

4N051, Module 2, Medical Readiness



Lesson 1- USAF Aeromedical Services Information Management System (ASIMS)

Lesson 2- Medical Treatment Record Review

Lesson 3- Medical Evaluation Board (MEB) Process

Lesson 1- USAF Aeromedical Services Information Management System (ASIMS)

With provided references, describe the relationship between the principles of USAF Aeromedical Services Information Management System (ASIMS) and Individual Medical Readiness (IMR), In accordance with (IAW) established policies and standards.

ASIMS

As an Aerospace Medical Service member it is very likely that as part of a primary care management team you will be responsible for managing patient care related data. In this capacity, the web-based Air Force ASIMS serves as the standard for unit commanders or their designated representatives to access their Airmen's individual medical readiness requirements. ASIMS ensures that all individual medical readiness requirements are current, and that all Air Force members have been provided necessary or recommended preventative services.

In describing the functions of the Military Health System, this lesson covers the seven elements forming the structure of the military health system. Additionally, this lesson presents the health

care benefits and options available to active duty, National Guard, Reserve and other eligible personnel. These functions are critical in supporting the Military Health System mission:

- Ensuring America's active duty reserve-component personnel are healthy so they can complete their national security missions.
- Ensuring that all active and reserve medical personnel in uniform are trained.
- Ready to provide medical care in support of operational forces around the world.
- Providing a medical benefit commensurate with the service and sacrifice of active duty personnel, military retirees, and families.

CONTINUE



Individual Medical Readiness (IMR)

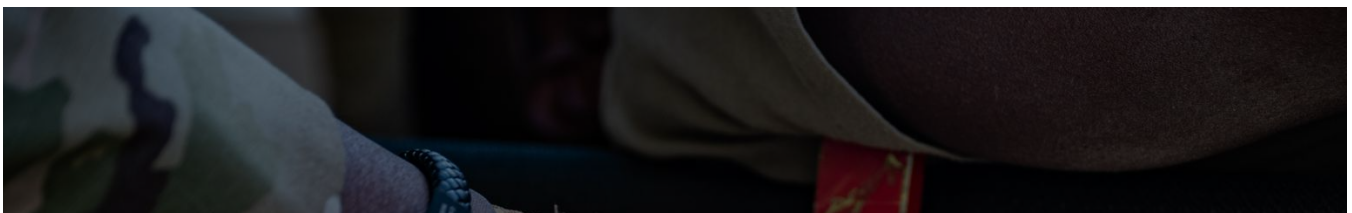
The purpose of the IMR program is to ensure military members are medically ready to deploy. ASIMS provides commanders and medical personnel with real time status of individual medical readiness requirements.

It has key performance metrics that is reported by ASIMS which promote a healthy and fit fighting force medically prepared to provide the maximum ability to accomplish deployment missions throughout the spectrum of military operations.

Service members will be assessed based upon established, defined, and measurable medical readiness elements. We will learn more about each area through out the lesson.

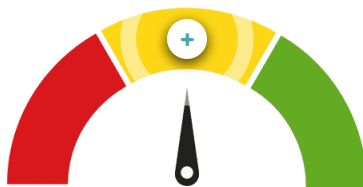
The IMR elements are:

- DoD PHA (Periodic Health Assessment)
- DLMC status (Duty/Deployment-limiting medical condition)
- Dental readiness
- Immunization status
- Medical readiness laboratory studies
- Individual medical equipment



IMR Categories

Click on each **hotspot** to learn more about how the the overall IMR status of all service members are reported. Regardless of their deployability status, every service member will be identified in ASIMS as one of the following IMR categories:





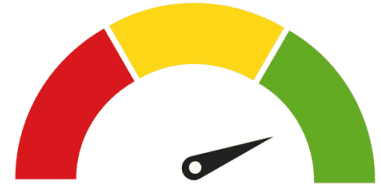
Not Medically Ready (NMR)

NMR	N/A	N/A	<p>(a) DRC 3</p> <p>(b) Patient: A Service member who is hospitalized and projected to heal, recover, and return to full duty in fewer than 12 months.</p> <p>(c) Medical Condition That Limits Full Duty: A Service member who has a temporary profile greater than 30 days or is in a limited duty or temporary limited duty status.</p> <p>(d) Pregnancy (including post-partum): A Service member who is pregnant or in the post-partum phase (6 to 12 months after childbirth for a female Service member and as determined by individual Service policy).</p>	<p>(a) Permanent Limited Duty: A Service member with a medical condition that permanently prevents deployment. This includes Service members processed through the disability evaluation system (DES) who are not deployable and were retained in the Military Service.</p> <p>(b) Enrolled in DES: A Service member who, in accordance with DoDI 1332.18, is currently enrolled in the DES process, including those pending separation or retirement after receiving a "not fit for duty" determination through the DES.</p> <p>(c) Permanent Profile Non-Duty Related Action Needed (RC): An RC Service member who has a permanent profile and is pending a decision on a line of duty determination.</p>
-----	-----	-----	---	---

Service members are considered NMR when they have a deployment-limiting medical condition (DLMC) which is categorized as “temporary non-deployable” or “permanent non-deployable” for medical reasons in accordance with DoDI 1332.45 and/or if they require urgent or emergency dental treatment (classified as DRC 3).

Commanders should verify that Service members who are classified as DRC 3 are addressed immediately upon identification to guarantee that these Service members become FMR. Temporary non-deployable conditions include, but are not limited to, hospitalization, recovery or rehabilitation time from serious illness or injury, or pregnancy (including post-partum).

Permanent non-deployable Service members have a medical condition permanently preventing deployment, are enrolled in the Disability Evaluation System (DES), or are a RC Service member with a permanent profile pending a line of duty determination.

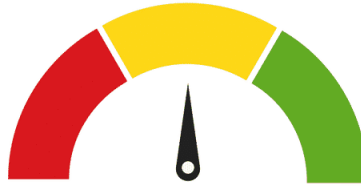


Partially Medically Ready (PMR)

PMR	(a) Overdue PHA (b) DRC 4 (c) Overdue immunization(s) (d) Overdue medical readiness laboratory studies (e) Overdue individual medical equipment	N/A	N/A	N/A
------------	---	-----	-----	-----

Service members are considered PMR when they are overdue for a DoD PHA and/or dental readiness assessment (classified as DRC 4) and/or are lacking one or more of the following: required immunizations, medical readiness laboratory studies, or individual medical equipment.

This category is the main focus of a commander's required actions and includes IMR deficits that must be rectified by the Service member immediately upon identification to guarantee that these Service members remain or become FMR.



Fully Medically Ready (FMR)

	Deployable (Includes Deployable with IMR Deficits)	Deployable with Limitations	Temporary Non-Deployable	Permanent Non-Deployable
FMR	(a) Current DoD Periodic Health Assessment (PHA) (b) DRC 1 (c) DRC 2 (d) Current immunization(s) (e) Current medical readiness laboratory studies (f) Current individual medical equipment (g) No deployment-limiting medical condition (DLMC)	A Service member with a medical condition that requires additional medical screening or who requires a medical waiver prior to deployment. Conditions requiring additional medical screening include temporary profile fewer than 30 days or light duty, in accordance with DoDI 1332.45. Conditions requiring a medical waiver to deploy include, but are not limited to, conditions referred to in DoDI 6490.07.	N/A	N/A

Service members are considered FMR when they are current in the DoD Periodic Health Assessment (DoD PHA) and dental readiness assessment, classified as dental readiness classification (DRC) 1 or DRC 2, have received all required immunizations based on assignment location, have received all required readiness laboratory studies, are current with all individual medical equipment, and are categorized as “deployable” or “deployable with limitations” in accordance with DoDI 1332.45.

Service members that are categorized as “deployable with limitations” have conditions requiring additional medical screening or require a medical waiver to deploy. Conditions requiring additional medical screening include a temporary profile less than 30 days or light duty, in accordance with DoDI 1332.45, and conditions requiring a medical waiver to deploy include, but are not limited to, conditions referred to in DoDI 6490.07.

Fill in the Blank

The purpose of the individual medical readiness (IMR) program is to...

Type your answer here

SUBMIT



Complete the content above before moving on.

IMR Responsibilities

Individual Medical Readiness (IMR) is a commander-run program but ultimately it is the service member's responsibility to be up to date. Accordingly, both the **commander** and the **service member** have specific responsibilities aimed at enhancing individual medical readiness.

UNIT COMMANDER

SERVICE MEMBER

- Ensure Airmen in the unit fulfill IMR requirements.
- Monitor unit IMR status at least monthly.

- Designate a unit representative(s) to help monitor Unit individual medical readiness, and serve as a unit liaison with the Base Operational Medicine Clinic (BOMC).



UNIT COMMANDER

SERVICE MEMBER

- Maintain health and fitness.
- Meet IMR requirements.
- Report medical and health issues that may affect readiness to deploy or fitness to continue serving in an active status. Report significant health information to his or her chain of command and verify documentation of this information during the PHA and Pre-Deployment Health Assessment processes.
- Authorize and facilitate disclosures of all health information by any non-Department of Defense (DOD) health care provider(s) to the Military Health System (MHS).

- Monitor IMR requirements using MyIMR via the AF Portal or via:
<https://asimsmr.health.mil/imr/MyImr.aspx>.

Immunization Groups			
Edit Groups			
Immunizations			
Immunization	Series	Date	Next Due
Anthrax	3	03/04/2021	09/04/2021
COVID-19	2	02/16/2021	
Hep A	2	10/30/2008	
Hep B	1	04/09/2008	Pos Titer
HPV	3	04/08/2009	
Influenza, Northern Hemisphere	11	10/11/2022	10/01/2023
MMR	1	04/09/2008	Pos Titer
Polio	1	04/04/2008	
Td	3	07/11/2021	07/11/2031
Varicella	1	04/09/2008	Pos Titer

Deployability Categories

Service members with any physical or psychological condition that may prevent or interfere with their ability to perform duties of office, grade, rank, or rating while deployed are considered as having a Duty (or Deployment) Limiting Medical Condition (DLMC). The presence of any DLMC may require further action or evaluation by a DoD healthcare provider if the condition is newly diagnosed or if a deployability category was not assigned at the time of evaluation.

Deployability status will be assessed during every provider encounter within the Military Health System (MHS). DoD healthcare providers will determine if conditions identified during each patient encounter affect the Service member's ability to deploy, perform their job-specific duties, meet retention medical standards, or complete the fitness assessment.

The four medical deployability categories will reflect in IMR and required DoD healthcare provider actions. They are listed below, click on each + to learn more about these categories.

Deployable —

Service members are considered “deployable” if they do not have any acute or chronic physical or psychological conditions that may interfere with their ability to perform duties while deployed. Members in this category will be categorized as FMR if no other IMR deficits exist.

Deployable with Limitations —

Service members are considered “deployable with limitations” when they have an acute or chronic condition that may interfere with their ability to perform their duties while deployed and which require additional medical screening and/or a medical waiver to deploy. Conditions requiring additional medical screening include temporary profile less than 30 days or light duty, and conditions requiring a medical waiver to deploy include, but are not limited to, conditions described in DODI 6490.07 and pregnant and post-partum women who have requested and been approved for a deployment waiver.

