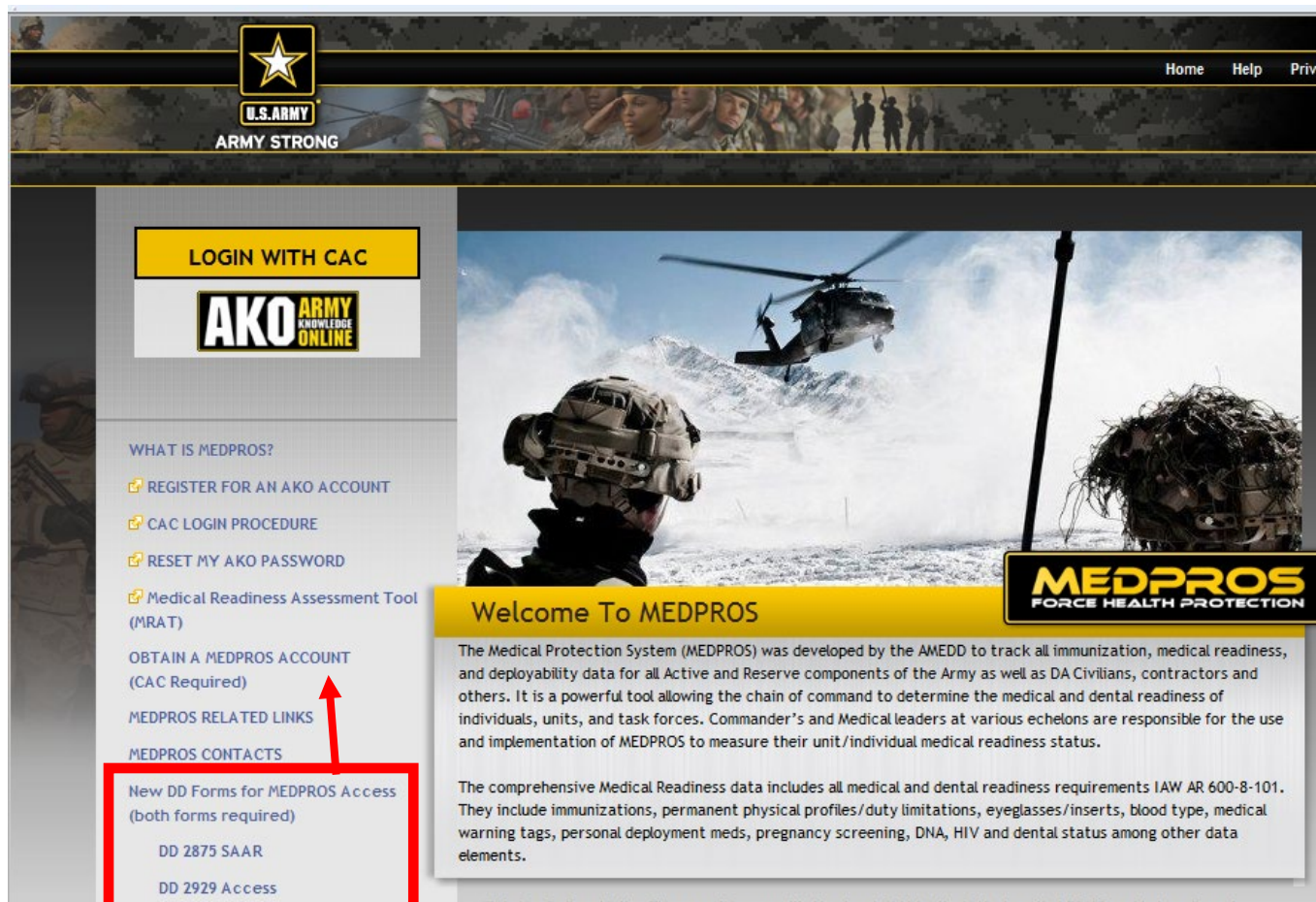
### TABLES

Table 1	Roles and Responsibilities
Table 2	Information Technology Systems



## ANNEX A MEDPROS REGISTRATION/LOG ON PROCEDURES

### A.1 MEDPROS HOME SCREEN AND APPLYING FOR ACCESS



Home Help Privacy

U.S. ARMY  
ARMY STRONG

LOGIN WITH CAC

AKO ARMY KNOWLEDGE ONLINE

WHAT IS MEDPROS?

- REGISTER FOR AN AKO ACCOUNT
- CAC LOGIN PROCEDURE
- RESET MY AKO PASSWORD
- Medical Readiness Assessment Tool (MRAT)

OBTAIN A MEDPROS ACCOUNT (CAC Required)

MEDPROS RELATED LINKS

MEDPROS CONTACTS

New DD Forms for MEDPROS Access (both forms required)

- DD 2875 SAAR
- DD 2929 Access

WELCOME TO MEDPROS

The Medical Protection System (MEDPROS) was developed by the AMEDD to track all immunization, medical readiness, and deployability data for all Active and Reserve components of the Army as well as DA Civilians, contractors and others. It is a powerful tool allowing the chain of command to determine the medical and dental readiness of individuals, units, and task forces. Commander's and Medical leaders at various echelons are responsible for the use and implementation of MEDPROS to measure their unit/individual medical readiness status.

The comprehensive Medical Readiness data includes all medical and dental readiness requirements IAW AR 600-8-101. They include immunizations, permanent physical profiles/duty limitations, eyeglasses/inserts, blood type, medical warning tags, personal deployment meds, pregnancy screening, DNA, HIV and dental status among other data elements.

To gain access into MEDPROS click the 'Obtain a MEDPROS Account' link on the left hand side of the MEDPROS home page and follow the instructions.

You should be then prompted to fill out the New DD Forms that are both required for MEDPROS Access: The DD 2875 SAAR and the DD 2929 Access



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DHAP  
DEPLOYMENT HEALTH  
ASSESSMENT PROGRAM

## ANNEX B – MEDPROS REPORTS

### B.1 TYPES OF MEDPROS REPORTS

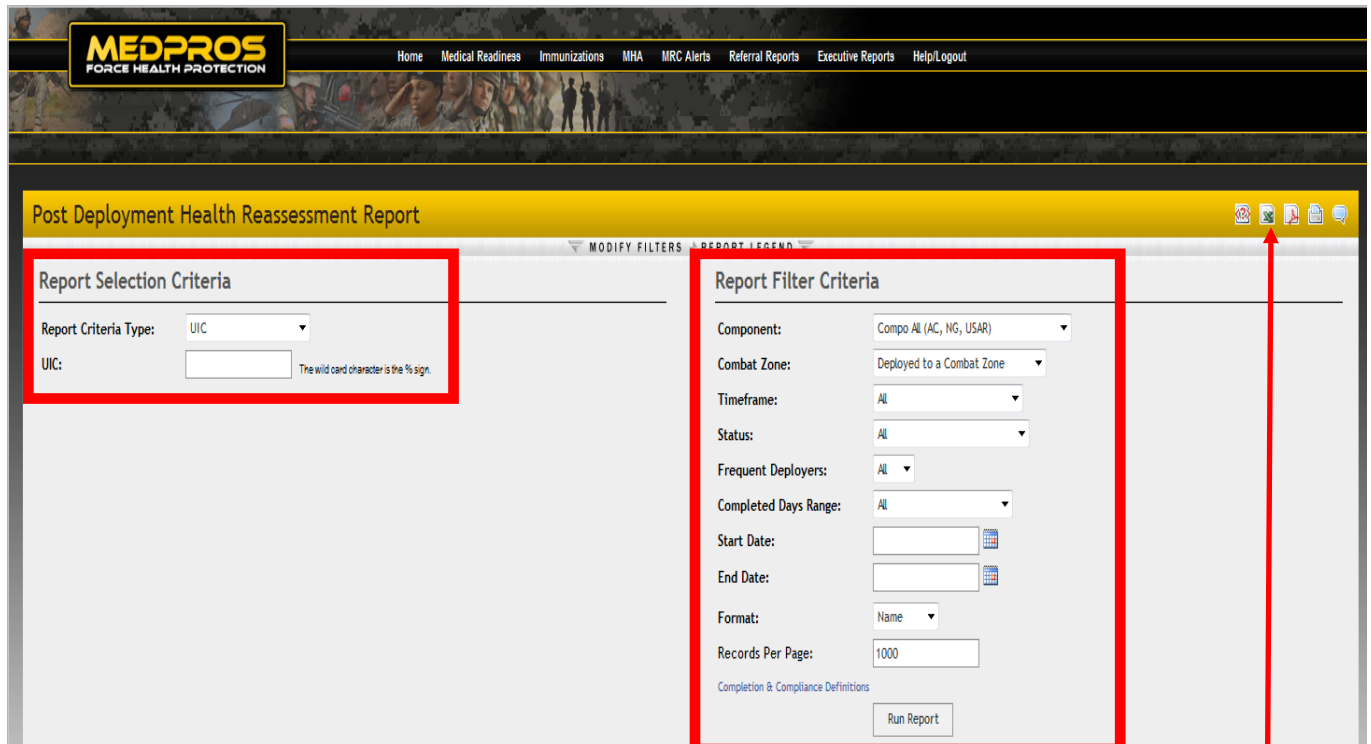
The screenshot displays the MEDPROS web application interface. At the top, there is a navigation bar with the MEDPROS logo and the tagline 'FORCE HEALTH PROTECTION'. The navigation menu includes: Home, Medical Readiness, Immunizations, MHA, MRC Alerts, Executive Reports, and Help/L... Below the navigation bar is a banner image of soldiers in a field. The main content area is divided into several sections:

- MEDPROS UPDATES:** A sidebar on the left containing a message dated 2015/09/29 titled 'Influenza Added To System Immunization Profiles'. The message states that the MEDPROS Team will be adding Influenza back into all System Immunization Profiles EXCEPT the Routine Adult Profile on Wednesday September 30, 2015. It also mentions that those running Immunization Profile reports for other than the Routine Adult Profile starting on Oct 1, 2015 will see Influenza as one of the component vaccines. A link 'Read other messages ->' is provided.
- Unit Dashboard:** A central panel with a yellow header. It contains a 'Not Found' section with a list of deployment levels (DL1: through DL7:), DNA, DEN, HIV, IMM, and PHA. To the right is a 'Unit Lookup' section with an input field and a 'Lookup' button. Below that is a 'Unit Reporting' section with a list of report types: MRC UMR Command Drill Down, UMR Status Report, PDHRA Report, Cdr Profile Report, and Consolidated DLC Report.
- Soldier Dashboard:** A lower panel with a yellow header. It contains a 'Not found' section with a list of MRC ratings (DL1 (Perm): through DL7 (ND-PEB):), DNA, DEN, HIV, IMM, and PHA. To the right is a 'Soldier Lookup' section with an input field and a 'Lookup' button. Below that is a 'Soldier Reporting' section with a list of report types: IMR, DD 2766C, Vision, and Hearing. At the bottom is a 'Self Service Actions' section with a list: Periodic Health Assessment and PDHRA.
- MEDPROS RESOURCES:** A section at the bottom left with a 'Run Bundled Reports' button.

