

## **CRC Non-Log Cap, Fort Bliss, Tx Medical Guidelines- Updated February 24, 2016**

In order to expedite mobilization it is highly recommended that you review the requirements for deployment. And have all requirements completed prior to coming to the CRC mobilization center.

References for guidance of deployment for Non-Log Cap (NLC) contractors include:

Department of Army personnel policy guidance for overseas contingency operations, Mod 12, AR 40 – 501, Standards of Medical Fitness. Tab A, Amplification of standards of Mod 12, and current COCOM guidance's for each specific COCOM deployed.

### **Website Links:**

1. USCENTCOM MOD 12: <http://cpol.army.mil/library/mobil/MOD12-Dec13.pdf>
2. PPG-TAB A: AMPLIFICATION OF MINIMAL STANDARDS OF FITNESS TO CENTCO AOR: <http://cpol.army.mil/library/mobil/MOD12-TabA.pdf>
3. PERSONNEL POLICY GUIDANCE: <http://www.cpms.osd.mil/expeditionary/pdf/PPG.pdf>
4. AR 40-501 STANDARDS OF MEDICAL FITNESS: [http://www.apd.army.mil/pdf/files/r40\\_501.pdf](http://www.apd.army.mil/pdf/files/r40_501.pdf)
5. USAFRICOM MEDICAL GUIDANCE: <http://www.africom.mil/staff-resources/travel-to-africa>
6. USPACOM MEDICAL GUIDANCE: [http://www.pacom.mil/Portals/55/Documents/pdf/j07-USPACOM\\_FY14\\_FHP\\_GUIDANCE\\_FOR\\_USPACOM\\_AOR\(U\).pdf](http://www.pacom.mil/Portals/55/Documents/pdf/j07-USPACOM_FY14_FHP_GUIDANCE_FOR_USPACOM_AOR(U).pdf)
7. EUCOM MEDICAL GUIDANCE: [http://www.med.navy.mil/sites/nepmu2/Documents/threat\\_assessment/EUCOM-FHP-Msg.pdf](http://www.med.navy.mil/sites/nepmu2/Documents/threat_assessment/EUCOM-FHP-Msg.pdf)
8. SOCOM MEDICAL GUIDANCE: [http://www.med.navy.mil/sites/nepmu2/Documents/threat\\_assessment/051139ZMAY11MEDGUIDANCEDEPLOYMENTSOUTHCOM.pdf](http://www.med.navy.mil/sites/nepmu2/Documents/threat_assessment/051139ZMAY11MEDGUIDANCEDEPLOYMENTSOUTHCOM.pdf)

**ALL DOCUMENTS MUST BE IN ENGLISH AND EASILY READABLE**

### **Physical Exams requirements**

Physical examinations are to be documented on either DD forms 2808&2807 or OF 178. Exams are required to be dated within 90 days of processing for deployment. Once deployed, the physical exam is good for 12 months.

The physical exam forms are required to be filled out completely. This includes the clinic address where the physical examination was performed, and the signature of the physician or medical provider performing the medical examination. The medical provider must include their credentials.

Documentation of past medical history, surgical history, medications, and other pertinent medical information are documented on this form.

Form DD 2795 must be completed online through AKO med pros. This form will be signed electronically by the medical providers at the CRC website once cleared for deployment. The printed form is not acceptable.

**WEBSITE LINK:**

1. DD 2808: <http://www.dtic.mil/whs/directives/forms/eforms/dd2808.pdf>
2. DD 2807: [http://www.sta-21.navy.mil/forms\\_fy03/dd2807-1.pdf](http://www.sta-21.navy.mil/forms_fy03/dd2807-1.pdf)
3. OF 178: [https://www.opm.gov/forms/pdf\\_fill/OF178.pdf](https://www.opm.gov/forms/pdf_fill/OF178.pdf)

**Audiology Requirements**

Audiology examinations are to be documented on DD 2215. Test date must be visible, and be found within 90 days of processing for deployment. Name of patient, Social Security number, and date of birth are required to be on the document. All screening audiograms must be certified by an Audiologist/M.D./D.O. which requires: Name, Credentials, NPI, and number, and signature. IF performed by an Audiology technician there must be documentation of their CAOHC certification number.

The Audiometer make, model, serial number and calibration date, must be performed within 1 year, and documented on DD 2215.

Audiologist must perform diagnostic audiogram to include air, Bone, SRT, speech recognition, tympanometry, Sprint or hint screening if audiogram exceeds the following thresholds:

-Audiometer average level for each ear 500,1000,2000 Hz, not more than 30dB or Not more than 30dB with no individual level greater than 35 dB at these frequencies, and not more than 55dB at 4000Hz; or audiometer level 30dB at 500Hz, 25 dB at 1000 and 200Hz, and 35 dB at 4000Hz in better ear.