In accordance with DODI 1332.45, members in this category are reported as “deployable with limitations” and will be categorized as FMR if no other IMR deficits exist. Healthcare providers

will flag these Service members as requiring a deployment waiver within the Service-specific IMR tracking system.

Temporary Non-Deployable —

Service members are considered “temporary non-deployable” when they are classified as DRC 3, placed on temporary limited duty or temporary profile, or are hospitalized, pregnant, or in the postpartum phase in accordance with DODI 1332.45.

These members will be categorized as NMR. Healthcare providers will refer Service members who do not meet minimum standards for deployment, in accordance with DODI 6490.07, for “temporary non-deployable” status in accordance with Service-specific guidance.

Permanent Non-Deployable —

Service members are considered “permanent non-deployable” when they:

- do not meet standards for military service retention in accordance with DODI 6130.03, Volume 2; or
- are enrolled in DES in accordance with DODI 1332.18; or
- are placed on permanent limited duty or have a permanent profile and are pending a decision of a non-duty related line of duty determination in the RC in accordance with DODI 1332.45. These members will no longer be considered for deployment and will be categorized as NMR.

Matching

Match the medical deployability category with the correct definition.



Permanent Non-Deployable

do not meet standards for retention or have a permanent profile



Temporary Non-Deployable

they are classified as DRC 3, or on a profile or hospitalized



Deployable

do not have any acute or chronic physical or psychological conditions that will interfere



Deployable with Limitations

have an acute or chronic condition that may interfere with their ability to perform

SUBMIT



Complete the content above before moving on.

Immunization Groups			
Edit Groups			

Immunizations			
Immunization	Series	Date	Next Due
Anthrax	3	03/04/2021	09/04/2021
COVID-19	2	02/16/2021	
Hep A	2	10/30/2008	
Hep B	1	04/09/2008	Pos Titer
HPV	3	04/08/2009	
Influenza, Northern Hemisphere	11	10/11/2022	10/01/2023
MMR	1	04/09/2008	Pos Titer
Polio	1	04/04/2008	
Td	3	07/11/2021	07/11/2031
Varicella	1	04/09/2008	Pos Titer

IMR Immunizations

Part of being medically ready involves disease prevention, which is managed through vaccinations. While many vaccinations are given during basic training, other vaccinations and/or "booster shots" are given at various times while in the service, and some are given only to certain designated personnel, or for assignment/deployment to various locations around the World.

The immunization requirement is met if the Service member is current on all DoD- and Service-required vaccinations in accordance with AR 40-562/BUMEDINST 6230.15B/AFI 48-110_IP/CG COMDTINST M6230.4G. It is not met if the Service member is not current (overdue) for one or more vaccinations. Except for annual influenza vaccinations, all other vaccinations are given a 30-day grace period before becoming overdue. Immunizations are recorded on DD FORM 2766C and can be printed from ASIMS for active duty members, retirees, and their dependents.

Below is a list of the routine immunizations given to service members.

- 1 Hepatitis A and B
- 2 Influenza
- 3 Measles, Mumps, Rubella (MMR)
- 4 Meningococcal
- 5 Poliovirus
- 6 Tetanus-Diphtheria
- 7 Varicella

CONTINUE

IMR Quarters

There are instances when a medical condition or injury is such that inpatient care is not required to return the patient to a full or limited duty status. However, the condition is such that the member should not, on basis of sound professional judgement, return to duty immediately.

In these cases, placing the patient on quarters is warranted.

DESCRIPTION	NOTIFICATION PROCESS	TIME LIMITS	SICK SLIP
-------------	-------------------------	-------------	-----------

Quarters is a full duty excuse provided to active duty (AD) service members receiving medical or dental treatment for a disease or injury that, based on sound professional judgment, does not require inpatient care.

Quarters patient is treated on an outpatient basis, and is to remain in their home during the quarters period.

A quarters periods generally last 24-72 hours depending on the provider's prescribed rest/recovery period.

CUI - Privacy	ASIMS - QUARTERS - Airman Medical Notification (AMN) - Keesler AFB - User:	Home	Log Off
Main Menu Find Person Open Quarters Quarters Roster Reports	<p align="center">QUARTERS AUTHORIZATION (This form is subject to the Privacy Act of 1974. See separate PAS, DD Form 2005) 7 and 10 day durations authorized for COVID-19 in healthcare personnel only. 7 day requires negative viral test prior to return to work.</p> <p>PATIENT IDENTIFICATION</p> <p>NAME (Last, First, Middle Initial) <input type="text" value="Smith, Sally, M"/> SEX <input type="text" value="F"/> Rank <input type="text" value="MSG"/> DEPARTMENT OF SERVICE (Air Force, Army, etc.) <input type="text" value="Air Force"/> SSN <input type="text"/> QUARTERS START DATE <input type="text" value="01/30/2023"/> <input type="button" value="select"/> RETURN TO DUTY <input type="text" value="02/01/2023"/> <input type="button" value="select"/> RETURN APPOINTMENT (if applicable) <input type="text"/> <input type="button" value="select"/> DIAGNOSIS CATEGORIES (select a maximum of 4) <input checked="" type="checkbox"/> Infectious <input type="checkbox"/> ENT <input type="checkbox"/> Respiratory <input type="checkbox"/> Pregnancy <input type="checkbox"/> Dental <input type="checkbox"/> Neoplasms <input type="checkbox"/> Musculoskeletal <input type="checkbox"/> Mental Health/Behavioral <input type="checkbox"/> Injury <input type="checkbox"/> Neurologic <input type="checkbox"/> Blood & Immune Disorders <input type="checkbox"/> Digestive <input type="checkbox"/> Circulatory <input type="checkbox"/> Heat Injury <input type="checkbox"/> Endocrine, Nutritional & Metabolic <input type="checkbox"/> Dermatological <input type="checkbox"/> Genitourinary <input type="checkbox"/> Poisoning SYNDROMIC SURVEILLANCE (if applicable, for Armed Forces Reportable Events) <input type="checkbox"/> Rubella-like <input type="checkbox"/> Hemorrhagic Disease <input type="checkbox"/> Lymphadenitis <input type="checkbox"/> GI <input type="checkbox"/> Localized Cutaneous Lesion <input type="checkbox"/> Neurological <input type="checkbox"/> Influenza Like Illness <input type="checkbox"/> Specific Infection <input type="checkbox"/> Rash <input type="checkbox"/> Severe Disease due to infectious disease UNIT NOTIFICATION UNIT <input type="text" value="81 OMRS"/> DATE/TIME EMAIL SENT <input type="text" value="01/30/2023"/> CONTACT EMAILS <input type="text"/> SIGNATURES PROVIDER'S SIGNATURE <input type="text" value="Nathan del Rio, Maj. NP"/> DATE <input type="text" value="01/30/2023"/> PHYSICIAN COUNTER SIGNATURE (if applicable) <input type="text"/> DATE <input type="text"/> Assigned Provider: <input type="text"/> <input type="button" value="Save"/> <input type="button" value="Return"/> </p>		

DESCRIPTION	NOTIFICATION PROCESS	TIME LIMITS	SICK SLIP
-------------	-------------------------	-------------	-----------

The provider or support staff will notify the member's unit commander or commander's designee regarding the patient's quarters status. An email will be automatically sent to the unit's POC list on file once the provider digitally signs the document. It is also good practice to print a copy for the member to be able to give to their supervisor.

If ASIMS is not available or the member is from another service, command authority notification must be documented on Department of Defense DD Form 689, Individual Sick Slip, or a locally created form.

UNIT NOTIFICATION			
UNIT TECHNICAL TRNG OPS		DATE/TIME EMAIL SENT	
CONTACT EMAILS CHRISTOPHER.SMITH.4@US.AF.MIL Joseph.mckinley.1@us.af.mil Keith.carrahan@us.af.mil eclavia.tenn@us.af.mil rolanda.wesley@us.af.mil vincent.lyons@us.af.mil william.gleason.3@us.af.mil			
SIGNATURES			
PROVIDER'S SIGNATURE	DATE	PHYSICIAN COUNTER SIGNATURE (if applicable)	DATE

DESCRIPTION	NOTIFICATION PROCESS	TIME LIMITS	SICK SLIP
<p>24-hour quarters expires the next day at the start of patient’s regular work shift.</p> <p>48-hour quarters extend to the start of work on the second day.</p> <p>72-hour quarters extend to the start of work on the third day.</p> <p>Unit commanders and supervisors have the authority to grant up to 24 hours sick status if a member’s illness/injury does not require military training facility (MTF) intervention. If the</p>			

illness/injury persists beyond 24 hours, then the member must be referred to the MTF for treatment and subsequent clinical examination.

DURATION OF QUARTERS <input type="checkbox"/> 24 HRS OR LESS <input checked="" type="checkbox"/> 48 HRS <input type="checkbox"/> 72 HRS <input type="checkbox"/> OB PATIENT <input type="checkbox"/> 7 DAYS WITH SYMPTOMS <input type="checkbox"/> 10 DAYS WITHOUT SYMPTOMS <input type="checkbox"/> 10 DAYS WITH SYMPTOMS <input type="checkbox"/> 14 DAYS WITHOUT SYMPTOMS <input type="checkbox"/> 5 DAYS WITH SYMPTOMS <input type="checkbox"/> 5 DAYS WITHOUT SYMPTOMS	QUARTERS START DATE 01/30/2023 <input type="button" value="select"/>
RETURN TO DUTY 02/01/2023 <input type="button" value="select"/>	RETURN APPOINTMENT (if applicable) <input type="button" value="select"/>

DESCRIPTION	NOTIFICATION PROCESS	TIME LIMITS	SICK SLIP
This is a DD Form 689, Individual Sick Slip is used to document a patient's quarters when a provided does not have access to ASIMS or if that provider is working with another branch of service.			

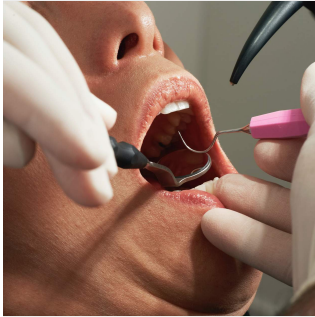
INDIVIDUAL SICK SLIP			
1. MEDICAL CONDITION (Brief Description) <input type="checkbox"/> ILLNESS <input type="checkbox"/> INJURY		2. DATE (YYYYMMDD)	
3. PATIENT'S NAME (Last, First, Middle Initial)		6. ORGANIZATION AND STATION	
4. DoD ID NUMBER	5. GRADE / RANK		
UNIT COMMANDER'S SECTION		MEDICAL OFFICER'S SECTION	
7. IN LINE OF DUTY		10. IN LINE OF DUTY <input type="checkbox"/> No (EPTS) <input type="checkbox"/> Yes (EPTS)	
8. REMARKS		11. DISPOSITION OF PATIENT <input type="checkbox"/> DUTY <input type="checkbox"/> QUARTERS <input type="checkbox"/> SICK BAY <input type="checkbox"/> HOSPITAL <input type="checkbox"/> NOT EXAMINED <input type="checkbox"/> OTHER (Specify)	
		12. REMARKS	
9. SIGNATURE OF UNIT COMMANDER		13. SIGNATURE OF MEDICAL OFFICER	

DD FORM 689, AUG 2017 PREVIOUS EDITION IS OBSOLETE. Page 1 of 1
AEM LiveCycle Designer

Dental Readiness

Annual dental readiness assessments will be accomplished to determine a Service member's DRC. All DRC 3 and DRC 4 conditions must be immediately corrected upon identification for a Service member to become FMR, if no other IMR deficits exist. b. DRC:(1) Class 1 (DRC 1).Service members are considered DRC 1 when they have a current dental readiness assessment and do not require dental treatment or re-evaluation.

