Military Deployees

Recommendations to prepare and what to bring to Fort Bliss
Effective: 29 JAN 2014
References for Medical Processing

• Personnel Policy Guidance (PPG), Chapter 7
  www.armyg1.army.mil/militarypersonnel/ppg

• Mod 12 to USCENTCOM Individual Protection and Individual/Unit Deployment policy

• PPG-Tab A: Amplification of the Minimal Standards of Fitness for Deployment to CENTCOM

• AR 40-501
Getting Ready to Deploy

• Purpose of the Medical SRP at the CRC is to validate that you meet the current medical requirements for deployment
• You are responsible for arriving to the CRC medically ready to deploy
• Check the references frequently for changes to ensure you remain medically ready to deploy
Getting Ready to Deploy

• Provide to and review with your health care provider the cited references in order to ensure that you:
  – Understand and accomplish the medical tasks
  – Arrive at the CRC “medically ready”
  – Arrive at the CRC with all the medical documentation required to request a waiver (if eligible and not already done) and/or to determine your medical readiness status
Getting Ready to Deploy

• Accomplish the medical requirements as soon as possible and if can, complete vaccination requirements at least 30 days before arrival to maximize levels of disease protection

• Print your MEDPROS Individual Medical Readiness Report after your clinic enters all data into MEDPROS (in case MEDPROS not available during Medical SRP)

• If your clinic can not enter vaccinations and lab tests into MEDPROS, bring paper documentation
Getting Ready to Deploy

• When obtaining your prescription medications at home station, register for refills from “The Mail Order Pharmacy” (TMOP) at: http://www.express-scripts.com/TRICARE/

• See the Deployment Prescription Programs slides on this website
TDY and Return

• Even if “TDY and Return”, you must:
  – Meet all deployment standards before returning to home station
  – Bring the applicable items and documents listed in the following slides to avoid being designated “Delay Deploy”

• While we will make every effort to correct your medical readiness deficiencies we may not be able to do so fast enough for you to deploy on time
Documents to Bring to Medical SRP

• Orders that identify deployment location
  – Without identified destination on orders, we will perform only a “CONUS” based Medical SRP
• Without orders we cannot offer a Medical SRP
• You must meet medical requirements for all destinations identified on your orders and not just the location your organizations says is your destination
Documents to Bring to Medical SRP

• DD Form 2766, “Adult Preventive and Chronic Care Flowsheet”
  – Can be from a previous deployment
  – Serves as your deployment medical record
• Copy of medical records related to:
  – Current and past significant medical problems that may require a waiver and/or affect deployability
• Do not bring original medical records
Documents to Bring to Medical SRP

- Copy of most recent sleep study results if you have sleep apnea - WAIVER WILL HAVE TO BE SUBMITTED.

- Copy of latest pulmonary function tests if you are being treated for asthma with medications and/or if you are treated for chronic obstructed pulmonary disease - WAIVER WILL HAVE TO BE SUBMITTED.

- Copy of medical documentation of chronic medical conditions that require a waiver per Mod 12

- Copy of waiver request and response if initiated at home station
Documents to Bring to Medical SRP (Dental)

- Waiver request and response if have orthodontic appliances, because:
  - Individuals with orthodontic appliances are non-deployable without a waiver
- Waiver request to include:
  - Letter of evaluation from orthodontic provider
  - Letter stating that wires with neutral force are in place (if applicable)
Documents to Bring to Medical SRP

- Letter from your surgeon indicating your recovery is complete, if deploying within one year of major surgery
- Letter from your eye doctor indicating your status after PRK, LASEK, or epithelial LASIK surgery, if deploying within 90 days of the surgery
- Letter from your eye doctor indicating your status after LASIK surgery, if deploying within 30 days of the surgery
Documents to Bring to Medical SRP

• Copy of medical records or letter from HCP treating your psychiatric disorders (anxiety, depression, PTSD, etc) stating you have demonstrated stability for at least three months using the same treatment (same medication/dose/etc)

• Copy of Behavior Health evaluation if you have a history of psychiatric hospitalization, suicide attempt, substance (medication, illicit drug, alcohol, inhalant, etc) abuse or treatment for such abuse, Traumatic Brain Injury, or Mild Traumatic Brain Injury
Documents to Bring to Medical SRP