**All requirements listed are Mandatory to be considered at Valid Audiogram.**

Recommendation by Testing Audiologist **that patient can hear and wake up to emergency alarms unaided and hear instructions in the absence of visual cues such as lip reading.**

**WEBSITE LINK:** DD 2215: <http://www.dtic.mil/whs/directives/forms/eforms/dd2215.pdf>

**Vision Requirements**

Vision prescriptions are good for 12 months if signed by a physician. Visual acuity tests will be performed at the CRC site. NO contact lenses are to be worn during the CRC process, or when Deployed. If you require glasses and have inserts for pro-masks (gas mask), please bring them with you to the CRC site. If you need inserts they will be ordered at the CRC site. You must have a least 2 pair of glasses to be cleared to deploy. If contractor is not going to be issued gear, they must present a waiver stating "No Gear".

### **Dental Requirements**

Dental exams are valid for up to one year prior to deployment. They must be documented on the latest DD Form 2813, (October 2013). The DD 2813 must show that you are a class 1 or 2 (box 6: 1 or 2), and must be signed by a Dentist with his/her state license number must be documented.

Exams classified as a category 3(box 6) are non –deployable. To be deployable, corrective dental action must be completed, and a new DD 2813 form filled out indicating you are now a dental class 1 o 2.

Bitewing and Panoramic X-rays are required to be reviewed by a dentist and block 6 item 5 of the DD 2813 marked “yes” along with a date that is prior to or the same date as the exam.

**WEBSITE LINK:** DD2813: <http://www.dtic.mil/whs/directives/forms/eforms/dd2813.pdf>

### **Laboratory Requirements**

No hand written lab results will be accepted at the CRC site. All labs must be on print outs from the performing lab or clinic with dates. Abnormal labs may need to be repeated, and if still abnormal require further work up with a medical provider, and possibly further testing. Abnormal test results need to be commented on by the ordering medical provider, to include rationale as to why the contractor is still deployable. All abnormal results and provider notes will be reviewed by the Medical CRC staff once at the CRC medical processing site.

Basic labs required for all contractors are:

- G6PD enzyme level, one time test only. Can be drawn at CRC medical site.
- Blood type, one time test only. On lab print out.
- HIV test. Must be performed within 120 days of processing for deployment, and must be negative in order to deploy. Oral HIV testing is not acceptable.
- DNA sample, one time test only. Can be drawn at CRC medical site.
- Pregnancy test for all females within 30 days must be negative. Can be performed at CRC site. If contractor requires anthrax vaccination during CRC processing, a Urine Pregnancy Test will be performed at the CRC medical site on Monday.
- All contractors ages 35 and over are required to have a lipid panel performed within 1 year of deployment.
- All contractors ages 40 and over are required to have a 12 lead EKG within 1 year of deployment.
- PPD testing (tuberculosis) within 90 days of deployment. If a PPD test is positive, the contractor must have a counseling note and screening from a medical provider regarding Latent Tuberculosis infection diagnosis, and treatment options. A Chest X-Ray must be performed within 90 days and be read as negative. If the contractor was previously known to have a positive PPD they must bring documentation of counseling or treatment for clearance.

Website link: [http://www.cdc.gov/mmwr/indrr\\_2005.html](http://www.cdc.gov/mmwr/indrr_2005.html)

**\*Further lab testing may be required based on individual chart review by the medical providers at the CRC site.\***

## Immunizations

Immunizations are based on site of deployment. Standard vaccination requirements are found below, but are not all inclusive. Immunization requirements for specific COCOMs can be located at the Defense Health Agency website. Other reference used is the CDC Yellow Book guidelines.

TDAP- 1 dose every 10 years. For adult who previously have not received a dose of Tdap (previously was Td formulation) dose should be give regardless of interval since last tetanus vaccination.

Varicella: (chickenpox) 2 shot series vaccine, 30 days apart. May show proof of immunity with lab print out with positive titer levels.

MMR: (measles, mumps, rubella) 2 shot series vaccine within lifetime. May show proof of immunity on a lab print out with positive titer levels . Are considered immune if born before 1957, and do not require immunizations

Polio- One immunization as an adult. (\* but if deploying to Afghanistan or Pakistan you are required to receive an injectable polio vaccine with 12 months of deployment. Recommendations were updated by WHO in August 2015).

Influenza: (flu) Yearly vaccine. New vaccine formula starts September 1 each year. Anyone deploying after 1 September will require the new season's vaccine

Hepatitis A: 2 series vaccine, 1<sup>st</sup> and 2<sup>nd</sup> dose need to be 180 days apart. May provide proof of immunity with positive titers on lab print outs. . If contractor has never had vaccine before, he may still deploy as long as vaccine series is started with plan to complete in theater.