All reports for the Deployment Health Assessment Program (DHAP) are listed under the Medical Health Assessment Tab; Reports include:

- Pre-Deployment Report, Pre-DHA Aggregate Report (2012), Pre-DHA Aggregate Report (2008), ARNG by State Summary
- Post-Deployment Report, PDHA Aggregate Report (2012), PDHRA Aggregate Report
- PDHRA Report, PDHRA Aggregate Report, PDHA Aggregate Report (2012), PDHA Aggregate Report (2008), PDHRA Aggregate Report (2005), ARNG PDHRA by State Summary Report

## B.2 MEDPROS PDHRA REPORT



The **PDHRA Report** contains many different filters for searching for specific populations. On the left side under *Report Selection Criteria* you may choose to enter a UIC, Soldier Duty Location, Command, RMC, SSN, ARNG State, etc.

On the right side under *Report Filter Criteria*, you can choose different Soldier statuses, frequent deployed status, redeployment date range (using state/end date filters), and by name or summary reports.

You may also 'Export' any report to Excel by clicking the link on the upper right of the screen.



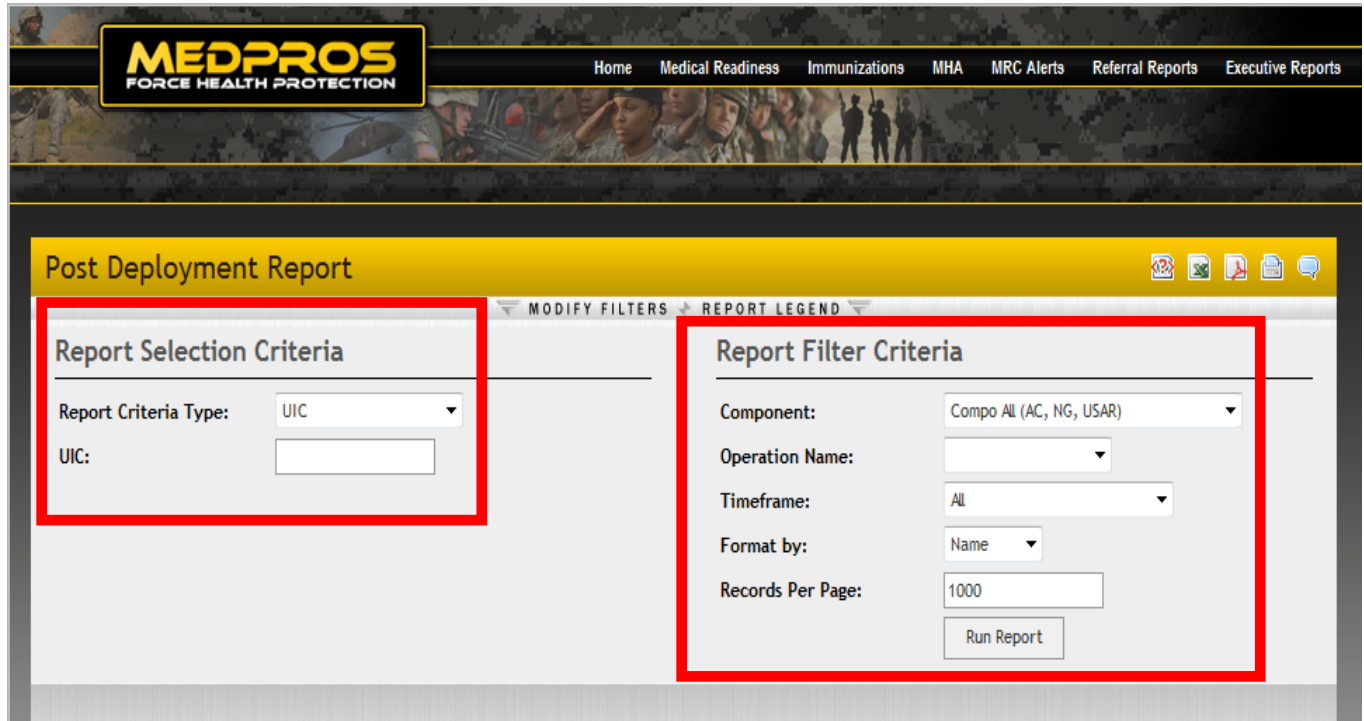
### B.3 MEDPROS PDHRA AGGREGATE REPORT

For **PDHRA Aggregate Reports**, you may also choose your desired **Report Selection Criteria** on the right of the screen and your **Report Filter Criteria** which includes searches by Component and the start/end date search by DHA form completion dates.

If you are looking for specific types of referrals you can utilize the check boxes at the bottom.

The Aggregate Reports retrieve the total number of PDHRA's completed between the start and end dates chosen, regardless of the requirement and their associated referrals.

## B.4 MEDPROS POST DHA REPORT



The **PDHA Report** contains many different filters for searching for specific populations. On the left side under *Report Selection Criteria* you may choose to enter a UIC, Soldier Duty Location, SRP, RMC, SSN, etc.

On the right under *Report Filter Criteria*, you can choose to search by Component, operation name, and may also 'Export' any report to Excel by clicking the link on the upper right of the screen.



### B.5 MEDPROS POST DHA AGGREGATE REPORT

**Report Selection Criteria**

Report Criteria Type:    
 Taskforce:   OR

**Report Filter Criteria**

Component:    
 Start Date:    
 End Date:    
 Records Per Page:

**Report Display Columns**

Referral Information:

<input checked="" type="checkbox"/> No Referral	<input checked="" type="checkbox"/> Dermatology	<input checked="" type="checkbox"/> Case Manager, Care Manager
<input checked="" type="checkbox"/> Primary Care, Family Practice	<input checked="" type="checkbox"/> OB/GYN	<input checked="" type="checkbox"/> Substance Abuse Program
<input checked="" type="checkbox"/> Behavioral Health in Primary Care	<input checked="" type="checkbox"/> Physical Therapy	<input checked="" type="checkbox"/> Immunization Clinic
<input checked="" type="checkbox"/> Mental Health Specialty Care	<input checked="" type="checkbox"/> TBI/Rehab Med	<input checked="" type="checkbox"/> Laboratory
<input checked="" type="checkbox"/> Dental	<input checked="" type="checkbox"/> Podiatry	<input checked="" type="checkbox"/> Referral Other
<input checked="" type="checkbox"/> Audiology	<input checked="" type="checkbox"/> Specialty Other	

Select:

Healthcare and Support System Referrals:

<input checked="" type="checkbox"/> Appointment Assistance	<input checked="" type="checkbox"/> Family Support
<input checked="" type="checkbox"/> Information on Post-Deployment Blood Specimen Requirement	<input checked="" type="checkbox"/> Military One Source
<input checked="" type="checkbox"/> Contract Support	<input checked="" type="checkbox"/> TRICARE Provider
<input checked="" type="checkbox"/> Community Service	<input checked="" type="checkbox"/> VA Medical Center or Community Clinic
<input checked="" type="checkbox"/> Chaplain	<input checked="" type="checkbox"/> Vet Center
<input checked="" type="checkbox"/> Health Education and Information	<input checked="" type="checkbox"/> Supplemental Other
<input checked="" type="checkbox"/> Health Care Benefits and Resources Information	<input checked="" type="checkbox"/> None
<input checked="" type="checkbox"/> In Transition	

save as favorite report

**PDHA Aggregate Reports** also allow you to choose your desired *Report Selection Criteria* on the right of the screen and the *Report Filter Criteria* which includes searches by Component and the start/end date search by form completion dates.

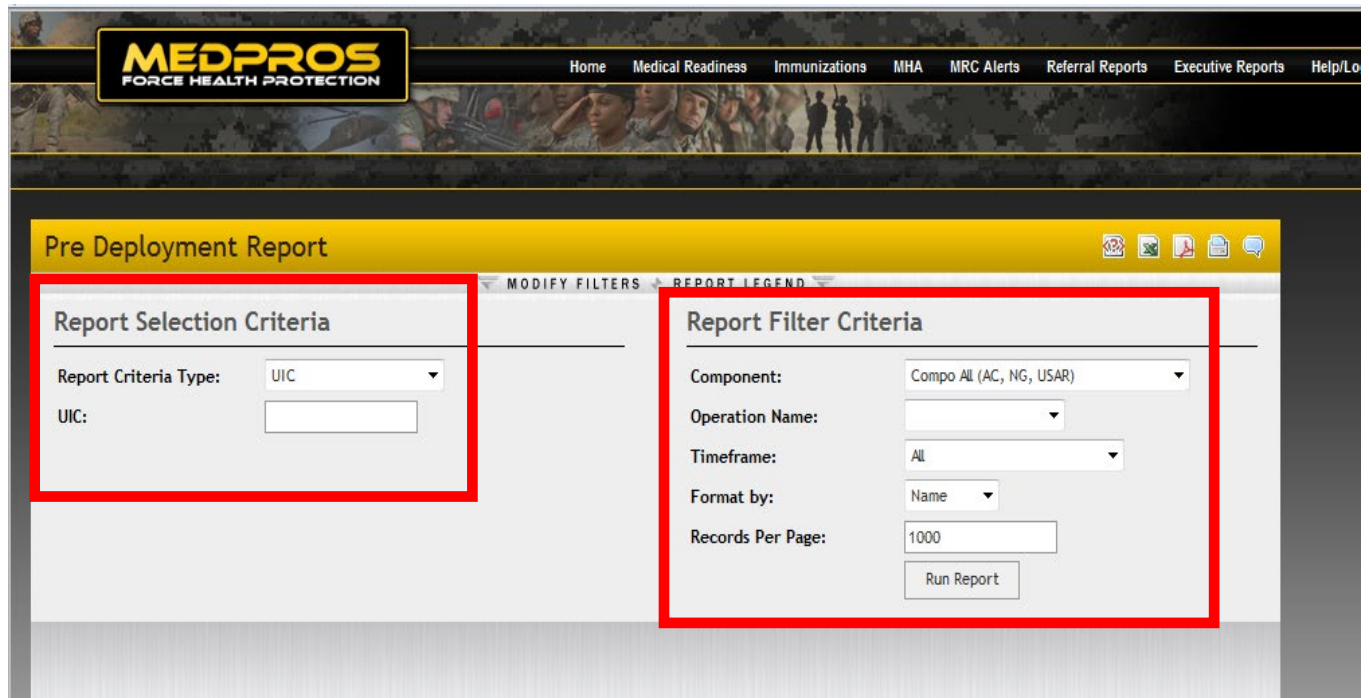
If you are looking for specific types of referrals you can utilize the check boxes at the bottom.

The Aggregate Reports bring back total number of PDHA's completed between the start and end dates chosen, regardless of requirement and their associated referrals. These may also be exported to Excel.



## B.6 MEDPROS PRE-DHA REPORT

The **Pre-DHA** screens for physical, mental, and behavioral readiness and provides the individual the opportunity to correct any health deficiencies prior to deployment.



The **Pre-DHA Report** contains many different filters for searching for specific populations. On the left side under *Report Selection Criteria*, you may choose to enter a UIC, Soldier Duty Location, SRP, SSN, etc.