DRC 1 Service members are FMR in regard to their dental health and require no additional action or support. (2) Class 2 (DRC 2).Service members are considered DRC 2 when they have a current dental readiness assessment and require non-urgent dental treatment or re-evaluation for oral or dental conditions that are unlikely to result in dental emergencies within 12 months. DRC 2 Service members are FMR in regard to their dental health and require no additional urgent action or support.



Additional Readiness Items

Below you will learn about some additional areas of readiness that must be completed for a member to be fully medically ready .

INDIVIDUAL MEDICAL EQUIPMENT

LABORATORY STUDIES

DENTAL CLASS 3 & CLASS 4

The issuance of medical equipment will be monitored for individuals subject to deployment based on Service policy. The core DoD requirements are one pair of protective mask inserts for all deployable Service members needing visual correction and hearing aids and batteries for all deployable assets needing hearing support.

Service-specific policies may identify additional items of medical equipment, such as two pairs of prescription spectacles or laser eye protection, but these are not part of the DoD core-reporting element.



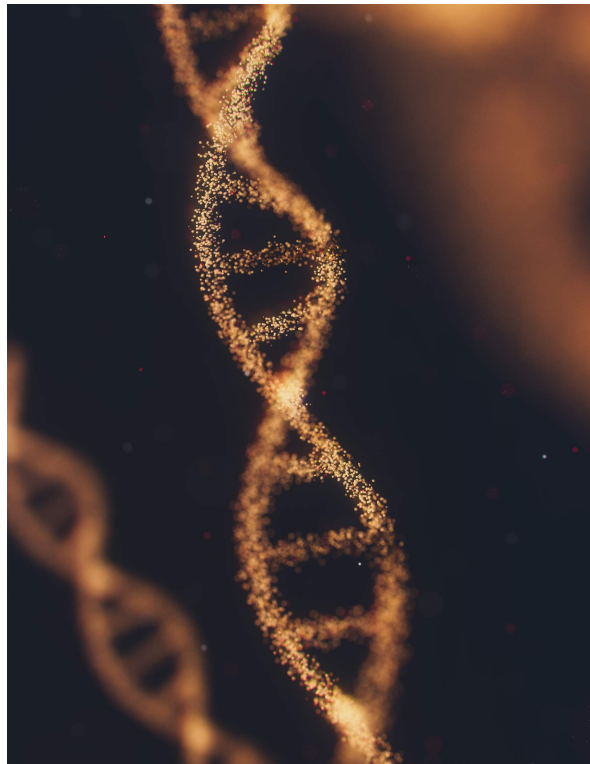
INDIVIDUAL MEDICAL EQUIPMENT

LABORATORY STUDIES

DENTAL CLASS 3 & CLASS 4

To be considered medically ready, Service members must provide a sample of their deoxyribonucleic acid (DNA) for filing within the Armed Forces Repository of Specimen Samples for the Identification of Remains. In addition, Service members must be screened for glucose-6-phosphate dehydrogenase (G6PD) deficiency and sickle cell trait in accordance with DODI 6465.01.

Furthermore, Service members must undergo testing for the human immunodeficiency virus (HIV), the results of which must be maintained with a date on file in a Service-specific medical system of record. To be considered medically ready, Service members' HIV testing timeframe must be in accordance with DODI 6485.01.



INDIVIDUAL MEDICAL EQUIPMENT

LABORATORY STUDIES

DENTAL CLASS 3 & CLASS 4

Service members are considered Dental Readiness Class (DRC) 3 when they require resolution of an urgent or emergent dental treatment to be FMR. DRC 3 Service members are considered NMR, and actions to correct DRC 3 conditions must be taken immediately upon identification. Service members classified as DRC 3 will be categorized as “temporary non-deployable” until the condition is resolved. If the Service member’s oral or dental condition is not actionable or cannot be resolved to meet criteria for DRC 1 or 2, the Service member may be placed in a DLMC status in accordance with Service-specific policy.

Class 4 (DRC 4).Service members are considered DRC 4 when they are overdue for their annual dental readiness assessment. DRC 4 Service members are considered PMR and will require their annual dental readiness assessment immediately upon being identified as FMR if no other IMR deficits exist. The dental readiness assessment requirement is met if the service member is current (not overdue (DRC 4)) for the annual dental readiness assessment.

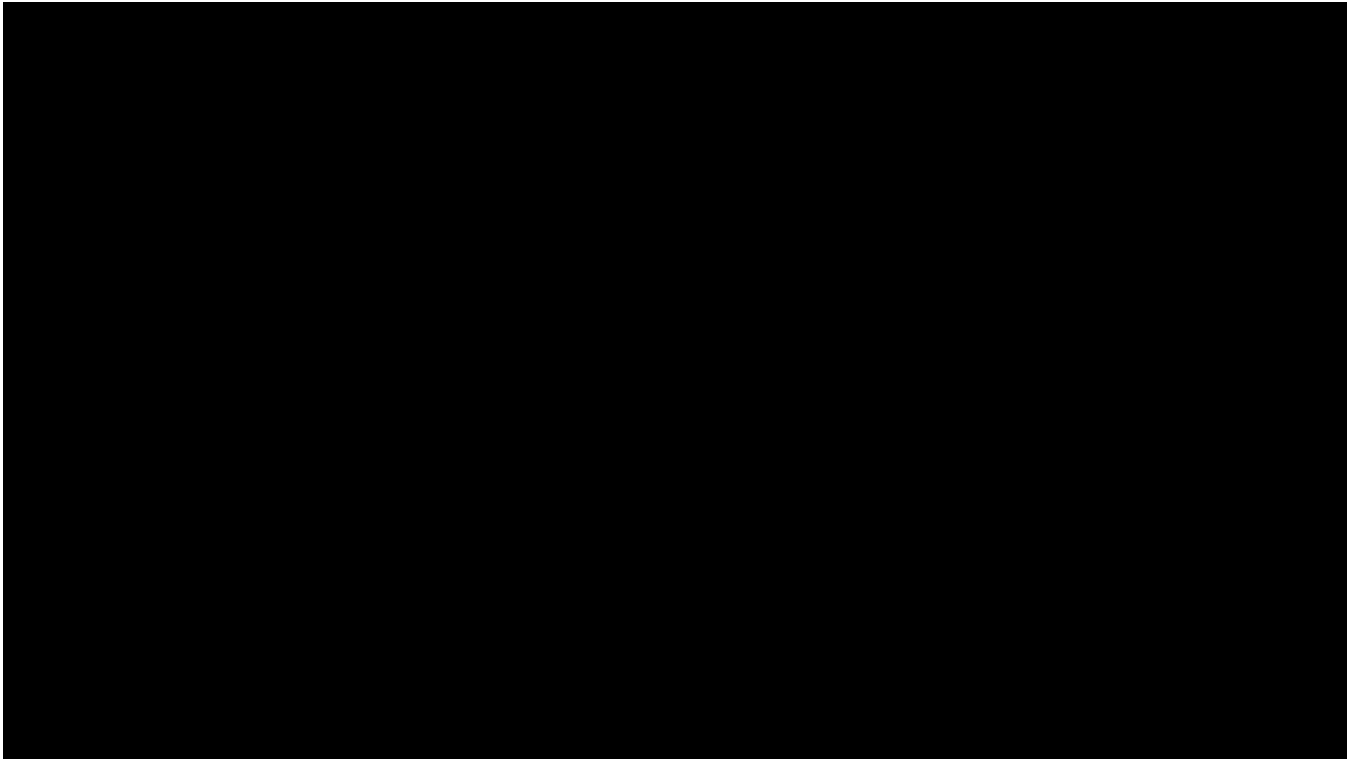
The Service member's annual dental readiness assessment remains current for 12 months past the last completion date. A 90-day grace period is added to allow for unplanned periods of leave, temporary duty, deployments, or other periods of unplanned non-availability before being classified as overdue.



What is BOMC?

The Base Operational Medicine Clinic is the hub of Medical Readiness. The BOMC oversees all medical readiness-related exams including Periodic Health Assessments (PHAs), Deployment-related Health Assessments, and Separation Health Physical Examinations (SHPEs). The BOMC also oversees all medical clearance processing for applications related to retraining, overseas PCS, Palace Chase / Palace Front, Professional Military Education, and Command Selection Board. Finally, the BOMC includes the Medical Standards Management Element (MSME), which

oversees medical profiles, the Airman Medical Readiness Optimization Board (AMRO Board, formerly called the DAWG), and the medical evaluation board (MEB) process.



What is BOMC Video Transcript.pdf
135.3 KB



Periodic Health Assessment (PHA)

The AFI 48-170, *Aerospace Medicine Periodic Health Assessment* that has all information about PHA's. A PHA occurs annually in accordance with DoDI 6200.06 and DHA Procedural Instruction 6200.06. PHA remains current for 12 months after the last completion date and is overdue if it is not completed within 90 days after the due date. This grace period allows for unplanned periods of leave, temporary duty, deployments, or other unplanned periods of non-availability. Service members who are overdue for the DoD PHA are considered partially medically ready (PMR) and are required to complete their annual DoD PHA immediately to become fully medically ready (FMR) (if no other IMR deficits exist).

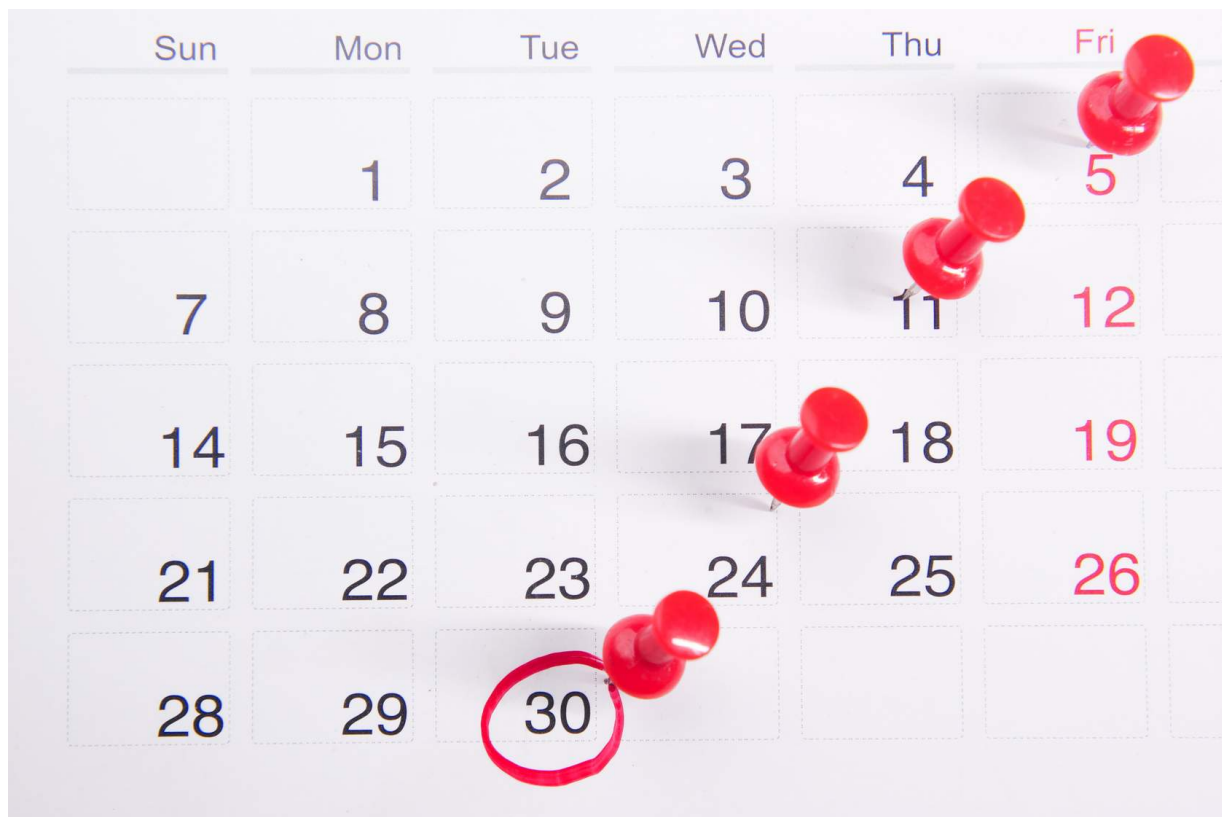
This assessment is comprised of **four** main components:

- 1 Periodic Health Assessment Questionnaire (PHAQ) – completed by the member
- 2 Medical record review – conducted by a medical technician
- 3 Mental Health Assessment (MHA) – performed by a trained healthcare provider
- 4 Review and Disposition – conducted by a healthcare provider

PHA Service Member Self-Assessment

You will start by verifying that with each DoD PHA, the Service member understands the requirement to report significant health information to their chain of command and facilitate disclosure of significant health information by any non-DoD healthcare provider to a MHS DoD healthcare provider, and ensure compliance with such.

All Service members will disclose to their MHS DoD healthcare provider, and to their command, all medical encounters (including encounters for physical, dental, and mental/behavioral health), with a non-DoD healthcare provider, that would directly impact the service member's IMR status and will provide releases of information as necessary to facilitate receipt of medical documents from such encounters for entry into their military medical record.



Service members shall complete the PHA no earlier than 11 months (10 months, for Air Reserve Component only) and no later than 15 months from the previous PHA. Newly accessioned Airmen will accomplish their first PHA no later than day 181 after arriving at their first permanent duty assignment. Airmen will ensure PHAs remain current throughout training and retraining assignments.

Airmen will ensure that the PHA will remain current throughout projected permanent change of station transitions. If a deployment is expected to be greater than a 190-day deployment and the PHA will expire during that time, the Airman must accomplish the PHA within 120 days of the projected departure date, even if this requires an early, out-of-cycle PHA. The PHA is not a component of the annual Occupational and Environmental Health Medical Surveillance Exam.

PHA for **Flying and Special Operational Duty** personnel (i.e., personnel managed with DD Form 2992, Medical Recommendation for Flying or Special Operational Duty). PHA requirements are

distinct from the requirements of the annual exam, even though these are often accomplished together. PHAs for Airmen requiring a DD Form 2992 have the same requirements as any Airman and can be accomplished in the same way any Airman completes a PHA.

Inability to complete an annual Flying and Special Operational Duty exam shall not preclude an Airman from completing a PHA. A current Flying and Special Operational Duty annual exam shall not satisfy the requirement for an annual PHA. Just as a current PHA shall not satisfy the requirements of a Flying and Special Operational Duty annual exam.

Multiple Choice

Service members shall complete the PHA no earlier than _____ months and no later than _____ months from the previous PHA?

☐ 12/24

☐ 11/15

☐ 24/12

☐ 15/11

SUBMIT

END OF LESSON

Lesson 2- Medical Treatment Record Review

Objective: After completing this lesson, the student will be able to identify the requirements associated with a medical treatment record review in accordance with prescribed guidance and publications.





In-Processing & Out-Processing

Moving can be stressful. All medical in and out-processing briefings are conducted by Tricare Operations and Patient Administration staff.

Air Force medical units will apprise military service members of their healthcare benefits as they move from one assignment to another. Specifically, members must be informed of the

scope of their benefits; how to access healthcare in their local community; how to access healthcare while away from home or en-route to a new duty station; and how to resolve problems related to medical care and access during this transitional period, should they arise.

To help **ease** this stress for those moving, be sure that the following is briefed during the **in-processing briefing**. **Click the hotspots** below to read about these four key areas.





Beneficiary Information

MTF commanders or directors will establish medical in/out-processing programs designed to ensure enrolled beneficiaries have a basic understanding of their individual health benefits, the MTF's capabilities, and a basic overview of preventative health programs available to patients.



Common Issues

MTF commanders or directors will ensure MTF staff members are familiar with the typical subject issues and topics discussed at in/out-processing briefings.



TRICARE Benefit Options

MTF staff members should have a basic understanding of TRICARE benefit options and be able to clearly communicate these options to beneficiaries when required – or at least know to refer patients who have TRICARE enrollment or general health benefits questions to the appropriate office to obtain further information.



Health Benefit Briefings

Health benefits briefings may be combined with other installation information briefings normally provided to arriving and departing service members.

Although not specifically limited as an exclusive TRICARE Operations and Patient Administration obligation, generally, MTF staff members assigned to this office are responsible for providing the healthcare benefits portion of each in/out-processing function.

TRICARE Enrollment Options —

Includes the benefits of enrolling in TRICARE Prime, points of contact, associated local policies, and TRICARE online enrollment. 1-800-TRICARE.



Primary Care Manager Options —

Choosing a new primary care manager and how to contact their provider or clinical support team and how to change their primary care manager at the new location.



Family Member Options —

- Local policies on TRICARE Prime enrollment.
- How to enroll family members in the dental plan.
- Exceptional Family Member Program with a brief description of each of the MTF partner programs that support EFMP.



Services At The Local MTF

Available and non-available services at the local MTF, services available in the network, out of area care procedures, and local prescription services.



Special Programs Overview

Family Advocacy Program, Mental Health, Personnel Reliability Assurance Program, Presidential Support Program, and other sensitive duties program overview.



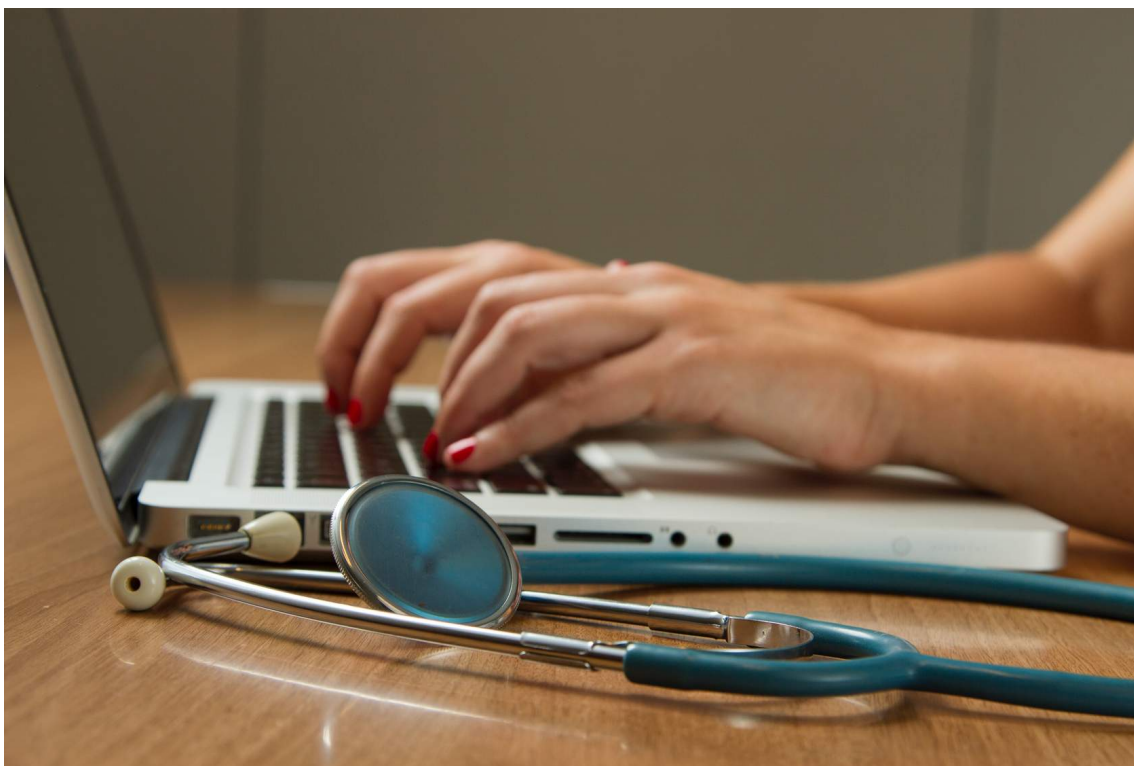
Fees For External Care

Co-payments and cost-share/deductible fees for care outside the direct care system.



How To File A Civilian Medical Or Dental Claim —

Civilian medical claims.



MHS GENESIS Patient Portal —

- How to enroll or update TRICARE Online member profiles to gaining MTF.
- Procedures for participation in Secure Messaging.



Prior to a member's Permanent Change of Station (PCS) reassignment, personal geographic location move, MTF reassignment, or change to TRICARE enrollment location, **all radiology and laboratory results must be filed into his/her electronic health record** within **5 days** of the appointment. Below are the areas that should be covered with the member during out-processing:



Requirements per Air Force Instruction (AFI) 48-110, Appendix D & AFMAN 41-210

1

The process to file medical claims, schedule appointments, and seek emergency care while in transit during PCS and the patient responsibilities for contacting his/her PCM.

2

The process of acquiring prescription medication while en route.

3

How to locate the new MTF on arrival, change the Primary Care Manager at the new MTF, and make appointments.

4

For individuals enrolled in Exceptional Family Member Program, or navigating the Family Member Relocation Program/Process, scan/upload medical documents into their electronic health record prior to the screening.

Limited Capability Out-Processing

- Members that are locating to a facility without electric health record capabilities, such as Genesis, will require all medical records to be printed and filed as a hard copy record. Hard copy medical records will be forwarded to the gaining MTF.
- MTF personnel must have set procedures to provide members with copies of their electronic medical record when requested. Members can request the copied format to be paper or electronic (e.g. on a cd).

Multiple Choice

Before the member's out-processing appointment, all radiology and laboratory results must be scanned into his/her electronic health record within how many days of appointment?

☐ 2

☐ 3

☐ 4

☐ 5

SUBMIT



Complete the content above before moving on.




Security Clearance: Medical Treatment Record Review Process

Permanent and interim security clearances are accomplished based on the following criteria. They are broken down into Secret and Top Secret. Each clearance has the same process to initiate the clearance.

Click the flip card below to read more.