Hepatitis B: 3 series vaccine, 1<sup>st</sup> and 2<sup>nd</sup> dose need to be 30 days apart. The 3<sup>rd</sup> dose is 6 months after 1<sup>st</sup> dose. May provide proof of immunity with positive titers on lab print outs. . If contractor has never had vaccine before, he may still deploy as long as vaccine series is started with plan to complete in theater.

Anthrax: Initial 5 shot series is 0 week, 4 weeks, 6 weeks, 12 weeks and at 18 months. An annual booster is then indicated. Due to the limited availability of Anthrax vaccinations, NLC contractors can receive this vaccine at the CRC medical site.

Typhoid: Injectable dose within 2 years of deployment, Oral dose within 5 year of deployment.

Smallpox: One dose every 10 years. Vaccine is currently required for the Korean Peninsula only. Due to limitations of vaccine availability NLC contractors requiring smallpox vaccination can receive this at the CRC medical site.

Pneumococcal: One dose, and then 1 time booster if 5 years or greater since 1<sup>st</sup> dose. Vaccine is for high risk individuals only. Adults ages 19-65; who smoke cigarettes, have chronic heart disease, congestive heart failure, hypertension, chronic lung disease to include chronic obstructive lung disease, emphysema, and asthma. Also, those with chronic liver disease including cirrhosis, those with alcoholism or diabetes. Asplenic individuals also require vaccine. And those age 65 and older. These individuals should receive the PPV23 vaccine.

## **WEBSITE LINK:**

1. Military Vaccines: <http://www.health.mil/Military-Health-Topics/Health-Readiness/Immunization-Healthcare/Vaccine-Recommendations/Vaccine-Recommendations-by-AOR>
2. CDC Yellow book: <http://wwwnc.cdc.gov/travel/page/yellowbook-home-2014>

**\*Other vaccines may be required based on occupational risk and area of deployment. Vaccination requirements are updated by CDC and MilVac, requirements can change without notification, based on risk of disease\***

### **Common reasons for non-deployability, or delay in deployment**

Waivers are exceptions to policy for deployment. Waivers are required for deployment when individuals do not meet the deployment guidelines or requirements due to medical conditions.

Waivers can be submitted to the COCOM Surgeon prior to coming to the CRC site, in fact it is HIGHLY RECOMMENDED that waivers be submitted for approval prior to arriving at the CRC. The CRC case management team will initiate a waiver for you if needed. It is the contractor's responsibility to bring all medical documentation that will be needed for the waiver to the case management team. The case managers will submit the waiver to the appropriate command for review. However it is likely that the waiver will not be adjudicated by the COCOM's Surgeon for 5-10 days. This will prevent you from deploying within the first week you are at the CRC site. The decision to allow a NLC CRC contractor to stay at Fort Bliss CRC beyond the first week's iteration is up to the Commander of Bravo Company, who is your operational command. It is not up to the medical CRC section.

CENTCOM waivers initially go to USARCENT. Point of Contact for Medical Waiver Manager is:  
Comm: 803-885-7946 or 813-529-0361 DSN: 312-889-7946 or 312-529-0361  
Medical Waiver email: [centcom.macdill.centcom-hq.mbx.ccs-g-waiver@mail.mil](mailto:centcom.macdill.centcom-hq.mbx.ccs-g-waiver@mail.mil)

Framingham risk assessment is a tool used by the National Institute of Health. It uses your age, gender, total cholesterol, HDL cholesterol, smoking status, systolic blood pressure and if you are on blood pressure medications. It predicts a person's chance of having a heart attack in the next 10 years. This is used for NLC contractors aged 40 and older. If the results are 15% or higher, further workup is required with a cardiologist. A cardiac stress test and echocardiogram needs to be performed. After the work up is completed, a waiver must be submitted for deployment. For purposes of deployment, MOD's 12 allows for a 90 stabilization period. This means if you have a new medical condition (example high blood pressure), or if you stopped or started a new medication within the last 90 days, a waiver is required for deployment. (Exception being newly diagnosed diabetes, which requires at least 90 days of treatment before waiver can be initiated)

**Website link:** <http://cvdrisk.nhlbi.nih.gov/>

Body mass index is a measure of fat based on height and weight that applies to adult men and women. The National Institute of Health calculator is used for this calculation. If NLC contractor has a BMI of 40 with no other health issues or risk factors, a waiver is required for deployment. If NLC contractor has a BMI of 35 with other risk factors such as high blood pressure, high cholesterol, smoking, sleep apnea, or diabetes a waiver is required for deployment.