On the right under *Report Filter Criteria*, you can choose to search by Component, operation name, generate a by name or summary report, and may also 'Export' any report to Excel by clicking the link on the upper right of the screen.



### B.7 MEDPROS PRE-DHA AGGREGATE REPORT

Pre-DHA Aggregate Report - DD2795 Sep 2012 Version

**Report Selection Criteria**

Report Criteria Type: Taskforce

Taskforce: Web OR Mainframe

Lookup Taskforce

**Report Filter Criteria**

Component: Compo All (AC, NG, USAR)

Start Date: [ ]

End Date: 2014/08/15

Records Per Page: 500

Run Report

**Report Display Columns**

Referral Information:

<input checked="" type="checkbox"/> Primary Care, Family Practice, Internal Medicine	<input checked="" type="checkbox"/> OB/GYN	<input checked="" type="checkbox"/> Case Manager, Care Manager
<input checked="" type="checkbox"/> Behavioral Health in Primary Care	<input checked="" type="checkbox"/> Physical Therapy	<input checked="" type="checkbox"/> Substance Abuse Program
<input checked="" type="checkbox"/> Mental Health Specialty Care	<input checked="" type="checkbox"/> TBI/Rehab Med	<input checked="" type="checkbox"/> Immunization Clinic
<input checked="" type="checkbox"/> Dental	<input checked="" type="checkbox"/> Podiatry	<input checked="" type="checkbox"/> Laboratory
<input checked="" type="checkbox"/> Audiology	<input checked="" type="checkbox"/> Specialty Other	<input checked="" type="checkbox"/> Referral Other
<input checked="" type="checkbox"/> Dermatology		

Select: None All

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The **Pre-DHA Aggregate Report (2012)** will allow you to select **Report Criteria Type's** including Taskforce, MACOM, RMC, Soldier Duty Location, and Component on the left; and **Report Filter Criteria** on the right by Component and start/end dates.

If you are looking for specific types of referrals, you can utilize the check boxes at the bottom.

The Aggregate Reports retrieve the total number of PDHA's completed between the start and end dates chosen, regardless of requirement and their associated referrals. These may also be exported to Excel.



B.8 MEDPROS COMMAND DRILL DOWN REPORT

PDHRA Drill Down Report

MODIFY FILTERS REPORT LEGEND

PDHRA Drill Down Report  
by UIC: USARMY  
Report Date: 2014/06/18 4:10 PM, Data as of Date: 2014/06/18

UIC	UIC Description	Assigned	Commander's Exemptions	Commander's Adj. Strength	Total Army Required	Total Army Aggregate Completion	Total Army Aggregate Completion %	Total Remaining PDHRAs	Total PDHRAs Completed (Tier 1)	Total Tier 2 Required	Total PDHRAs Completed (Tier 2)	Not Completed Green (0-89)	Not Completed Amber (90-180)	Not Completed Red (181+)	Total Not Completed	Completed Red (0-89)	Completed Green (90-180)	Completed Red (181+)	DoD (90-180) Compliance %	
WO0EAA	IMMEDIATE OFC SEC ARMY	1,247	3	1,244	690	634	91.9%	56	634	625	62	9	7	9	56	65	30	379	216	94.9%
WO0HAA	OFCE CHIEF OF ENGINEERS	1,065	5	1,060	740	709	95.8%	31	703	694	33	9	14	15	31	46	44	430	220	58.6%
WO0QAA	NATIONAL GUARD BUREAU	355,077	46,592	308,485	137,000	134,755	98.4%	2,245	135,797	132,622	7,462	3,175	1,277	2,183	2,245	4,428	6,860	94,372	31,340	68.4%
WO0YAA	WO0Y HQ USA INTEL SEC CMD	10,473	6	10,467	5,338	5,190	97.2%	148	5,127	5,086	162	41	164	108	148	256	231	3,281	1,570	62.2%
WO0VAA	HQ USANDIW	2,582	0	2,582	1,056	1,032	97.7%	24	1,026	1,021	31	5	2	11	24	35	51	698	272	66.5%
WO0WAA	HQ, US ARMY MATERIEL COMMAND	2,876	16	2,860	2,215	2,163	97.7%	52	2,172	2,145	116	27	31	19	52	71	98	1,282	764	57.6%
WOZ4AA	OFCE CHIEF ARMY RES	189,097	17,268	171,829	67,738	66,478	98.1%	1,260	70,273	65,508	6,442	4,765	2,116	1,005	1,260	2,265	2,919	38,323	24,231	53.6%
WOZUAA	OFCE OF THE CSA	6,569	185	6,384	2,948	2,767	93.9%	181	2,817	2,738	243	79	42	34	181	215	137	1,535	1,061	51.2%
WOZU																				

The **Command Drill down Report** shows highest echelon UICs and can be used to view subordinate UICs.

When clicking on the lowest subordinate UIC, this will generate a by name list for individuals assigned to that UIC and list their requirements.



B.9 MEDPROS ARNG BY STATE SUMMARY REPORT

ARNG PDHRA by State Summary

Report Date: 2014/06/18 4:11 PM, Data as of Date: 2014/06/18

State	Location Assigned	Commander's Exemptions	Commander's Adj. Strength	Required	Army Aggregate Completion	Army Aggregate Completion %	Not Completed Green (0-89)	Not Completed Amber (90-180)	Not Completed Red (181+)	Total Not Completed	Completed Red (0-89)	Completed Green (90-180)	Completed Red (181+)	Op Waiver	DoD Compliance	
AK	AKARNG	1,911	170	1,741	778	766	98.46%	4	2	12	14	9	585	170	50	75.39%
AL	ALARNG	10,797	1,582	9,215	4,451	4,415	99.19%	12	62	36	98	186	3,479	688	288	79.27%
AR	ARARNG	7,608	1,005	6,603	2,573	2,554	99.26%	1	0	19	19	144	1,663	747	2	64.63%
AZ	AZARNG	5,015	435	4,580	2,159	2,109	97.68%	4	2	50	52	123	1,590	394	12	73.71%
CA	CAARNG	15,735	1,401	14,334	5,757	5,673	98.54%	270	172	84	256	400	3,473	1,628	163	62.18%
CO	COARNG	3,927	281	3,646	1,500	1,479	98.6%	9	12	21	33	49	1,049	369	47	70.5%
CT	CTARNG	3,592	475	3,117	1,579	1,564	99.05%	2	0	15	15	24	1,328	212	6	84.1%
DC	DCARNG	1,452	134	1,318	466	448	96.14%	3	1	18	19	12	270	165	8	58.06%
DE	DEARNG	1,591	148	1,443	861	841	97.68%	2	32	20	52	15	698	96	59	84.2%
FL	FLARNG	9,943	1,324	8,619	4,309	4,270	99.09%	40	33	39	72	488	3,090	659	47	72.26%
GA	GAARNG	11,033	1,572	9,461	3,832	3,785	98.77%	16	259	47	306	171	2,464	891	241	68.96%
GU	GUARNG	1,180	73	1,107	715	714	99.86%	3	87	1	88	3	558	66	7	88.85%
HI	HIARNG	3,093	377	2,716	1,226	1,224	99.84%	8	3	2	5	19	667	535	128	54.54%
IA	IAARNG	7,067	1,025	6,042	2,765	2,737	98.99%	0	2	28	30	79	2,271	385	24	82.19%
ID	IDARNG	3,180	281	2,899	1,596	1,557	97.56%	0	0	39	39	17	1,110	430	6	69.55%
IL	ILARNG	10,242	1,526	8,716	3,171	3,066	96.69%	18	1	105	106	60	1,565	1,440	194	49.37%
IN	INARNG	12,265	2,415	9,850	3,525	3,523	99.94%	17	8	2	10	300	2,612	603	162	74.27%
KS	KSARNG	5,168	632	4,536	1,703	1,665	97.77%	0	0	38	38	50	1,167	448	21	68.53%
KY	KYARNG	7,269	1,112	6,157	2,615	2,601	99.46%	11	39	14	53	42	2,186	334	44	84.86%
LA	LAARNG	9,555	1,336	8,219	3,692	3,654	98.97%	17	48	38	86	233	2,221	1,152	734	60.95%

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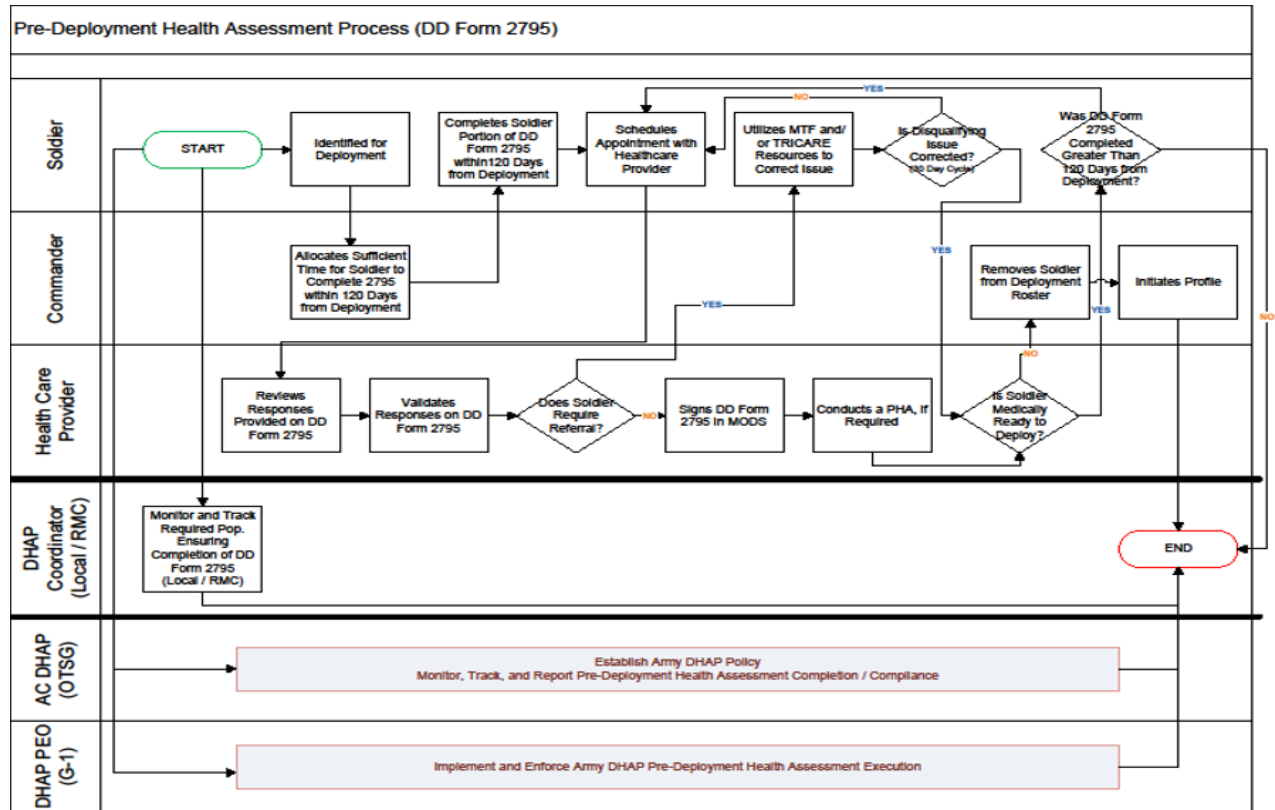
**The Army National Guard (ARNG) Pre-DHA and PDHRA By State Summary Report** is a quick reference for the entire ARNG broken out by state; this shows # of assigned, # of required and their completion/compliance numbers and rates.