Secret/Top Secret

The unit security manager accomplishes an Air Force Form 2583, Request for Personnel Security Action which initiates the process. Base Operational Medicine Clinic (BOMC) will review physical exams, mental health, and family advocacy records as appropriate. Once reviewed, a statement will be



Medical Treatment Record Review/Mobility/ Deployment Requirements

The DD Form 2766, *Adult Preventive and Chronic Care Flowsheet*, is the principal folder used to document medical and dental care for all AD, Air National Guard (ANG), Air Force Reserve (AFR),

and federal civilian personnel while deployed when an electronic health record system is not available.

Deployed records personnel are required to file all primary care patient encounters into the hard copy cardstock form of the DD Form 2766. Encounters should be filed in chronological order with the most recent encounter on top.

There have been great advances in electronic medical technology while in theatre, however, they are not always reliable and secure. Therefore, deployed records personnel are required to print out every primary care encounter and file them in the DD Form 2766 cardstock.

CUI - Privacy

ASIMS -

Main Menu
Find Person
Imm History
View DD2766c
View Worksheet
View MS 121
DHA Imm Inquire
AHLTA Imm Inquire
Add Immunization
Transcribe Adult
Transcribe Pediatric
Add Imm Exemption
Add Positive Titer
Add Lab Test Pending
Add TB Screening Result
CDC Immunization Schedules
VAERS Website

Deployment
Occ Health

AGAM
AF422
Medical Clearance
Demographics
Deployment
Edit Full DD2766
Fitness
Grounding Mgmt
Patient Mgmt
Vitals
Quarters
IMR Change History

View Full DD2766
ASIMS Worksheet
Blank SF600
SF600 with Data
SF507
Unit POC EMAIL

AD	
F	
Duty	
Duty	

PHA	
Current	
View Health Assessment:	10/24/2022 Dental
	Dental
PHA Completed:	11/17/2022
Last In-Person PHA:	07/11/2013
PHA No Show Date:	-
Edit PHA	

ASIMS LOGIN (health.mil)

ASIMS - DD 2766

When electronic records are available, medical technicians will update each patient's DD 2766 by going into ASIMS and clicking on 'Edit Full DD2766' during each encounter.

ALLERGIES

ILLNESS/
MEDICATIONS

HOSPITALIZATION/
SURGERIES

COUNSELING

FAM

- Document any medication allergies or other allergies the member indicates. It is also beneficial to indicate the known reaction to those allergies.
- Click update to save.

CUI - Privacy

ASIMS - Deployment -

Home

Log Off

Main Menu

Find Person

Individual Status

Deployment Menu

View DD2766c

View Full DD2766

PIMR Worksheet

DrHA List

DRHA Due List

Grounding Mgmt

DD2766

Allergies

Illness/Meds

Hospitalization

Counseling

Family History

Medication Allergies

NKDA

Other Allergies

SEASONAL

Last Edited By: STEELE.TIARE.MILONG on 12/11/2020

Update

OTHER

Advance Directives Date Filed:

Update

ALLERGIES

ILLNESS/
MEDICATIONS

HOSPITALIZATION/
SURGERIES

COUNSELING

FAM

- Document chronic illnesses the member has been diagnosed with.

- Document medications the member is taking, the dose, route and how often they take it. Also include over-the counter medications, vitamins and supplements.
- Click update to save.

CUI - Privacy		ASIMS - Deployment -		Home	Log Off					
<div> Main Menu Find Person Individual Status Deployment Menu View DD2766c View Full DD2766 PIMR Worksheet DrHA List DRHA Due List Grounding Mgmt </div>						<div>DD2766</div> <div> Allergies Illness/Meds Hospitalization Counseling Family History </div> <div> <div>Chronic Illness</div> <div> LBP R Knee Pain Migraines </div> </div> <div> <div>Medications</div> <div> Cetirizine 10mg Tablet, Oral MV, Oral </div> </div> <div> Add GM Prophylactic Drugs </div> <div> Last Edited By: GREENE.CONNIK.DENISE on 02/16/2021 </div> <div> Update </div>				

ALLERGIES	ILLNESS/ MEDICATIONS	HOSPITALIZATION/ SURGERIES	COUNSELING	FAM
-----------	-------------------------	-------------------------------	------------	-----

- Document reason for hospital visits.
- Document any surgeries from birth to present.
- Click update to save.

CUI - Privacy	ASIMS - Deployment				Home	Log Off		
Main Menu Find Person ▶ Individual Status Deployment Menu View DD2766c View Full DD2766 PIMR Worksheet DrHA List DRHA Due List Grounding Mgmt	DD2766							
	Allergies		Illness/Meds		Hospitalization		Counseling	Family History
	Hospitalization / Surgeries							
	Child Birth - Vaginal - July 2011 WTE - July 2012 C-Section Birth - May 2013 PRK - 2015							
	Last Edited By: MCLEOD.KELSEY.M on 02/03/2021							
						Update		

ALLERGIES	ILLNESS/ MEDICATIONS	HOSPITALIZATION/ SURGERIES	COUNSELING	FAM
-----------	-------------------------	-------------------------------	------------	-----

- Document specific counseling you conduct with the patient by inputting the date it was done.
- Click update to save.

CUI - Privacy

ASIMS - Deployment

Home

Log Off

Main Menu

Find Person

Individual Status

Deployment Menu

View DD2766c

View Full DD2766

PIMR Worksheet

DrHA List

DRHA Due List

Grounding Mgmt

Allergies

Illness/Meds

Hospitalization

Counseling

Family History

To Add or Edit an item, select the topics and enter the date.

Counseling

	Code	Description		Date	Code
<input type="checkbox"/>	F	Fitness	Delete	11/21/2008	TO,A,MH,N,F
<input type="checkbox"/>	D	Dental	Delete	04/16/2009	F,A,N,TO
<input type="checkbox"/>	I	Injury prevention	Delete	06/01/2010	F,N,A,TO,MH,S
<input type="checkbox"/>	N	Nutrition/Folate	Delete	06/26/2010	FP
<input type="checkbox"/>	C	Cancer prevention	Delete	06/15/2011	F,N,I
<input type="checkbox"/>	S	Safe sex	Delete	06/13/2012	F,I,N
<input type="checkbox"/>	FP	Family planning	Delete	08/25/2014	F,D,I,N,FP,MH,To,A
<input type="checkbox"/>	RX	Present medications	Delete	08/19/2015	F,D,N,S,RX,MH,To,A
<input type="checkbox"/>	MH	Mental health/stress/suicide			
<input type="checkbox"/>	H	Hormone/calcium replacement			
<input type="checkbox"/>	To	Tobacco			
<input type="checkbox"/>	A	Alcohol/substance abuse			
<input type="checkbox"/>	T	Travel			
<input type="checkbox"/>	O	Occupational exposure (hearing threshold changes/cumulative trauma disorder)			
<input type="checkbox"/>	Z	Sleep Hygiene			

Date:

Update

Or enter the codes seperated by commas:

Codes:

Date:

Update

ALLERGIES

ILLNESS/
MEDICATIONS

HOSPITALIZATION/
SURGERIES

COUNSELING

FAM

- Document member's known family history for cancer, cardiovascular disease, diabetes, mental illness, chemical dependency, and any other pertinent history.
- Click Update to save.

CUI - Privacy	ASIMS - Deployment	Home	Log Off
Main Menu Find Person ▶ Individual Status Deployment Menu View DD2766c View Full DD2766 PIMR Worksheet DrHA List DRHA Due List Grounding Mgmt			
DD2766 <div> <div>Allergies</div> <div>Illness/Meds</div> <div>Hospitalization</div> <div>Counseling</div> <div>Family History</div> </div>			
(M = Mother, F = Father, S = Sibling, MGM = Maternal Grandmother, MGF = Maternal Grandfather, PGM = Paternal Grandmother, PGF = Paternal Grandfather)			
Cancer PGM - Lung, late 60s, smoker		Mental Illness / Chemical Dependency None	
Cardiovascular Disease MGF - Stroke - Age 70 PGF - Heart Attack - Age 50		Other MGM, M - Cataracts	
Diabetes F - Type 2			
Last Edited By: STEELE.TIARE.MILONG on 12/11/2020			
<div>Update</div>			



dd2766.pdf

1.8 MB



Some commonly used forms filed in the DD Form 2766 are below. Click the example buttons to see the form. You can also download the forms to your computer to create a personal quick reference guide.

Standard Form 600, Ambulatory/Emergency care
(page 1)

Example

Standard Form 600, Ambulatory/Emergency care
(page 2)

Example

Air Force Form 3830, Patient Manifest

Example

Air Force Form 3899, Aeromedical Evacuation Patient
Record (page 1)

Example

Air Force Form 3899, Aeromedical Evacuation Patient
Record (page 2)

Example

DD Form 1380, Tactical Combat Casualty Care Card

Example

DD Form 602, Patient Evacuation Tag

Example



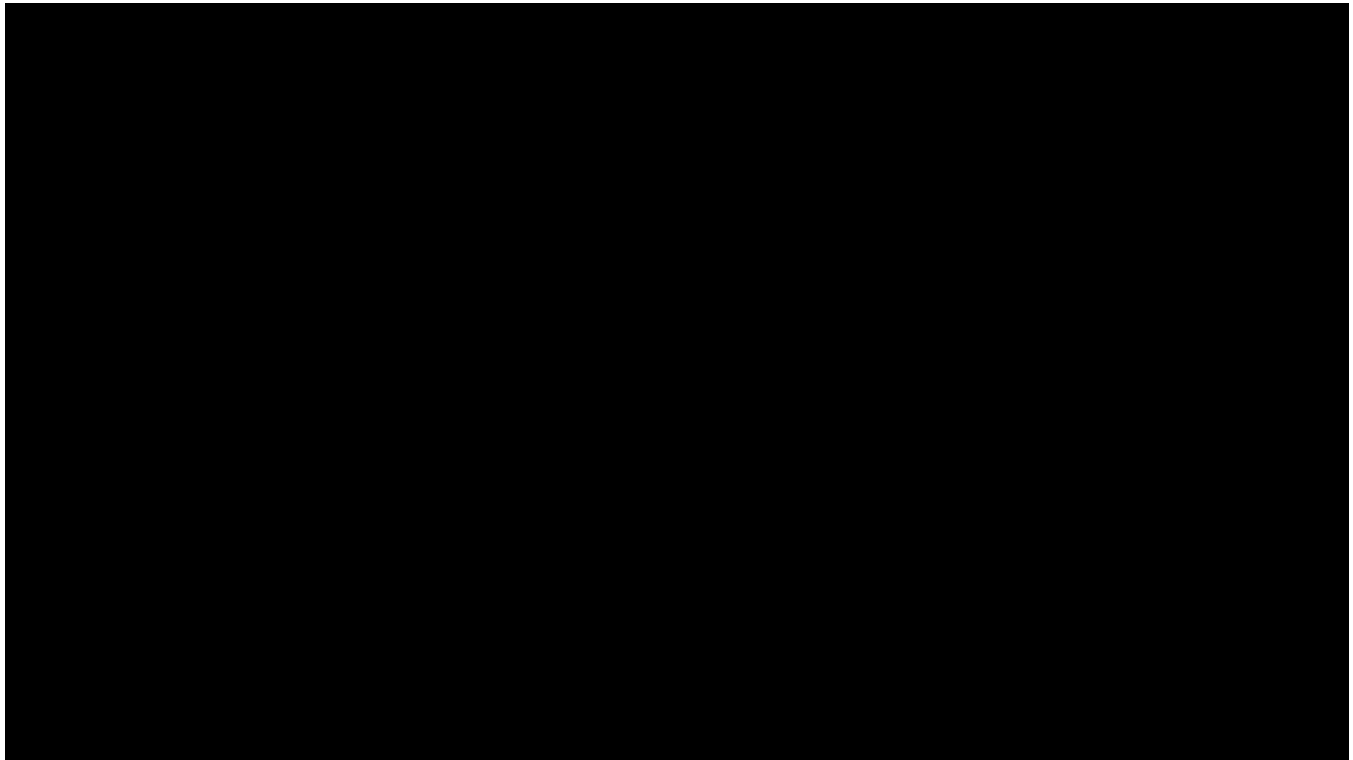
During contingency situations, member's care will be recorded on DD Form 1380 by the originating facility. If the member requires evacuation, his/her information will be entered into the Aeromedical Evacuation System. The information on DD Form 1380 will be transcribed on Air Force Form 3899.