• Copy of results of neurological and psychological evaluation if have history of Traumatic Brain Injury (even if mild)
• Copy of records that demonstrate high blood pressure is controlled for at least 90 days (can be on physical examination records)
• Results of Framingham calculation if ≥ 40 years old and/or if are treated for diabetes mellitus type 2
Documents to Bring to Medical SRP

• Copy of latest Periodic Health Assessment or physical examination report on DD Form 2807 and DD Form 2808-1

• Do not assume that a Periodic Health Assessment or physical examination can be accomplished at the CRC during the 5 days of processing and training
Documents to Bring to Medical SRP

• Copy of additional evaluations and results, if recommended as a result of:
  – Periodic Health Assessment
  – Physical examination
  – Framingham calculation
  – Hearing test

• Not having the above additional evaluations and results will delay deployment
Documents to Bring to Medical SRP

- PHS 731 (yellow shot card to document yellow fever vaccination, if needed)
- Any civilian record of valid vaccinations
- Copy of your Medical Readiness Report from MEDPROS (in case MEDPROS system is inoperative during SRP)
Documents to Bring to Medical SRP

• If results of Framingham calculation for a deployee who is ≥ 40 years old or who is treated for diabetes mellitus type 2 are ≥ 15%, must have:
  – Results of cardiology evaluation with at least graded exercise test, myocardial perfusion, scintigraphy, or stress cardiography
  – Results of Framingham calculations
  – PCM recommendations to deploy or not
Documents to Bring to Medical SRP

• Permanent and temporary profiles (DA Form 3349)

• Results of Medical-MOS Retention Board (MMRB) or MOS Administrative Retention Review Board (MAR2) or Medical Evaluation Board (MEB) are required if have permanent P3 or P4 profile
  – Results must state that individual is worldwide deployable in current MOS

• A waiver may still be needed after medical board due to profile limitations
Documents to Bring to Medical SRP

• Hearing tests results
  – Must be on DD Form 2215E or DD Form 2216
  – Are valid for 1 year
  – Results posted only on physicals are not acceptable
Documents to Bring to Medical SRP

• Copy of laboratory reports (if not in MEDPROS) for:
  – HIV (less than 120 days old if going to CENTCOM AOR)
  – Blood type and RH factor results
  – G6PD results
  – Hemoglobin A1c results (not over 90 days old) if you have diabetes mellitus and/or if you take medications usually used for diabetes mellitus
What to Bring to Medical SRP

• Hearing aids and batteries, if applicable

• Two pair prescription glasses, if used

• One pair prescription protective mask inserts, if used (Inserts from prior deployment are OK if prescription is still valid)

• Allergy warning tags (if applicable)
What to Bring to Medical SRP

• Chronic use medications (if deploying for at least one year), bring enough for 180 days with refills ordered from “The Mail Order Pharmacy” (TMOP) at:

• Chronic use medications (if deploying for less than one year), bring enough for 180 days with refills or an amount sufficient to cover the entire deployment
What to Bring to Medical SRP

• Malaria prophylaxis medications:
  – Inform your health care provider that you require malaria prophylaxis medication if you are deploying to a malaria endemic area
  – Bring enough medication for the pre-deployment, deployment, and post-deployment periods
What to Bring to Medical SRP

• Do not bring only the written prescription as we must see the medication in the bottles

• When obtaining your prescription medications at home station, register for refills from “The Mail Order Pharmacy” (TMOP) at:
  
  http://www.express-scripts.com/TRICARE/
Required Vaccinations
(See References for Details)

• Review references with your health care provider to understand all requirements

• At least the first vaccination in a series is required to deploy unless medically or administratively contraindicated

• Recommend receiving required vaccinations at least 30 days before arrival to medical SRP
Waivers

• If you need a waiver to deploy, we recommend you have your organization request one in time to present the results at the Medical SRP (See PPG and Mod 11 for details)

• If a waiver is initiated during the Medical SRP for questionable medical conditions, you risk not deploying on time because requests have a highly variable response time (hours to days)
Waivers

• The CENTCOM Surgeon is the approving authority for:
  – All Behavior Health diagnoses (anxiety, depression, Post Traumatic Stress Disorder, etc) for all personnel (military and Civilians)
  – All diagnoses for Military and Civilians not assigned to a Component (DoD agencies and activities, AAFES, Red Cross, etc)
  – Send request to: ccsg-waiver@CENTCOM.army.mil
Waivers