ANNEX C – HEALTH ASSESSMENT PROCESS MAPS

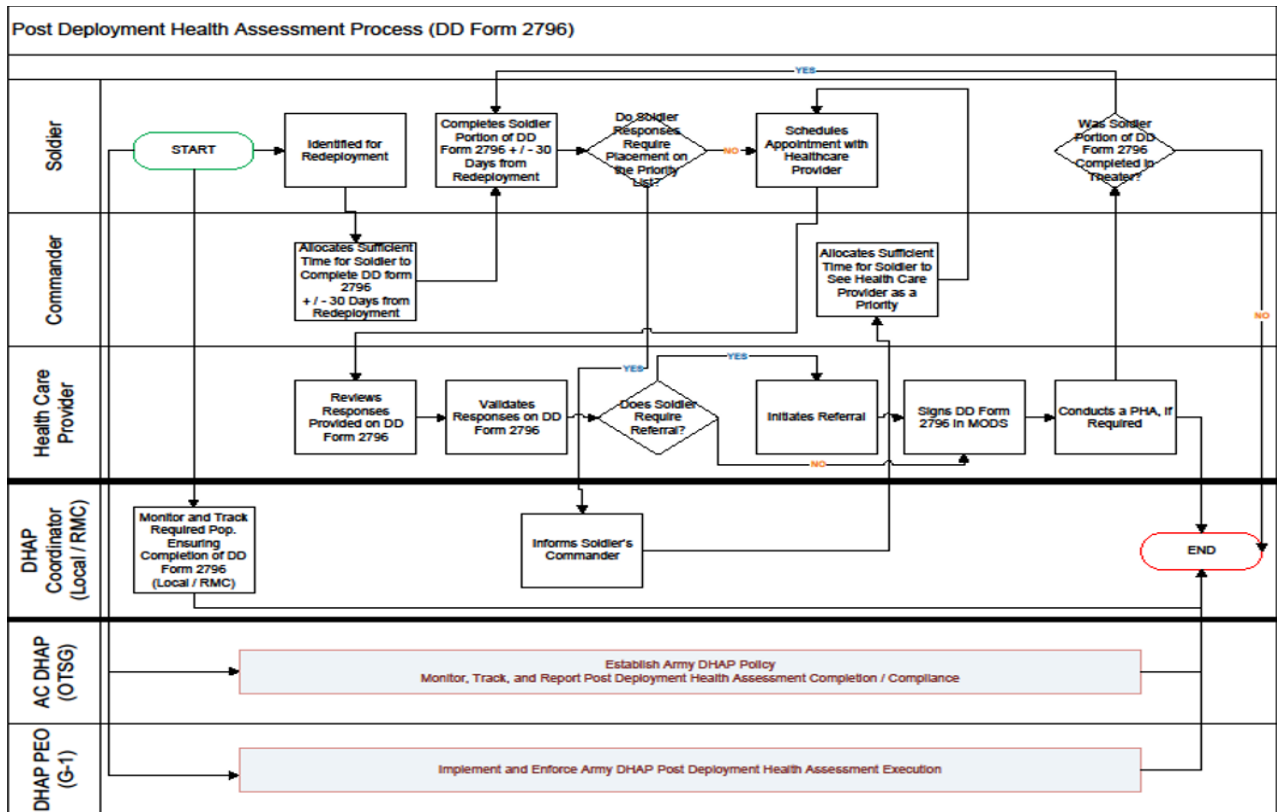
C.1. ACTIVE COMPONENT PROCESS MAPS

Active Component Pre-Deployment Health Assessment (Pre-DHA) Process





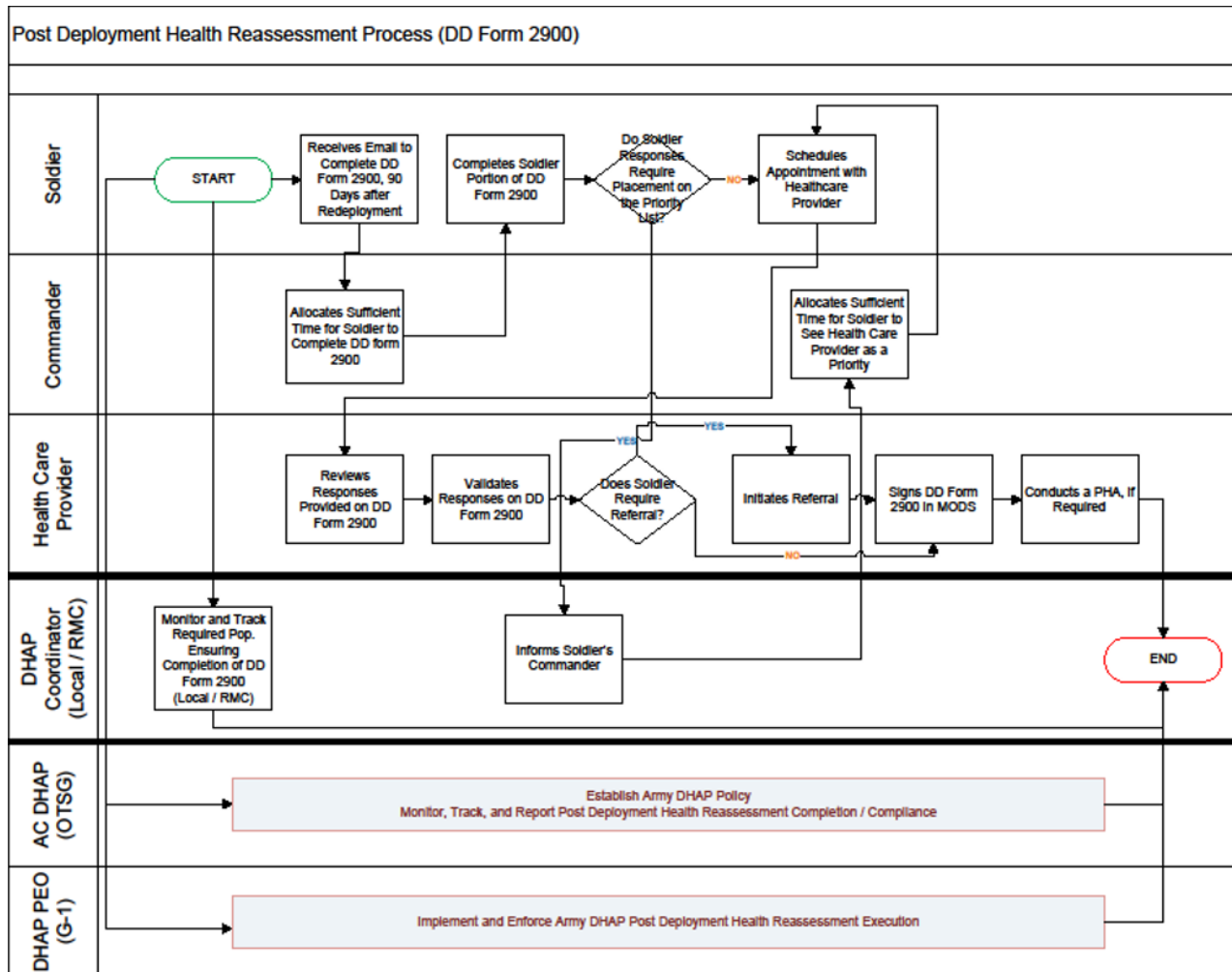
### Active Component Post-Deployment Health Assessment (PDHA) Process







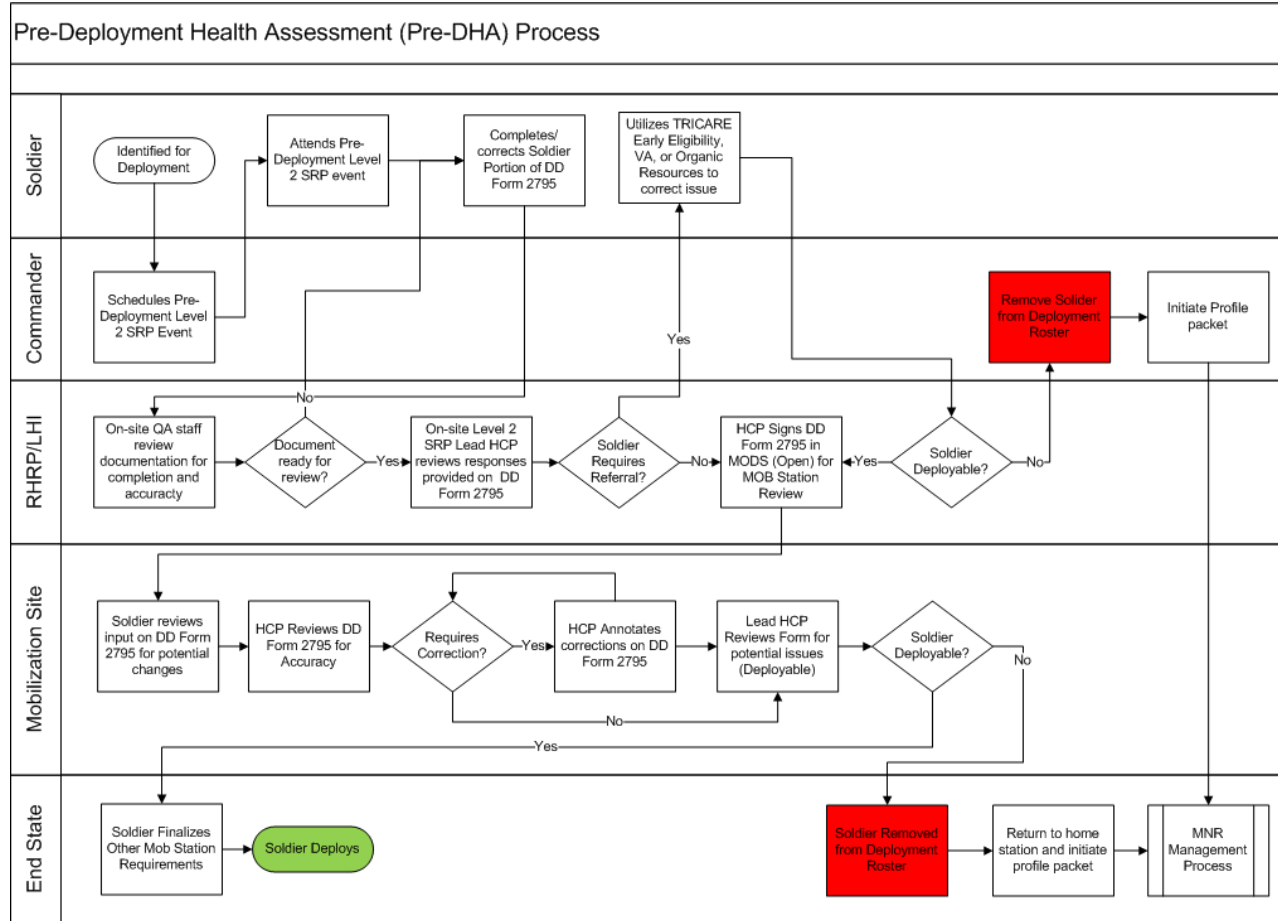
Active Component Post-Deployment Health Reassessment (PDHRA) Process