All individuals will have their height and weight evaluated at the CRC medical site. Weight greater than 300lbs is generally non-deployable, each case will be evaluated by medical provider at the CRC site.

**Website Link:** [http://www.nhlbi.nih.gov/health/educational/lose\\_wt/BMI/bmicalc.htm](http://www.nhlbi.nih.gov/health/educational/lose_wt/BMI/bmicalc.htm).

Asthma or other chronic respiratory conditions require a pulmonary function test for evaluation of FEV1%. It needs to be done within last 1 year, and the FEV1% needs to be >50%. If not a waiver is required. If the individual is on daily oral steroids, or if hospitalization was required within last 1 year, a waiver will be required. If there are multiple exacerbations of disease within last 1 year the medical provider can request a waiver as well.

Obstructive Sleep Apnea, depending on the severity, may require a waiver (if AHI >15, also dependent on COCOM). A NLC contractor deploying needs to bring their sleep study results with them. They will also need to have the most recent results of the interrogation of their CPAP machine within the last 30 days. The approving surgeon wants to see that the contractor is compliant with CPAP use and it is effective in treating their disease.

Psychiatric conditions- Many do required a waiver. Please review USCENTCOM MOD 12, Tab A, Amplification of standards for more detailed list. It is best if your behavioral health providers provides a clinic note regarding your stability and ability to deploy overseas. This will provide supporting documentation for you if a waiver is required.

Medications- Many do require a waiver. All opioids and most controlled substances waiver request have been denied. Please review the MOD 12, Tab A for list of medications requiring a waiver. This is not an all-inclusive list!! All medications are reviewed by the medical providers at the CRC website. Always list your medications; you have an obligation to disclose medical history and medications. Failure to disclose previous history/meds can lead to release from the CRC site.

Diabetes-Blood sugars must be controlled with oral medications for deployment. Hgb A1C level must be under 7 in order to deploy. Hgb A1C is required within 90 days of deployment. If the Hgb A1C is 7 or greater, or if insulin is used a waiver is required. If the diagnosis of diabetes is new, within the last 90 days, the contractor is NOT deployable. Must be stable for at least 90 days before a waiver can be submitted.

**Website Link:**

1. CENTOM blank waiver:  
<http://ncweb.ria.army.mil/riacpac/MOD%2011%20centcom%20med%20waiver.pdf>
2. MODS 12, Section 15.C.3 Medical Waivers (for submission):  
<http://cpol.army.mil/library/mobil/MOD12-Dec13.pdf>

**\*THIS IS NOT AN ALL INCLUSIVE LIST OF MEDICAL CONDITIONS NEEDING WAIVERS FOR DEPLOYMENT. YOUR MEDICAL PROVIDER SHOULD REVIEW MOD 12, MODS 12 TAB A, PPG, AND AR 40-501, AS WELL AS ANY COCOM SPECIFIC GUIDANCE. EACH INDIVIDUALS MEDICAL RECORDS ARE EVALUATED BY A MEDICAL PROVIDER AT THE CRC MEDICAL SITE FOR THE PRESENCE OF ANY NON-DEPLOYABLE CONDITIONS.\***

“Frequent Fliers or Guest Flyers” are individuals, who have previously cleared NLC CRC site in the recent past, sometimes will deploy again under the same LOA. Those individuals who are identified as Guest Flyers by Operations do not go through the CRC Medical site.

If you are coming to the CRC site in this status you need to ensure to bring your required anti-malaria medications with you (if needed). You will not be seen by medical and you will not receive any anti-malaria medications from the medical section. If you do come to the CRC medical site, you will be required to go through the entire medical screening process. And you will be required to have all the updated paperwork, exam, labs, and vaccinations to be fully deployable.

NLC CRC contractors are expected to come to Fort Bliss medically ready to deploy. It is the contractor’s responsibility to come prepared and with all required documentation. We will identify any medical deficiencies for the contractor, but we can only provide limited support for their medical needs per current Mod 12 guidelines. There are local clinics that can work with the contractor to provide vaccines, labs, and testing, however they are fee for service and it will be the contractor’s responsibility to pay any fees incurred. The CRC and ARMEDCOM is not responsible for any fees accrued while utilizing any off post services in attempt to meet deployment criteria. We do not endorse or have any contract with these outside clinics. They do perform a needed service for contractors but again are not associated with the CRC.

**Point of contact for the Medical Section of NLC CRC site as follows:**

**Maniraj K. Bellapu, Medical MOB/DEMOB Coordinator, Fort Bliss, TX**

**[Maniraj.k.bellapu.civ@mail.mil](mailto:Maniraj.k.bellapu.civ@mail.mil) Phone: 915-742-3778**