• The Component Surgeon is the approving authority for assigned deployees and for all medical conditions except for behavior health
  – Send requests to: arcent-waiver@arcent.army.mil

• The SOCCENT Surgeon is the approving authority for Special Operations personnel
Miscellaneous

- During Medical SRP, females must take urine pregnancy test prior to receiving vaccinations, unless can provide documentation of:
  - Bilateral tubal ligation
  - Hysterectomy
  - Post menopausal

- If used, CPAP must have rechargeable battery back-up and sufficient supplies for the duration of the deployment (hand carry to CRC to avoid damage, but do not bring to Medical SRP) and Card
Results of Medical SRP

• “Cleared to deploy”:
  – Meets all theater medical requirements
  – Is “medically ready to deploy”
  – “DEPLOYABLE”

• “Not cleared to deploy”
  – Does not meet all theater medical requirements
  – Is “not medically ready to deploy”
  – “NON-DEPLOYABLE”
Results of Medical SRP

• “Delay Deploy”:  
  – Does not meet all theater medical requirements  
  – Is not yet “medically ready to deploy” but could be when medical issues are resolved and theater medical requirements are met  
  – Continue training and processing until determined to be “cleared to deploy” or “not cleared to deploy” or is released by the CRC
If your questions are not addressed in the PPG or Mod 12, send your specific questions to:

BMACHMEDICALSRP@AMEDD.Army.mil
G. Psychiatric Conditions: Waiver required for all conditions listed below (list is not exclusive). For detailed guidance on deployment-limiting psychiatric conditions or psychotropic medications, refer to Health Affairs Policy Memorandum, “Clinical Practice Guidelines for Deployment-Limiting Mental Disorders and Psychotropic Medications”, October 7, 2013 (or most up to date Health Affairs Memorandum).
1. Psychotic and Bipolar Disorders.
2. DSM IV or DSM 5 diagnosed psychiatric disorders with residual symptoms, or medication side effects, which impair social and/or occupational performance.
3. Mental health conditions that pose a substantial risk for deterioration and/or recurrence of impairing symptoms in the deployed environment.
4. Chronic insomnia that requires the use of sedative hypnotics/amnesticis, benzodiazepines, and antipsychotics for greater than three months.
5. Psychiatric hospitalization within the last 12 months
6. Suicidal Ideation or Suicide Attempt with the last 12 months
7. Enrollment in substance abuse program (inpatient, service specific substance abuse program or outpatient) within the last 12 months
   a. Substance abuse disorders (not in remission), actively enrolled in Service Specific substance abuse programs.
8. Use of antipsychotics or anticonvulsants for stabilization of DSM IV or DSM-5 diagnosis
9. Use of 3 psychotropics (antidepressants, anticonvulsants, antipsychotics and benzodiazepines) for stabilization
10. Psychiatric disorders with fewer than three months of demonstrated stability from the last change in treatment regimen (medication, either new or discontinued, or dose change).
11. Psychiatric disorders newly diagnosed during deployment do not immediately require a waiver or redeployment. Disorders that are deemed treatable, stable, and having no impairment of performance or safety by a credentialed mental health provider do not require a waiver to remain in theater.
H. Medications – although not exhaustive, use of any of the following medications (specific medication or class of medication) is disqualifying for deployment, unless a waiver is granted:

1. Blood modifiers:
   a. Therapeutic Anticoagulants: warfarin (Coumadin®), rivaroxaban (Xarelto®).
   b. Platelet Aggregation Inhibitors or Reducing Agents: clopidogrel (Plavix®), anagrelide (Agrylin®), Dabigatran (Pradaxa®), Aggrenox®, Ticlid (Ticlopidine®), Prasugrel (Effient®), Pentoxifylline (Trental®), Cilostazol (Pletal®). Note: Aspirin use in theater is to be limited to individuals who have been advised to continue use by their healthcare provider for medical reasons; such use must be documented in the medical record.
   c. Hematopoietics: filgrastim (Neupogen®), sargramostim (Leukine®), erythropoietin (Epogen*, Procrit®).
   d. Anti-hemophilics: Factor VIII, Factor IX.