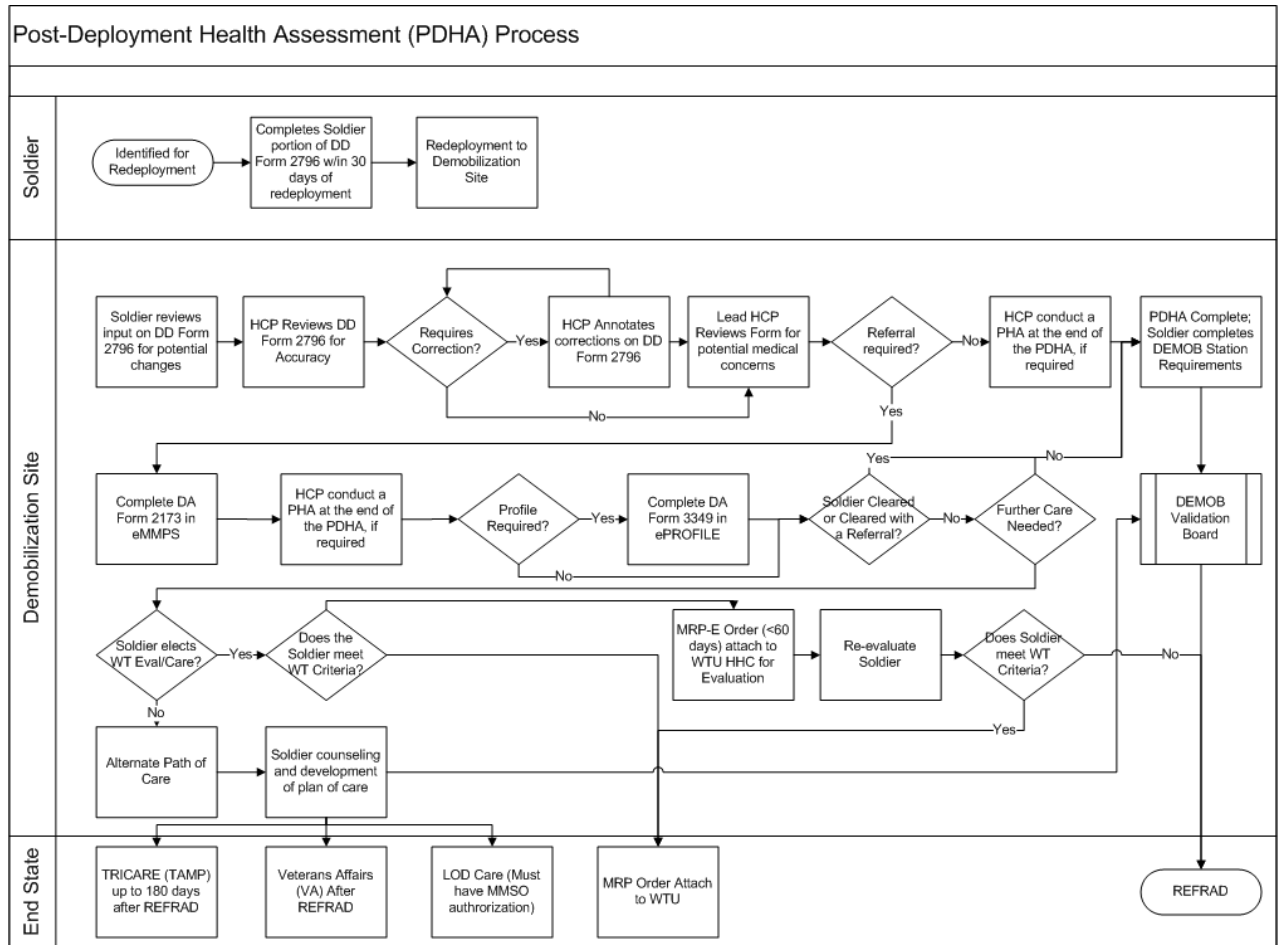
C.2. ARMY NATIONAL GUARD PROCESS MAPS

ARNG Pre-Deployment Health Assessment (Pre-DHA) Process



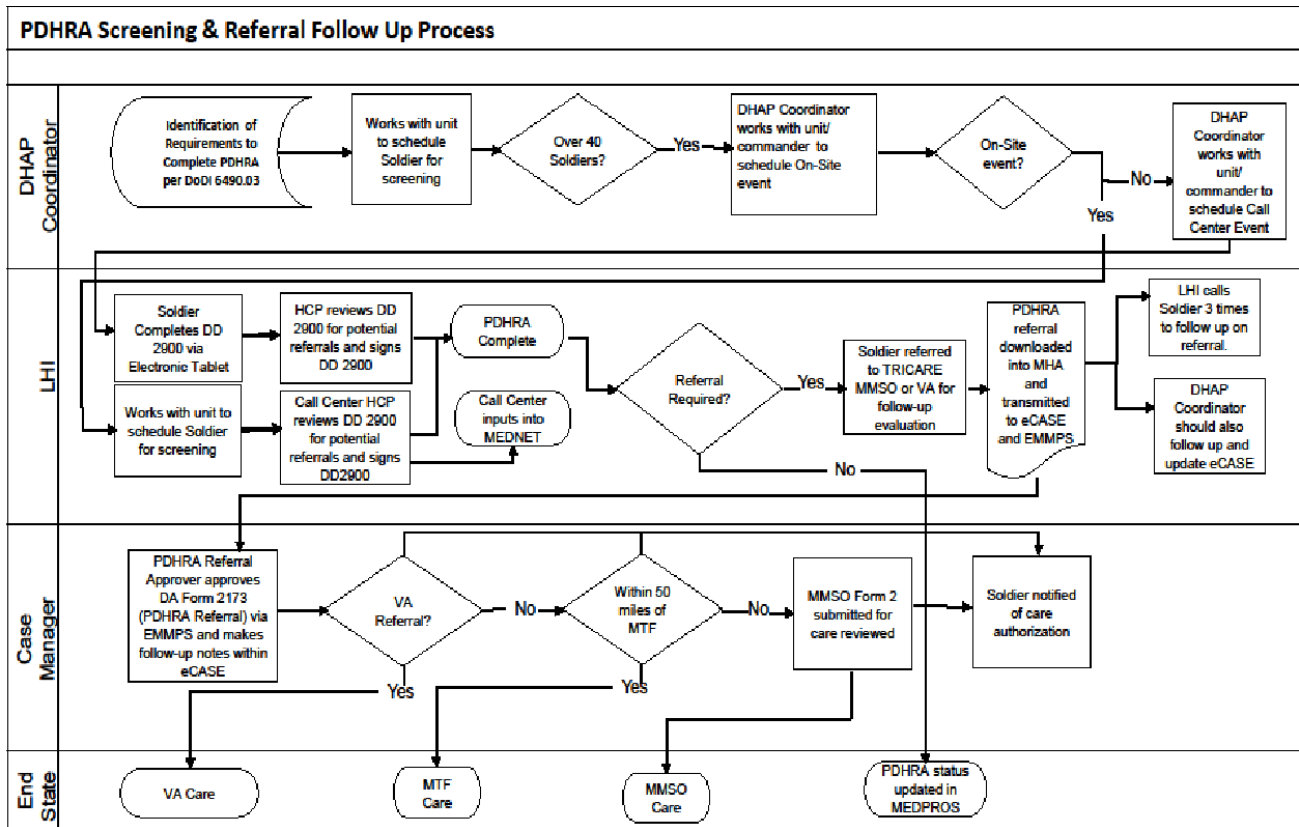


## ARNG Post-Deployment Health Assessment (PDHA) Process





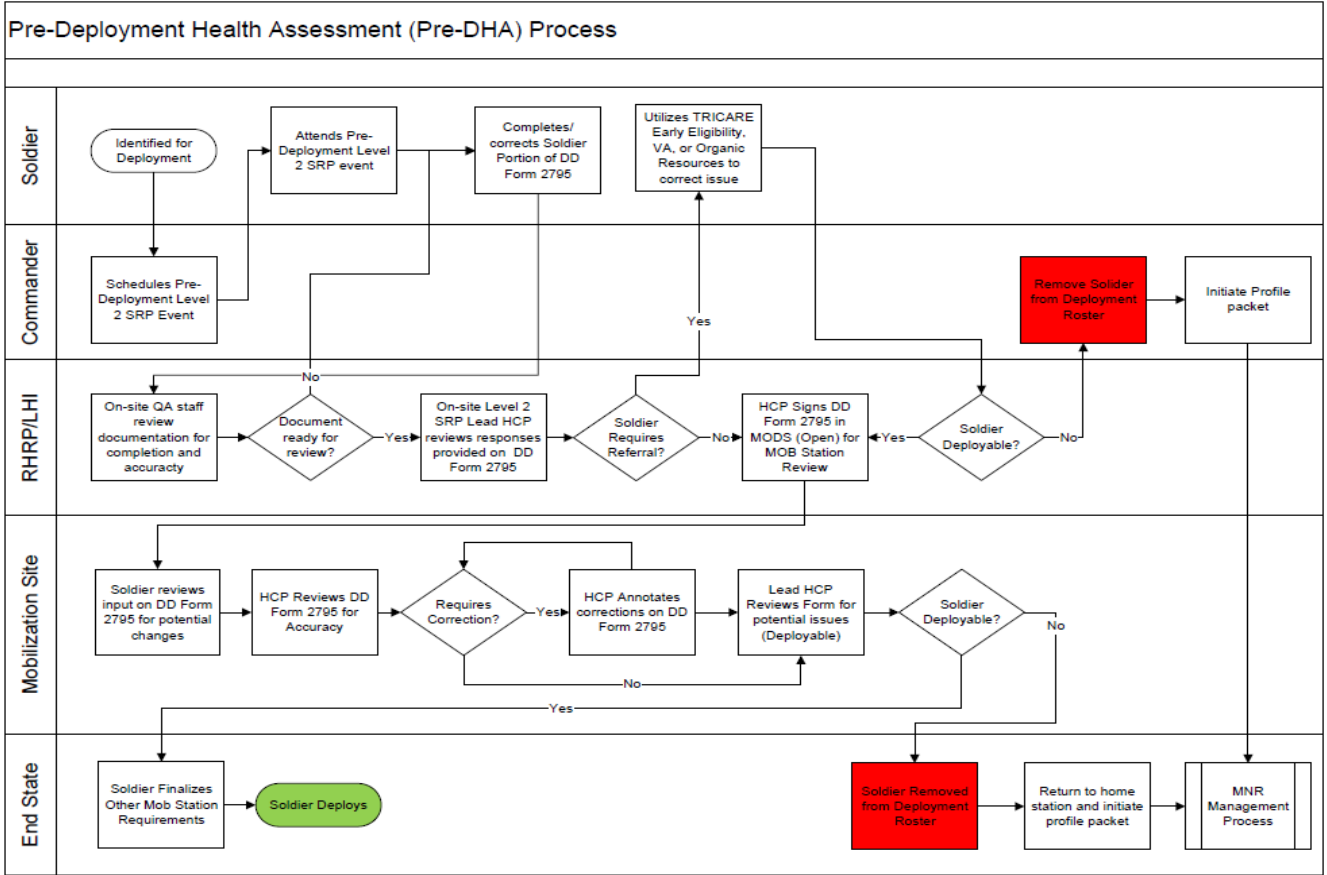
### ARNG Post-Deployment Health Reassessment (PDHRA) Process