Information on the Air Force Form 3899 should include: primary and secondary diagnoses, patient classification, en-route medications, special diets, and medical care. Pertinent information should be recorded by the discharging nurse into a transfer note. The transfer note should include dates and times of the latest vital signs, medications, and treatment given.

Let's take a look at deployment and redeployment requirements.



Mobility / Deployment



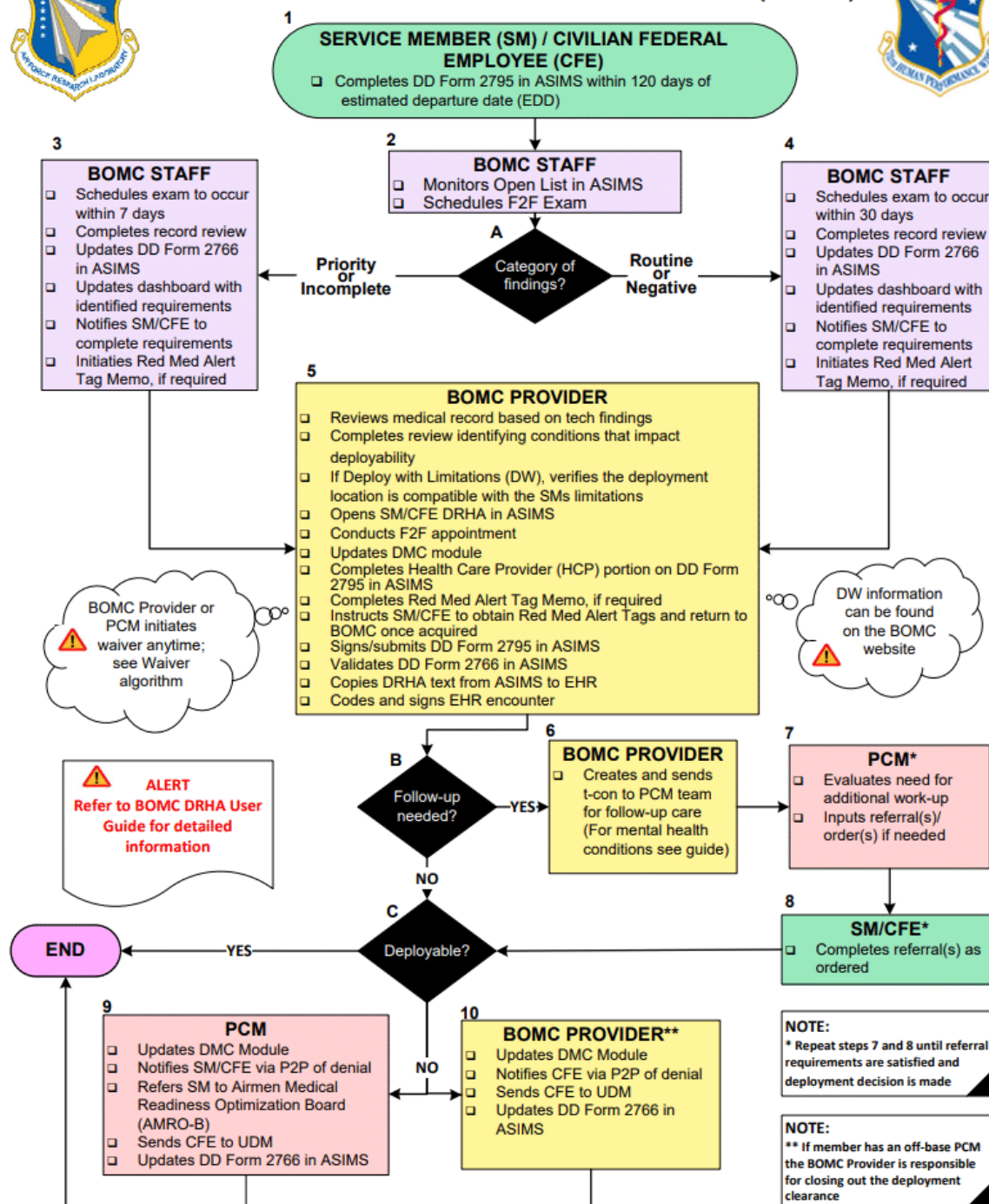
AFFORGEN Video Transcript.pdf

163.9 KB





DEPLOYMENT-RELATED HEALTH ASSESSMENT 1 (DRHA1)



Deployment Related Health Assessment 1

DRHA # (DD Form)	Timeline ¹	Assessment Focus Areas
DRHA 1 (DD Form 2795)	Within 120 days before the estimated deployment date or first movement	<ul style="list-style-type: none"> ▪ Pre-deployment medical clearance ▪ MHA ▪ Changes in health status affecting deployability
DRHA 2 (DD Form 2796)	Within 30 days prior to departure from theater or within 30 days after return from theater	<ul style="list-style-type: none"> ▪ Post-deployment evaluation ▪ Head injury/Traumatic Brain Injury ▪ Exposure concerns ▪ Malaria prophylaxis follow-up ▪ Mental health concerns
DRHA 3 (DD Form 2900)	Between 90 and 180 days after return from deployment	<ul style="list-style-type: none"> ▪ Reintegration ▪ Exposure concerns ▪ MHA
DRHA 4 (DD Form 2978)	Between 181 and 545 days after return from deployment	<ul style="list-style-type: none"> ▪ MHA ▪ Depression, Post-Traumatic Stress Disorder, risky drinking ▪ Suicide and violence/harm risk evaluation ▪ Major life stressors ▪ Family/relationship concerns
DRHA 5 (DD Form 2978)	Between 546 and 910 days after return from deployment	

Attachment 2

PRE-DEPLOYMENT HEALTH ACTIVITIES

A2.1. All of the pre-deployment health activities in [Table A2.1](#) apply for deployments outside of the United States for greater than 30 days. For deployments of less than 30 days or those inside the United States, some of these requirements may not apply. See DHA-PI 6490.03, [Table E4T1](#) for identifying the requirements that apply.

Table A2.1. Pre-Deployment Health Activities.

Pre-Deployment Health Activities				
Item	Requirement	System of Record	Reference(s)	OPR(s)
1	Identify deployable personnel.	Aeromedical Services Information Management System (ASIMS)	DHA-PI 6490.03, AFI 10-250, AFI 10-403	CSS
2	Complete all medical clearance requirements prior to deployment or first movement.	Electronic Health Record (EHR) and ASIMS	AFI 10-403	Deployer
3	Verify individual medical readiness status.	ASIMS	DHA-PI 6490.03, AFI 10-250	BOMC
4	Make deployability determination and indicate clearance status in ASIMS DMC.	ASIMS	DoDI 6490.07	BOMC Provider or PCM
5	Ensure comprehensive counseling on the full range of methods of contraception.	(EHR)	DHA-PI 6490.03	BOMC Provider or PCM
6	Prescribe Force Health Protection Prescription Products (FHPPPs) (Anti-Malarials, BW/CW Complement, etc.), as indicated.	EHR	DHA-PI 6490.03, AFI 48-110-IP, AFI 44-102, AFMAN 41-209	BOMC Provider or PCM

7	Administer deployment-specific or occupational-related immunizations, prophylaxis, and any medical countermeasures or protective measures, as indicated.	EHR	DHA-PI 6490.03	Immunizations & Pharmacy
8	Prescribe prescription medications in a quantity sufficient to last for duration of deployment plus transit time, unless otherwise prohibited (e.g., controlled substances and psychotropic medications).	EHR	DHA-PI 6490.03	BOMC Provider or PCM
9	If applicable, conduct tuberculosis risk assessment and ensure follow-up screening is accomplished.	EHR, ASIMS	DHA-PI 6490.03, AFI 48-105	Public Health
10	Ensure medical clearance for wear/use of personal protective equipment and monitoring devices, as required by occupational specialty personnel.	ASIMS	DHA-PI 6490.03, AFI 48-127, AFI 48-145, AFI 48-137	Public Health
11	Verify optical devices and gas mask inserts requirements are met.	ASIMS	AFI 10-250, AFI 10-403	Optometry
12	Verify occupational medical surveillance exam status, as applicable.	EHR	DHA-PI 6490.03, AFI 48-145, AFMAN 48-146	Public Health
13	Conduct pre-deployment health threats and countermeasures briefing.	EHR	DHA-PI 6490.03	Public Health
14	Identify and address deployment limiting medical and mental health conditions and psychotropic medications use.	EHR, ASIMS	DHA-PI 6490.03, DoDI 6490.07, DoDI 1400.32, AFI 10-203,	BOMC Provider or PCM

15	Complete mental health clearance and indicate status in ASIMS DMC.	ASIMS	DoDI 6490.07, DoDI 1400.32, AFI 44-172	Mental Health
16	Complete dental clearance and indicated status in ASIMS DMC.	ASIMS	DoDI 6490.07, DoDI 1400.32	Dental
17	Ensure approval of deployment limiting condition waiver, as applicable.	ASIMS	DoDI 6490.07, AFI 10-403, AFI 41-210	BOMC Provider or PCM
18	Assess requirement for Red Medical Alert ID (Dog) Tag.	ASIMS	AFI 10-403, AFI 36-3802	BOMC Provider or PCM
19	<p>Verify completion of the following for civilian deployers:</p> <p>(1) OF-178, <i>Certificate of Medical Examination</i></p> <p>(2) DD Form 2807-1, <i>Report of Medical History</i></p> <p>(3) DD Form 2813, <i>DoD Department of Defense Active Duty/Reserve/Guard/Civilian Forces Dental Examination</i></p> <p>(4) DD Form 771, <i>Eyewear Prescription</i></p>	health record	AFI 10-403, AFMAN 48-146	BOMC
20	Complete or confirm as current DD Form 2795, <i>Pre-Deployment Health Assessment</i> , within 120 days of deployment date, as applicable.	Defense Medical Surveillance System (DMSS), EHR, ASIMS	DHA-PI 6490.03	BOMC Provider or PCM
21	Complete the neurocognitive assessment	EHR	DoDI 6490.13, AFI 44-172	Mental Health