2. Antineoplastics (oncologic or non-oncologic use): e.g., antimetabolites (methotrexate, hydroxyurea, mercaptopurine, etc.), alkylators (cyclophosphamide, melphalan, chlorambucil, etc.), antiestrogens (tamoxifen, etc.), aromatase inhibitors (anastrozole, exemestane, etc.), medroxyprogesterone (except use for contraception), interferons, etoposide, bicalutamide, bexarotene, oral tretinoin (Vesanoid®).

3. Immunosuppressants: e.g., chronic systemic steroids.

4. Biologic Response Modifiers (immunomodulators) e.g., abatacept (Orencia®), adalimumab (Humira®), anakinra (Kineret®), etanercept (Enbrel®), infliximab (Remicade®), leflunomide (Arava®), etc.

5. Benzodiazepines: Chronic use or newly prescribed: lorazepam (Ativan), alprazolam (Xanax), diazepam (Valium), clonazepam (Klonopin), etc.

6. CII Stimulants taken for treatment of ADHD/ADD: Ritalin, Concerta, Adderall, Dexedrine, Focalin XR, Vyvanse, etc.

7. Sedative Hypnotics/Amnestic: Taken for greater than three months for treatment of chronic insomnia: zolpidem (Ambien, Ambien CR), eszopiclone (Lunesta), zaleplon (Sonata), estazolam (ProSom), triazolam (Halcion), temazepam (Restoril), flurazepam (Dalmene), etc.


9. Antimanic (bipolar) agents: e.g., lithium.

10. Anticonvulsants, used for seizure control or psychiatric diagnoses.
    a. Anticonvulsants (except those listed below) which are used for non-psychiatric diagnoses, such as migraine, chronic pain, neuropathic pain, and post-herpetic neuralgia, are not deployment limiting as long as those conditions meet the criteria set forth in this document and accompanying MOD TWELVE. No waiver required.
    b. Valproic acid (Depakote®, Depakote ER®, Depacon®, etc.).
    c. Carbamazepine (Tegretol®, Tegretol XR®, etc.).

11. Varenicline (Chantix®). 12. Opioids, opioid combination drugs, or tramadol (Ultram®) for chronic use (greater than 30 days).
12. Insulin and exenatide (Byetta®).

13. Injectable medications of any type.
Medication Changes:
1. Benzodiazepines and CII Stimulants require waiver
2. Chronic insomnia on sedative hypnotics/amnesticis, benzo, antipsychotics > 30d require waiver.
3. Sedative hypnotic/amnesticis (regarding of why taking) > 30 days require wavier
4. Greater than 3 psychotropics require wavier

OSA: Oral appliances require PSG to show effectiveness.

BMI/WT: In addition to > 40BMI, must be under 300lbs- if within Army body fat standards, then no waiver required- applies to civilians also.

Lipid: increased numbers TChol: >260, LDL >190, Trig >500

LTBI: Must document in untreated/incompletely treated to include asymptomatic, CXR results, risk and benefits of LTBI tx during deployment, may treat during deployment - no wavier needed.

Malaria prophylaxis now all year around in Afghanistan (again)

Orthodontics require wavier with documentation from orthodontist that neutral force wires have been installed.
Common Medical Issues—should be addressed prior to arriving at SRRC Medical

1. Diabetics—need a current (less than 3 months) A1 C that is below/≤ 7.0.
2. BMI—needs to be less than 40. If over 35 and they have comorbidities, they will need a waiver.
3. History of Sleep Apnea/Obstructive Sleep Apnea—needs current sleep study with AHI of less than 15 (treated or untreated maximum). Ensure SM has proper supplies for SPAP machine if used. Will need a waiver.
5. Medications, including Behavioral Health Meds—implore SM to not self stop or start new meds within 90 days of deployment. If doctor directed, SM needs to bring documentation. Will need a waiver and fit for duty eval to display stability on medication.
6. Over 40—bring copy of current EKG and fasting lab results including cholesterol and triglycerides. Over 40, ensure Framingham score has been calculated, needs to be less than 15%. Total cholesterol level number should be 240 or less, LDL less than 160, Triglycerides less than 500.
7. Birth Control—SM must have a normal pap smear within the last year and/or a current prescription. Providers will not write for BC if the SM does not have current pap (SM will not have access to routine pap services at Ft Bliss).
8. **At any time, if you have concerns about the deployability of one of your soldiers, please call us prior to arriving at Fort Bliss to avoid bringing soldiers who are nondeployable.**
9. No civilian or service member with Behavioral Health issues will be deployed to Guantanamo Bay.