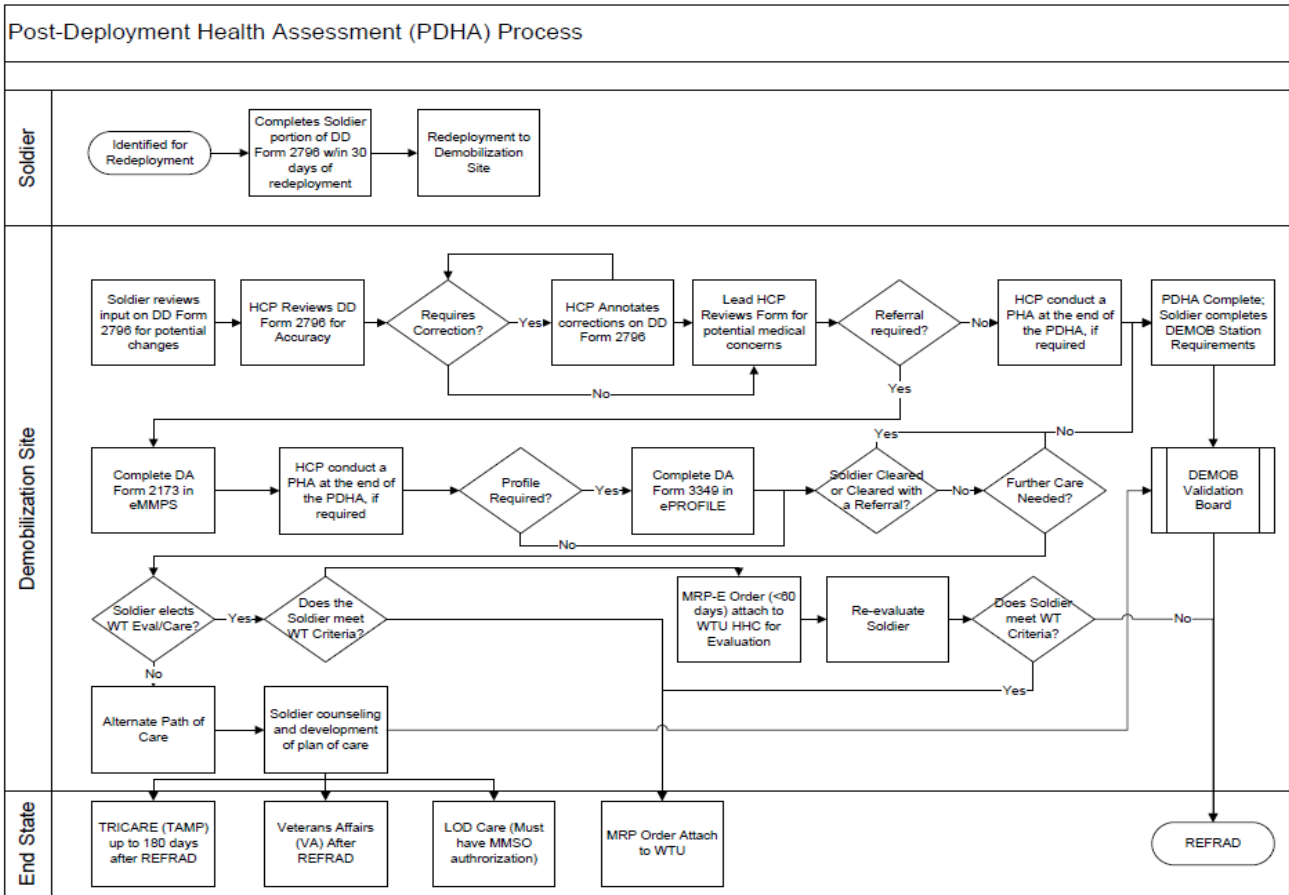
C.3. U.S. ARMY RESERVES PROCESS MAPS

USAR Pre-Deployment Health Assessment (Pre-DHA)





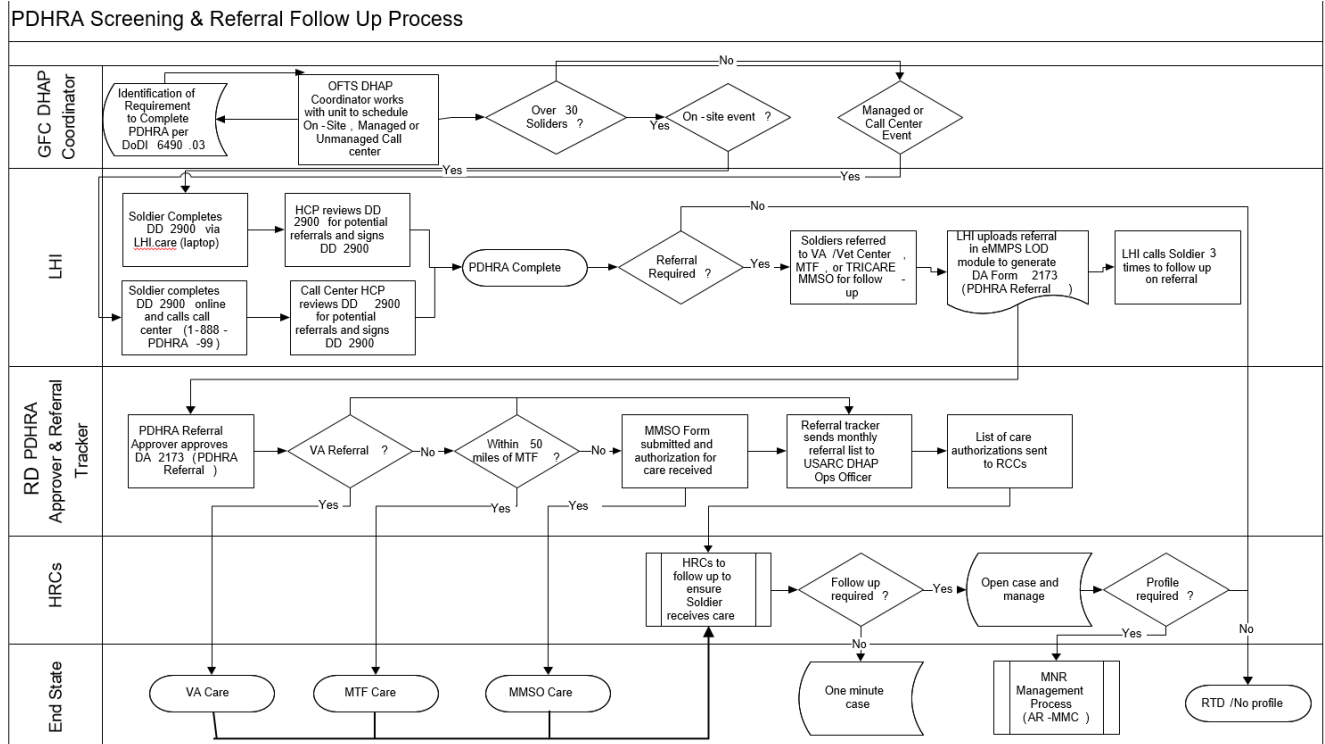
### USAR Post-Deployment Health Assessment (PDHA) Process







# USAR Post-Deployment Health Reassessment (PDHRA) Process





## ANNEX D – ACTIVE ARMY – LEADERS QUICK REFERENCE

**D. Soldiers must complete three Deployment Health Assessments as detailed below.**

- 1. DD Form 2795, Pre-Deployment Health Assessment (Pre-DHA)**
  - The Pre-DHA is to be completed within 120 days of deployment.
- 2. DD Form 2796, Post-Deployment Health Assessment (PDHA)**
  - The PDHA is to be completed no later than 30 days before or after redeployment.
  - Reserve and Guard Components must complete the PDHA before they are released from active duty.
- 3. DD Form 2900, Post-Deployment Health Reassessment (PDHRA)**
  - The PDHRA is to be completed between 90-180 days after redeployment.
  - PDHRA completion venues vary by Army Component.

**D.1** For all three forms, a Soldier must first fill out the correct DD Form online through the [MODS Medical Readiness Portal](#) before being seen by a medical HCP. The forms can be accessed by logging into the MODS homepage and selecting “Medical Readiness Portal” from the list of applications. A CAC card is required to access MODS applications. Under “Self- Service” select “Deployment Health Assessments”. After, follow the on-screen prompts to complete part one of your deployment health assessment. Soldiers will fill out the demographics and self-reporting sections of the form and electronically sign and submit the form. After submitting the form, the Soldier must make an appointment, or the unit must schedule a mass event with HCPs to complete the form.

### **D.2 Questions and answers.**

**Q:** Where do Soldiers go to complete their Deployment Health Assessment?

**A:** *Each installation schedules unit events differently, but the Deployment Health Assessment screening is generally performed at SRP sites, Medical Treatment Facilities (MTF), and installation clinics.*

**Q:** Can I prepare my Soldiers for the unit event before reporting to the SRP station?

**A:** *Yes, Soldiers can fill out their demographics and self-reporting section and submit through [MODS Medical Readiness Portal](#) prior to arrival at SRP location.*

**Q:** If a Soldier missed the unit event, how can they complete each DHA?

**A:** *If a Soldier misses an event, they must individually schedule an appointment to complete the Deployment Health Assessment with an HCP.*



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*Soldiers may receive referrals for follow on screening with an HCP to address concerns identified by the DHAs. Encourage your Soldiers to promptly schedule any required follow-on screenings.*





## **ANNEX E ARMY NATIONAL GUARD – LEADERS QUICK REFERENCE**

### **E. Soldiers must complete three Deployment Health Assessments as detailed below.**

- 1. DD Form 2795, Pre-Deployment Health Assessment (Pre-DHA)**
  - The Pre-DHA is to be completed within 120 days of deployment.
- 2. DD Form 2796, Post-Deployment Health Assessment (PDHA)**
  - The PDHA is to be completed no later than 30 days before or after redeployment.
  - Reserve and Guard Components must complete the PDHA before they are released from active duty.
- 3. DD Form 2900, Post-Deployment Health Reassessment (PDHRA)**
  - The PDHRA is completed 90-180 days after redeployment.
  - PDHRA completion venues vary by Army Component.