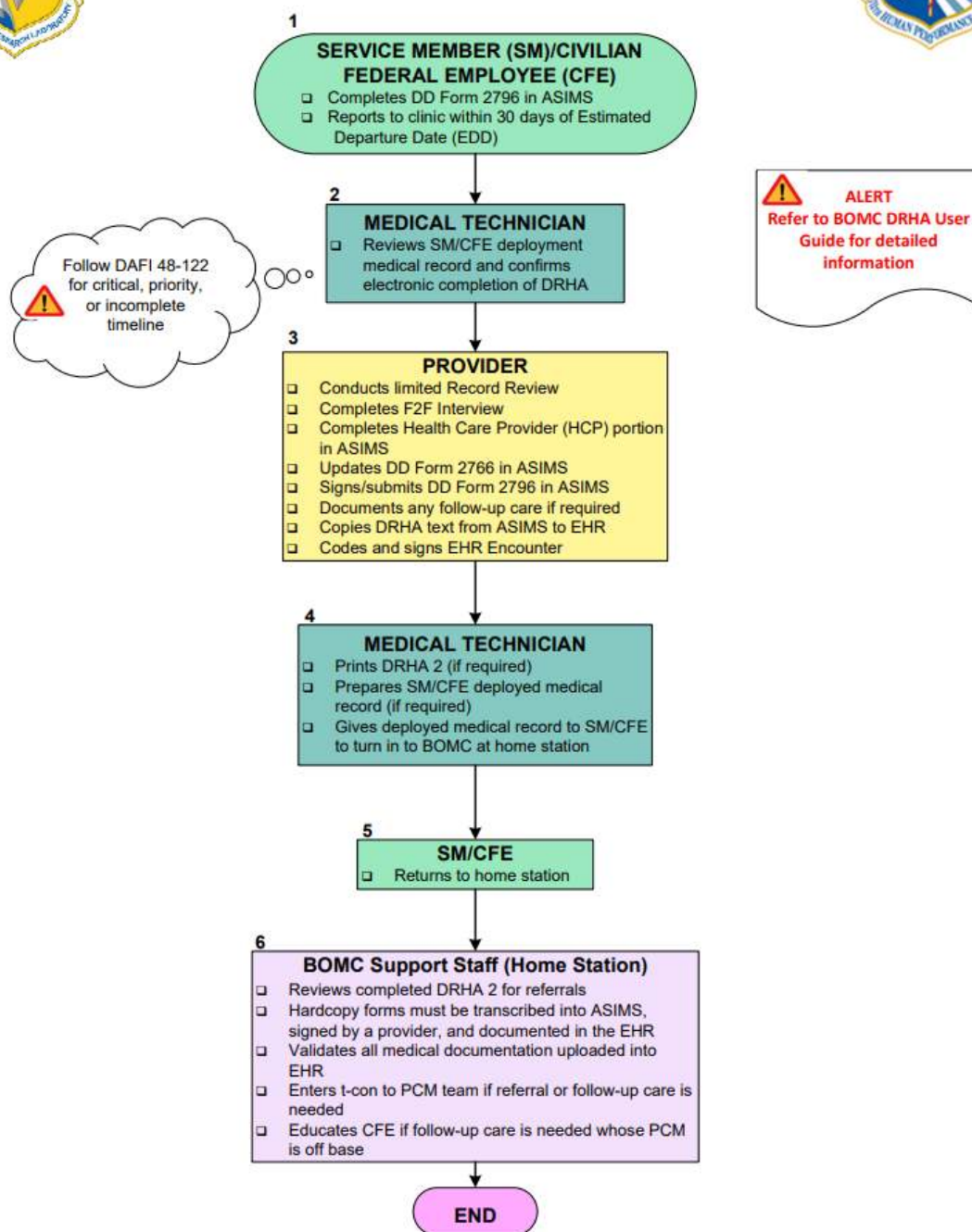
22	Collect serum specimen within one year prior to deployment.	DMSS, DoD Serum Repository	DHA-PI 6490.03, AFI 10-250	Laboratory
23	Complete Human Immunodeficiency Virus (HIV) testing, when required.	EHR, DMSS, DoD Serum Repository	DHA-PI 6490.03, DoDI 1400.32, AFI 10-250	Laboratory
24	Ensure a deoxyribonucleic acid (DNA) sample is on file. Note: Per DoD policy, civilian deployers shall have panarex or DNA samples taken for identification purposes. Dental x-rays may be substituted when the ability to take panarex or DNA samples is not available.	Armed Forces Medical Examiner System – Armed Forces Repository of Specimen Samples for the Identification of Remains	DHA-PI 6490.03, DoDI 1400.32, AFI 10-250, AFI 10-403	BOMC
25	Compile the deployment EHR, consisting of at least: blood type/rhesus factor, prescribed medications (including FHPPPs) and/or allergies, corrective lens prescription, immunizations record, completed DD Form 2795 (when required), and medical summary sheet. DD Form 2766, <i>Adult Preventive and Chronic Care Flowsheet</i>	DD Form 2766, or electronic equivalent	DHA-PI 6490.03, AFMAN 41-210	BOMC
26	Identify deployment medical requirements directed by CCDR or Component Reporting Instructions and confirm all	EHR and ASIMS	DAFI 48-122	Public Health

	were accomplished.			
27	Confirm deployer completed all medical clearance requirements prior to signing installation pre-deploy clearance checklist.	ASIMS	AFI 10-403	CSS

Redeployment



DEPLOYMENT-RELATED HEALTH ASSESSMENT 2 (DRHA 2) (In-Theater)



All members returning from deployment must conduct redeployment screening or out-processing no earlier than 30 days prior to their scheduled departure.

DD Form 2796, Post-Deployment Health Assessment, will be completed in ASIMS by the member.

If the member is unable to complete the form electronically in ASIMS, medical personnel will print the hard copy DD Form 2796 and file it with the member's deployment medical record (DD Form 2766). The hard copy DD Form 2796 will be printed and filed in the DD Form 2766.

Medical personnel will place a notice in DD Form 2766 stating "Member unable to Electronically Complete DD Form 2796 in Theater. Member must report to BOMC within 5 duty days of returning to home unit to complete the electronic DD Form 2796."

CONTINUE

Personnel Reliability Assurance Program (PRAP)

The PRAP is the overarching designation for the Air Force's two nuclear reliability programs. It is comprised of two elements, Personnel Reliability Program (PRP) and Arming and Use of Force (AUoF) (Security Forces personnel (AF Specialty Codes 31PX and 3P0XX)).

Let's take a look at the PRAP brochure below for more information about what this program entails and who is a part of it.



PRAP-Medical-Brochure-May2020.pdf

479.6 KB





Initial Evaluation

A Certifying Medical Authority (CMA) or other medical personnel trained to evaluate health history and records will screen each candidate's medical qualifications under PRAP standards.

CMAAs have the last say in what medical information qualifies in affecting the member's suitability for PRAP.

Health record reviews accomplished by other medical personnel such as an independent duty medical technician (IDMT), that has questionable information that might disqualify a member from PRAP, must be referred to the CMA for further evaluation.

Results from the CMA are provided to the certifying official that makes the final determination on the member's suitability to perform PRAP duties.

Managing Treatment Records for Member's Assigned to PRAP

Medical records personnel will ensure the gaining MTF has complete access to electronic health records for members that are assigned to PRAP positions.

Members who are assigned to a duty location that does not have access to electronic health records, such as AHLTA, Healthcare Artifact and Image Management Solution (HAIMS), or Genesis, are allowed to copy the record in a paper or digital format.

Medical records that will not be reviewed by the administrative qualification central cell are the only outpatient medical records allowed to be hand carried. Members who are permitted to hand carry medical records must carry them in a sealed envelope from the losing MTF to the gaining MTF's records office.

Hand carried records are sealed in an appropriately sized envelope, with the words written or stamped, "During Transport, Open Only for Medical Emergencies", across the envelope's sealed flap seam. A clear 1/2 inch adhesive tape is placed across the entire length of the envelope along the sealed flap seam. Lastly, the record's personnel that seals the envelope writes the official's initials along the sealed flap that identifies the losing MTF or dental treatment facility, office symbol, address, installation name, zip code, point of contact name, and contact telephone number.

Outpatient medical and dental records for member's assigned to PRAP are maintained in a separate and secure location, with access restricted to only medical personnel with a need to

know.

Multiple Choice

What program is the overarching designation for the Air Force's two nuclear reliability programs?

- ☐ Personnel Reliability Assurance Program
- ☐ Air Force Nuclear Assurance Program
- ☐ Personnel Nuclear Assurance Program
- ☐ Personnel Reliability Assistance Program

SUBMIT



Complete the content above before moving on.

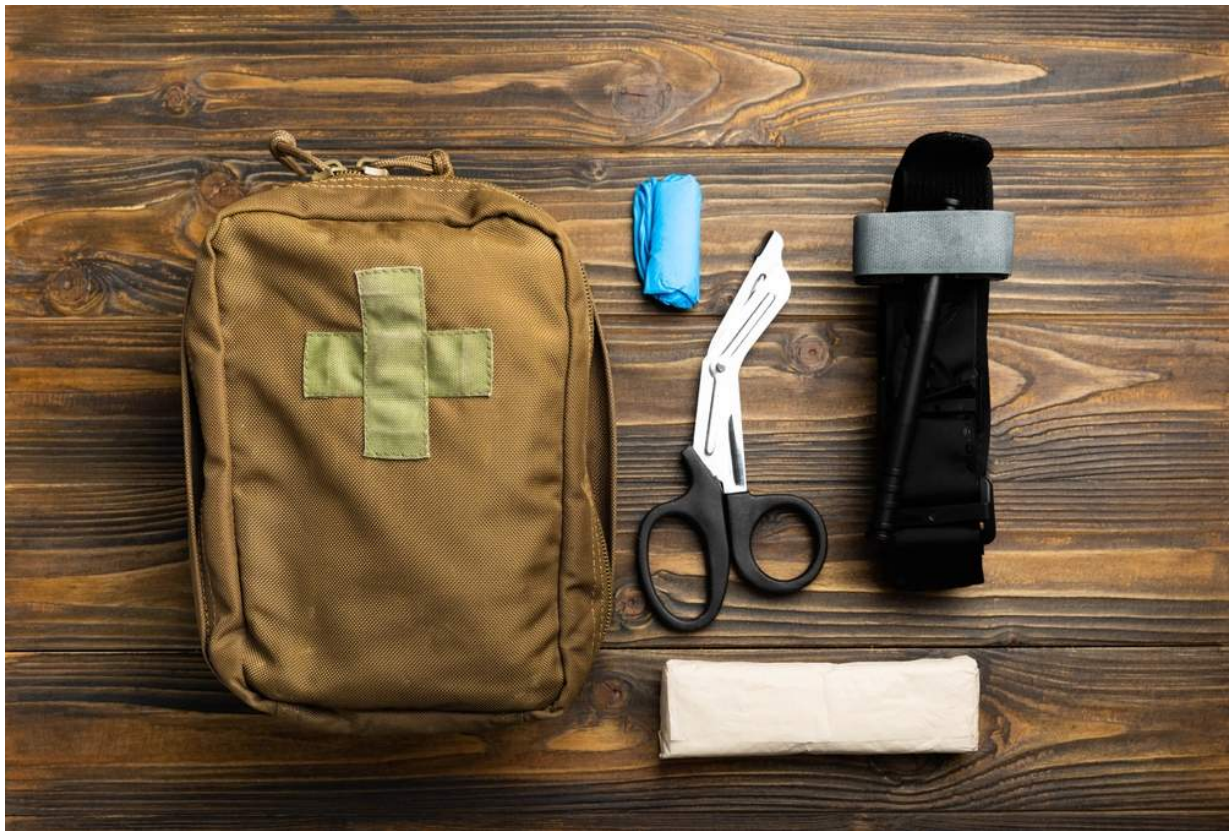
Medical Treatment Record Review/Roster Validation (31/37/81 Report)

AF Form 469: Profile

At each encounter, technicians, nurses and health care providers shall ask themselves if the service member is able to:

- Performing Air Force Specialty Code (AFSC) and/or day-to-day assigned jobs/duties?
- Participate in fitness testing and other physical activity?
- Meet retention standards?
- Deploy?