**E.1** For the pre- and post- Deployment Health Assessments, ARNG Soldiers must first fill out the DHA as detailed in para D.0 above through [MODS Medical Readiness Portal](#) before being seen by a medical healthcare provider.

The forms can be accessed by logging into the MODS homepage and selecting “Medical Readiness Portal” from the list of applications. A CAC card is required to access MODS applications. Under “Self- Service” select “Deployment Health Assessments”, after, follow the on-screen prompts to complete part one of your deployment health assessment.

**E.2** ARNG Soldiers may complete the PDHRA either through a unit scheduled face-to-face event or through the PDHRA call center (1-833-782-7477). State PDHRA Coordinators will schedule units for face-to-face events depending on the number of redeploying Soldiers.

**E.3** For PHDRA face-to-face events, all portions of the PDHRA will be completed on-site, the day of the event. For PDHRA call center, Soldiers must first fill out the PDHRA online through [MODS Medical Readiness Portal](#) before calling the call center.

**DEPLOYMENT HEALTH ASSESSMENTS ARE NOT COMPLETE UNTIL ELECTRONICALLY SIGNED BY A MEDICAL HEALTH PROVIDER!**

**E.4 Questions and Answers.**



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**Q:** Where do Soldiers go to complete their Deployment Health Assessment?

**A:** *The pre- and post-deployment health assessment will be completed at the SRP site. The PDHRA may be completed through a unit scheduled face-to-face event or the PDHRA call center.*

**Q:** Can I prepare my Soldiers for the unit event before reporting to the SRP station?

**A:** *Yes, Soldiers can fill out their demographics and self-reporting section and submit through [MODS Medical Readiness Portal](#) before seeing a HCP at an SRP site or before calling the call center. For PDHRA on-site events, ARNG Soldiers will complete all portions on-site.*

**Q:** If a Soldier missed the unit event, how can they complete the required Deployment Health Assessment?

**A:** *If a Soldier misses an event they must fill out the correct DD Form online through [MODS Medical Readiness Portal](#) and individually schedule an appointment to complete the Deployment Health Assessment with a HCP. Pre- and post-Deployment Health Assessments will be completed at the SRP site and the PDHRA will be completed through the call center. As a result, Soldiers may receive referrals for follow on screening with an HCP to address concerns identified by the Deployment Health Assessments. Encourage your Soldiers to promptly schedule any required follow-on screenings.*



## **ANNEX F ARMY RESERVE – LEADERS QUICK REFERENCE**

**F. Soldiers must complete three Deployment Health Assessments as detailed below.**

- 1. DD Form 2795, Pre-Deployment Health Assessment (Pre-DHA)**
  - The Pre-DHA can be completed within 120 days of prior to deployment.
- 2. DD Form 2796, Post-Deployment Health Assessment (PDHA)**
  - The PDHA is completed 30 days before to 30 days after redeployment.
  - PDHA provider portion completed in theater will be revalidated at DEMOB site.
  - Soldiers must complete the PDHA before they are released from active duty.
- 3. DD Form 2900, Post-Deployment Health Reassessment (PDHRA)**
  - The PDHRA is completed 90 to 180 days after redeployment.
  - Soldiers with positive indicators for deployment-related injury or illness could be eligible for a referral for further evaluation. Soldiers should work with unit personnel or HRC (as assigned) to complete referral process and any other requirements such as LOD determinations, appointment scheduling, etc.

**F.1** DHA completion and compliance status is monitored at every level of command in the USAR. Commanders and unit leaders can monitor unit completion and compliance percentages and individual Soldier status through MEDPROS/CSMM and the MODS Commander’s Portal.

Commanders are responsible for ensuring all assigned Soldiers complete their DHA, regardless of the Soldier deployed with the unit. Soldiers are required to complete all assessments even if the designated period has elapsed. It is strongly encouraged to have cross-leveled Soldiers PDHRA within the 90 to 180 day window complete their assessments prior to being transferred back to their previously assigned unit.

Each Geographic and Functional Command (GFC) has an appointed DHAP Coordinator that can assist commanders with scheduling DHA events and can address any questions concerning DHA events, referrals tracking, etc.

**F.2** Resiliency training is a vital component of the DHA completion process. Soldiers are strongly encouraged to participate in command sponsored resiliency training (if available) prior to the completion of any DHA. Soldiers that participate in mandated Yellow Ribbon Reintegration Program (YRRP) events will receive deployment-related resiliency training while at event.





- F.3** All DHAs have an online portion of the applicable DD Form that must be completed by the Soldier prior to the one-on-one provider screening through the [MODS Medical Readiness Portal](#). If conducting the PDHRA utilizing the USAR contracted provider, Soldiers will be required to complete DD Form 2900 on <https://www.qtcm.com/> All assessments are screened by a qualified healthcare provider- in-person or through phone call- in order to complete the form.

Soldiers can access the forms can be accessed by logging into the MODS homepage and selecting “Medical Readiness Portal” from the list of applications. A CAC card is required to access MODS applications. Under “Self- Service” select “Deployment Health Assessments”, after, follow the on-screen prompts to complete part one of your deployment health assessment. Soldiers will fill out the demographics and self-reporting sections of the applicable DHA DD Form and electronically sign for submission. If conducting the PDHRA utilizing the USAR contracted provider, Soldier will be required to complete DD Form 2900 on <https://www.qtcm.com/>.

Soldiers should follow guidance from Chain of Command on how to complete one-on-one provider screening. If done telephonically, Soldiers can call 1-888-PDHRA (1-888-734-7299) to complete one-on-one healthcare provider portion.

**DEPLOYMENT HEALTH ASSESSMENTS ARE NOT COMPLETE UNTIL ELECTRONICALLY SIGNED BY A MEDICAL HEALTH PROVIDER!**

- F.4** Soldiers may receive referrals for further medical evaluation generated through the interview with the healthcare provider to address concerns identified by the Deployment Health Assessments. Encourage your Soldiers to promptly schedule any required follow-on screenings. Units are responsible for completing any associated LOD investigations associated with the Soldier’s injury or illness.

**F.5 Questions and Answers.**

**Q:** How can I prepare my USAR Soldiers for a scheduled event where a DHA will be conducted?

**A:** *Ensure all Soldiers have completed the online Soldier portion of the appropriate DHA DD Form prior to the arrival at the unit scheduled mass event (SRP) or the Mobilization/ Demobilization Site.*

**Q:** What if my Soldier missed an event?

**A:** *If an USAR Soldier missed a Deployment Health Assessment event, reach out to your commands DHAP Coordinator in locating another event or the Soldier may complete telephonically, when available.*



**ANNEX G – INDIVIDUAL SOLDIER AND DA CIVILIAN QUICK REFERENCE**

This section serves as quick reference for leaders to give to individuals who need to fill out a Deployment Health Assessment online.

**Access Instructions are the same for the PHA, Pre-DHA, PDHA, and PDHRA.**

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Office of The Surgeon General

**Soldier's Guide to Completing the Online PHA Questionnaire**

27 Feb 2023

G-37 Medical Readiness, OTSG  
Department of the Army





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## Completing the Online PHA Questionnaire

Office of The Surgeon General

- Part A of the PHA can be completed from any computer with an internet connection and a CAC reader. It does not need to be done on a \*.mil network.
- Go to <https://www.mods.army.mil>

Click on Medical Readiness Portal

The screenshot shows the MODS homepage with a navigation menu on the left containing links such as 68W, AMEDD Human Resources, Behavioral Health Data Portal, CMS, Continuing Medical Education, EDUCATION, EMS, M3PT, Medical Readiness Portal, MEDPROS, MHA (PHA/DHA/Referral Tracking), MODS Control Panel, and MWDE. The main content area features a banner with an American flag and the MODS logo, along with sections for 'Getting Started', 'News and Events', and 'Army Links'.

27 FEB 2023

2



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## Completing the Online PHA Questionnaire

Office of The Surgeon General

Select "Periodic Health Assessment"

The screenshot shows the MRC dashboard with a navigation sidebar on the left. The main content area displays the user's Overall Readiness Status as 'Green', MRC as 'MRC1', and VA Rating. Below this is a table of Medical Readiness Indicators with columns for Name, Color Code, Next Due, and Required Action. The Self-Service section includes links for Deployment Health Assessments, Periodic Health Assessments, and Mental Health Assessments. A System Messages section shows 0 messages.

27 FEB 2023

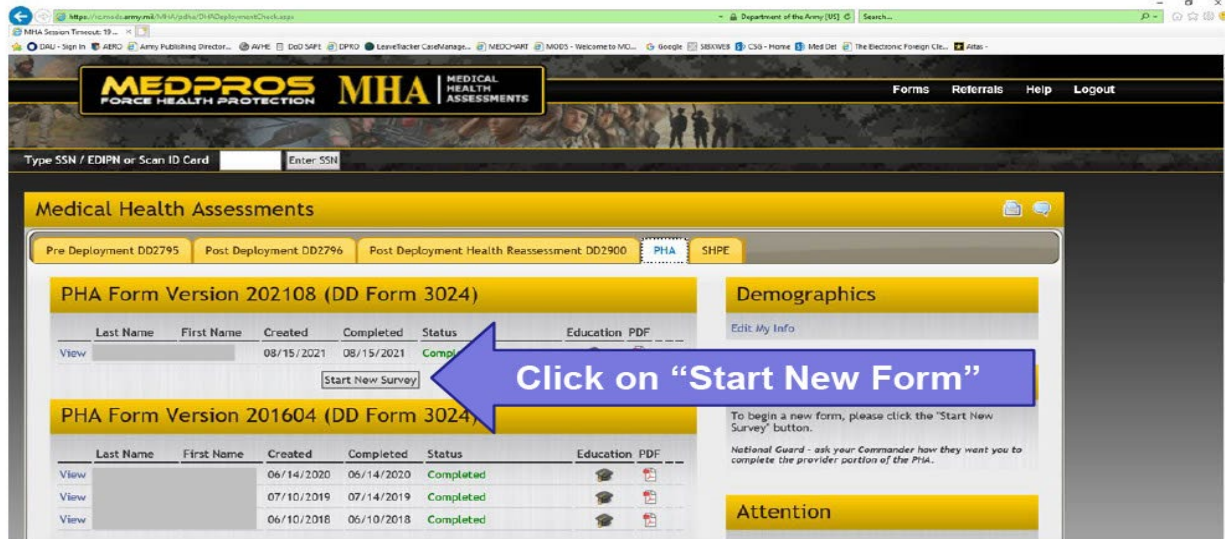
3







AMERICA'S ARMY: UNCLASSIFIED Completing the Online PHA Questionnaire



27 FEB 2023

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AMERICA'S ARMY: UNCLASSIFIED Completing the Online PHA Questionnaire

- After completing the questionnaire, the web page should say "Member Complete". Ensure it says "Member Complete" prior to exiting out of the browser.



- Any questions, there is a contact roster ("MEDPROS Contacts") available on the homepage of MEDPROS:  
<https://medpros.mods.army.mil/medprosnew/>

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**ANNEX H – MEDCHART eCase Overview**

This section provides training on the functionalities of MEDCHART eCase.



**MEDCHART**  
Medical Electronic Data for Case History and Readiness Tracking

-  Army National Guard (ARNG)
-  U.S. Army Reserves (USAR)

**eCase Overview**

Unclassified





**Additional Information**



- eCase 1.6.13.0 Release Date: 5 May 2021 (Available 6 May)
- Help Manual: eCase→Help Manual
- Training video with updates is available by request.
- Help Desk Phone Numbers: (all reach the same HD)
  - (703) 225-1824
  - 833-633-2478
  - 833 MEDCHRT



**Learning Objectives**

- Define eCase
- Understand the previous workflow vs. new workflow
- Create a referral evaluation from an electronic referral
- Create a case from a dispositioned referral evaluation





### Key Terms

- MODS/MHA-web service that shares referral data with eCase.
- MEDNET/LHI-web service that shares referral data with eCase.
- Disposition (a referral evaluation or case)-the decision made regarding Soldiers' medical diagnosis and-ultimately-their military retention status based on a variety of reasons.
- HA Referrals Summary-page in eCase that is used to view HA Referral data and Referral Evaluations.



### What is eCase?

eCase helps the Army National Guard (ARNG) and United States Army Reserve (USAR) track and disposition Medical Referrals from various sources.

Additionally, it provides a means to create, case manage, and disposition cases that track medical conditions affecting Service Members' readiness or retention.

The eCase module contains automated referral-management and case-management workflows and provides a combined view of all related data that is obtained from other medical management systems.



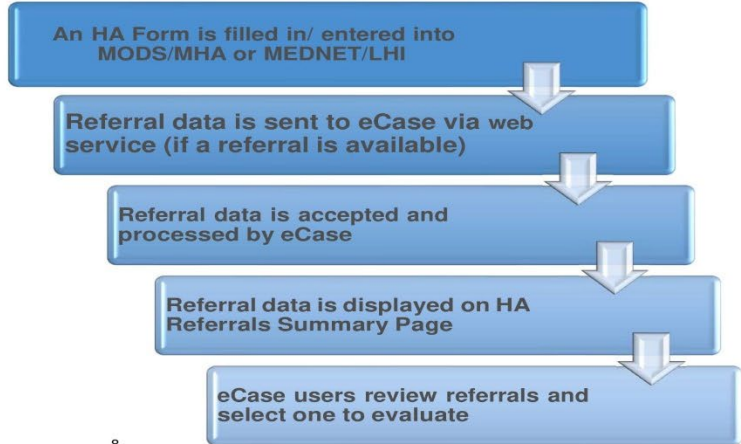


MEDCHART

eCase 1.6.13.0



### Review Referrals



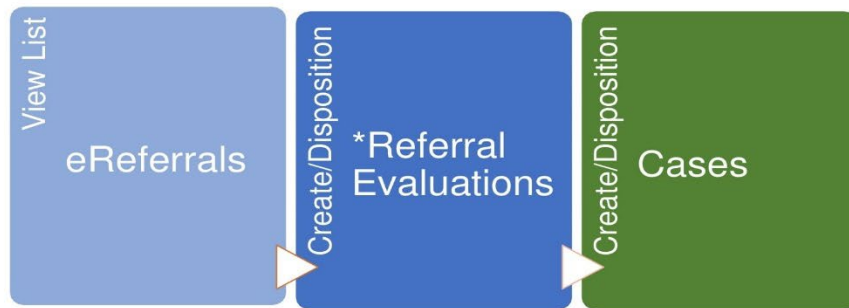
8

MEDCHART

eCase 1.6.13.0



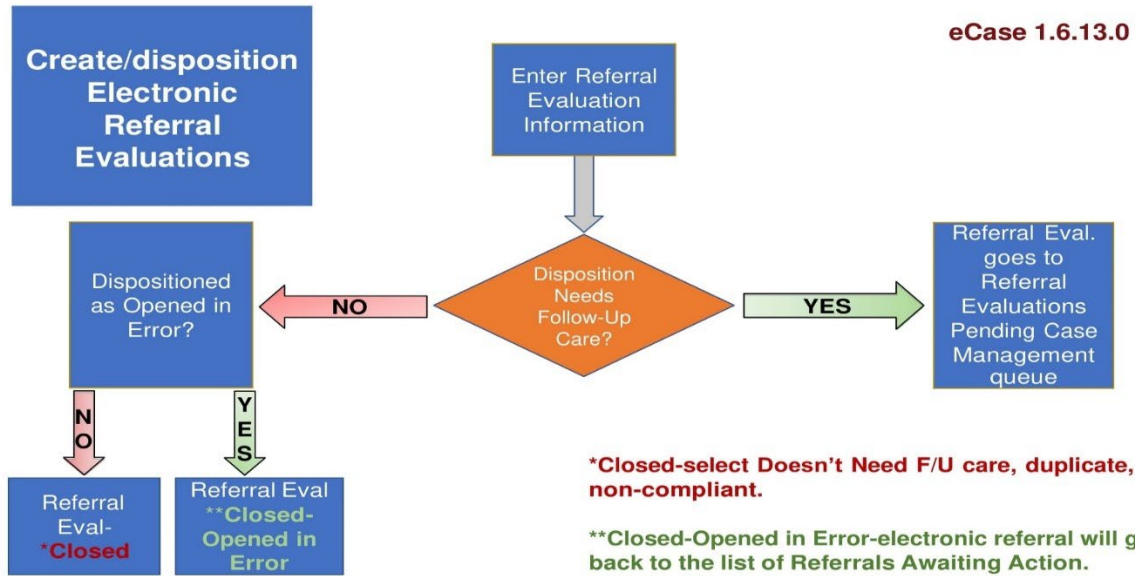
### New ARNG Workflow



\*New Concept for ARNG Users

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### Create Referral Evaluations Manually



#### Manually Create Referral Evaluations

- A referral evaluation can be created manually if you do not have an electronic referral.

#### Considerations

- Ask, "Where did the referral come from (referral source)?"
- Electronic Referrals vs. Other Referral Sources

#### Electronic Referrals (MHA/LHI)

- PHA
- PDHRA
- Pre-Deployment Assessment
- Post-Deployment Assessment

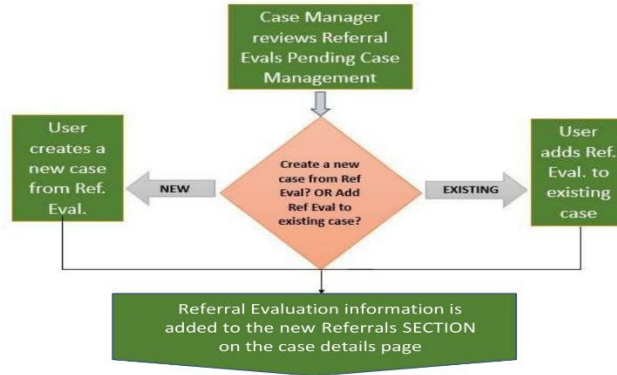
#### Other Referral Sources

- Self Referrals
- Command Referrals
- Flight Physical
- SRP Event
- Fitness for Duty





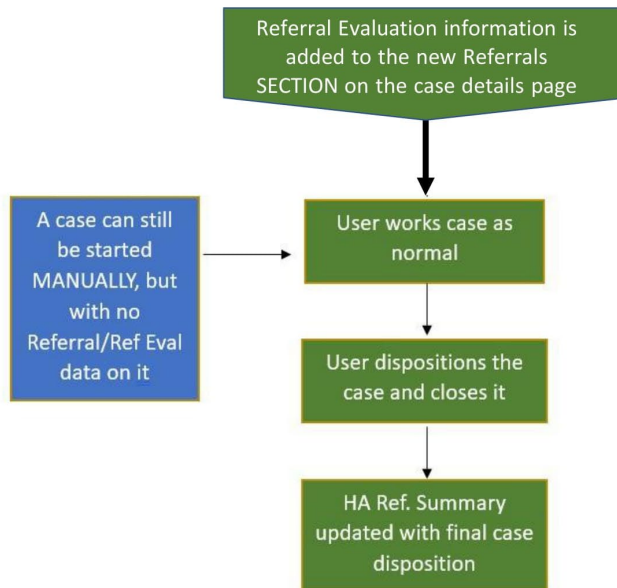
### Create/Disposition Cases



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### Create/Disposition Cases -- Continued





**National Guard User Role Matrix**

Actions available will be based upon Permissions

Permissions	MEDCHART ARNG Manager grants	MEDCHART ARNG Mgr./ eCase ARNG Mgr. grants	eCase ARNG Mgr./DSS grants	MEDCHART ARNG Mgr./Lead MCM grants	eCase ARNG Manager/ Lead MCM grants	eCase ARNG Manager/ DSS/ MCM grants	Lead MCM/ Medical Case Manager/ Provider grants
Access Approval							
	eCase ARNG Manager	DSS	Lead MCM	Medical Case Manager	Medical Readiness NCO	Provider	Unit Administrator
View HA Referrals Summary	D	D	D	D	E	D	E
Create Referral Evaluation	D	D	D	D	E	D	
Disposition Referral Evaluation	D	D	D			D	
Edit Closed Referral Evaluation	D	D	D				
Create New Case	D	D	D	D	D	D	D
Close a Case		D	D	D	E	E	

User Role Matrix Legend: **D** Default **E** Extendable





# Resources



eCase 1.6.13.0



- Home Page: Lead Medical Case Manager

**eCase Health Assessment Referrals**

Health Assessment Referrals Awaiting Action:	Over 30 Days	Over 30 Days
088	0	123
Critical Health Assessment Referrals Awaiting Action:	Over 30 Days	Over 12 Months
253	28	0
Referral Evaluations NOT Dispositioned within 60 Days:	0	0
Referral Eval Pending Case Management:	Total	Pending Over 30 Days
0	0	0

eCase Health Assessment Referrals tile replaced it.

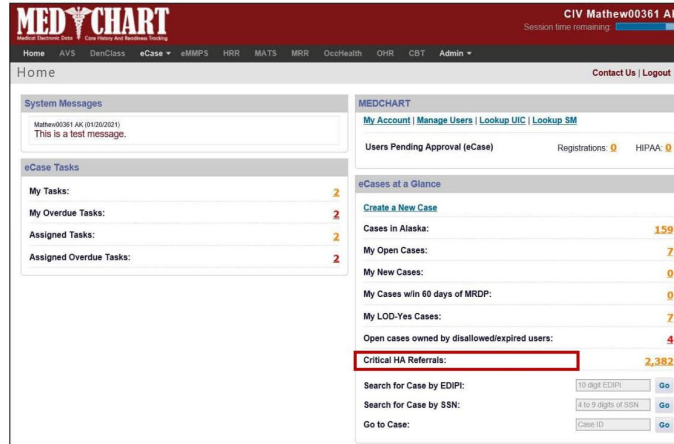
Critical HA Referrals list is no longer available.



Before eCase 1.6.13.0



- Home Page: Lead Medical Case Manager



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Bottom Line UpFront - BLUF



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