If the answer is no to any of these questions, the service member may have a duty limiting condition (DLC) which will be documented on the Air Force Form 469 through ASIMS. DLCs may also affect additional duties, military details, volunteer service, recreational activities, and/or activities of daily living. Restrictions apply while on and off duty.



Duty Limitations

Duty limitations are a type of profile assigned by an authorized medical authority at the member's MTF. The information entered on Air Force Form 469 indicates what the member cannot do based on his/her occupational duties, resulting in mobility and/or fitness restrictions if needed. The member will be assigned a duty-limiting condition (DLC) that will prevent him/her from performing some requirements of military service or duties expected of his/her Air Force Specialty Code (AFSC).

Air Force Form 469s are tracked electronically through the ASIMS then automatically interfaces with the personnel data system to assign assignment availability codes (AACs) based on the member's condition.

The maximum allowable duration for an Air Force Form 469 is 365 days. Mobility restrictions for 365 consecutive days, or any DLC that has an accumulative mobility restriction of 365 days in a three year span must undergo a review by the airmen medical readiness optimization board (AMRO).

Duty Restriction (DR)

A DR is a medically-prescribed limitation relating to the SM's day-to-day and/or AFSC-related duties. DRs are based on a medical condition and are considered necessary for recovery and/or to prevent a condition from worsening.

1 of 4

Mobility Restriction (MR)

An MR is a recommendation that restricts an SM's participation in deployment and/or TDY/exercises. MRs are described on the Air Force Form 469 and may include Assignment Availability Code (AAC) 31, 37, 81.

2 of 4

DW informs the unit when an SM has a condition that will allow

Deploy with Limitations (DW)

3 of 4

deployment to some, but not all, locations. A deployment waiver

Fitness Restriction (FR)

An FR is a medically-prescribed limitation with respect to an SM's ability to participate in physical activity, to include the FAE and unit physical training (PT). Restrictions apply both on and off duty.

4 of 4

CODE 31

CODE 37

CODE 81

A member with a temporary medical condition is placed on a profile using an Air Force Form 469 by an authorized official at the assigned MTF. Medical conditions are considered temporary if resolved in less than 12 months.

A member may be deferred from a PCS or TDY due to a temporary medical condition. If the date on profile exceeds more than 30 days an automatic interface within the personnel data system will place the member on an AAC 31. Date of availability on Air Force Form 469 cannot exceed 12 months. If restrictions are required for greater than 365 days for similar conditions, a review needs to be done by the AMRO Board.



CODE 31

CODE 37

CODE 81

A member with a medical condition that causes physical limitations for more than 365 consecutive days, and interferes with worldwide availability, will lead to a medical evaluation board through an Air Force Form 469.

Once the member has been identified for needing a medical evaluation board (MEB), the personnel data system interface will update the members assignment AAC to code 37. If member already has an AAC 31, it will automatically change to AAC 37. Members are not allowed to PCS/TDY on AAC 37.



CODE 31

CODE 37

CODE 81

Female Airmen medically confirmed as pregnant by medical authority are placed on a profile and receive an Air Force Form 469. The MTF interface automatically syncs with the personnel data system updating the member's AAC to code 81.

For members with a PCS/TDY assignment, the Military personnel Flight (MPF) would request reconsideration for movement depending on the location (overseas or stateside), the trimester of pregnancy the member is in, and the expected due date.



Airman and Guardian Availability Management System (AGAM)

A system that resides in ASIMS used to generate a profile that is aimed at improving communication and overall readiness. It is a communication tool that acts as a conduit between medical providers, ill or injured service members and their supervisors, or commanders. As part of the treatment plan, medical providers document recommended limitations and restrictions with the service member for decision making purposes in order to support the healing process.

Airmen Medical Readiness Optimization Board

The Airmen Medical Readiness Optimization (AMRO) Board's purpose is to manage Airmen with mobility restrictions due to medical or mental health conditions. The Board collaborates with commanders, and the warfighter care team (WCT), for the awareness of the deployable unit force, and to help accelerate Airmen back to the mission.

They determine the need for members placement on an AAC 37 and Initial Review in Lieu of (IRILO), through headquarters Air Force Personnel Center (AFPC) Medical Retention Standards Branch, (DP2NP) or the appropriate ARC, Chief of Aerospace Medicine (SGP). In addition, the Board is authorized to direct placement, and removal of an AAC 37. AMRO Boards are established at each wing/base level and meet to review personnel with DLCs that affect mobility, retention, or physical fitness.

Each WCT should meet with the AMRO Board every other week about their patients.

AMRO Board Members: SGP, Chief of Staff (SGH), Chief Nurse (SGN), Physical Evaluation Board Liaison Officer (PEBLO), Medical Standards Management Element (MSME), TRICARE, Case Management, Warfighter Care Team.



Metrics —

The deployment availability working group (DAWG), provides a metrics report to the MTF executive committee monthly. Medical Standards Management Element (MSME) that falls under BOMC, generates the report through ASIMS, and produces data that includes the current statuses of the wing, and supported units' deployable and non-deployable percentage. Non-deployable Airmen are those that are on AAC 31, 37, or 81.

MSME provides selected diagnostic or medication usage inquiries at least ten times per year to the DAWG, to ensure members with certain medical conditions do not “fall through the cracks”, and not be identified in the mobility reporting system. Members that are found and need DLC action will be referred to the AMRO Board through ASIMS.

MSME also tracks the timelines and outcomes of each MEB.

- Average duration of an IRILO/MEB from initiation to AMRO board disposition is less 45 days. Average duration from AMRO board determination for IRILO until the case is transmitted to AFPC/DP2NP, ANG/SGP, or AFR/SGO is less than 30 days.
- Average duration from AFPC/DP2NP, ANG/SGP, or AFR/SGO notification to MTF to conduct an MEB until referral into Disability Evaluation System is 10 duty days.

- Each specific case that exceeds these timelines is to be documented in the AMRO minutes with the cause for delay.



Matching

Match the limitation code with the correct definition.

≡ Code 37

Medical condition exceeding 12 months.

≡ Code 81

A female that is medically confirmed as pregnant.



Code 31

Temporary medical condition
that will be resolved in less than
12 months.

SUBMIT

END OF LESSON

Lesson 3- Medical Evaluation Board (MEB) Process

Objective: After completing this lesson, the student will be able to identify the elements associated with the MEB process in accordance with prescribed guidance and publications.



Disability Evaluation System

To maintain a fit and vital force, the Secretary of the Air Force relies on the Disability Evaluation System (DES) to remove members who can no longer perform their military duties because of a mental or physical condition. The MEB is the first step in the evaluation process to determine who is not worldwide qualified. If the MEB determines the service member does not meet retention standards, the service member is referred to a Physical Evaluation Board to determine whether his or her medical condition prevents continued performance in the military service.

This lesson covers some of the factors associated with medical readiness. We will begin by looking at the role of the Physical Evaluation Board Liaison Officer. Next, we will examine the Temporary Disability Retired List, followed by Assignment Limitation Codes. As an aerospace medical service member, it is very likely that as part of a primary care management team you will be responsible for managing patient care related data. In the capacity, the web-based USAF

Aeromedical Services Information Management System (ASIMS) serves as the standard for unit commanders, or their designated representatives, to access their Airman's individual medical readiness requirements.

ASIMS ensures that all individual medical readiness requirements are current, and that all Air Force members have been provided necessary or recommended preventative services.

When a service member is referred to the Disability Evaluation System, they are appointed a PEBLO to assist them throughout the process.

Below are the responsibilities of the PEBLO.

- 1 Ensures MEB cases referred to the PEB are current, complete, accurate, and fully documented.
- 2 Helps manage expectations, coordinates medical appointments related to the disability process, and oversees the Service member's case file.
- 3 Counsels service members concerning the DES process and their rights within the process.
- 4 The PEBLO's responsibility continues until the service member attains veteran status and is transferred to Veteran Affairs (VA) support.



Physical Evaluation Board Officer Selection Process

Each MTF will identify an experienced non-commissioned officer (NCO), SNCO, officer, federal civilian employee or contract employee as the PEBLO.

Must possess the requisite experience, knowledge, and maturity to provide appropriate support and information to the service member.

PEBLOs should be assigned the role for a minimum of 2 years.

PEBLO Training

- PEBLOs will be trained through formal classroom or web-based training.
- PEBLOs will receive at least 1 week of on-the-job training with the incumbent or another experienced PEBLO.
- In rare cases, a PEBLO may be deemed qualified in lieu of formal or informal training.
- Training documentation is maintained in TRICARE Operations and Patient Administration (TOPA) training records for at least three years or the duration of the PEBLOs assignment.

Multiple Response

What are the responsibilities of the PEBLO? Mark all that apply.

☐

Ensures MEB cases referred to the PEB are current, complete, accurate, and fully documented.

☐

Helps manage expectations, coordinates medical appointments related to the disability process, and

oversees the Service member's case file.

☐

Counsels family members concerning the DES process and their rights within the process.

☐

The PEBLO's responsibility continues until the service member attains veteran status and is transferred to Veteran Affairs (VA) support.

SUBMIT



Complete the content above before moving on.

The Assignment Limitation Code (ALC)

restricts or limits the selection of Airmen for assignment to or from certain duties or areas. The level of authority is the Air Force Personnel Center, Medical Retention Standards Branch (AFPC/DPMNR) and the Air Reserve Component (ARC) Surgeon General's Office.

**ALC X WITH A C1
STRATIFICATION**

**ALC Y WITH C2
STRATIFICATION**

**ALC C WITH C3
STRATIFICATION**

Used primarily to identify individuals with temporary or mild conditions requiring medical follow-up but whose condition is clinically quiescent if untreated or treatment is limited to primary care during periods of deployment or assignment.

**ALC X WITH A C1
STRATIFICATION**

**ALC Y WITH C2
STRATIFICATION**

**ALC C WITH C3
STRATIFICATION**

Used for medical conditions for which specialist medical care and referral within one year is likely but who could be deployed or reassigned outside CONUS or to non-fixed environments if appropriate specialty care is available, or for short periods of time.

**ALC X WITH A C1
STRATIFICATION**

**ALC Y WITH C2
STRATIFICATION**

**ALC C WITH C3
STRATIFICATION**

Designates members who should not be deployed or assigned away from specialty medical capability required to manage their unique medical condition.

The Waiver Process



This is the process for waivers when a member has been tasked for a deployment or TDY.

Step 1

Waiver Initiation



ALC waiver is initiated by service member's garrison MTF when service member is notified of an overseas PCS or deployment.

ALC X with C1 Stratification requires a waiver for PCS, deployment or TDY to any isolated or remote installations overseas.

ALC Y with C2 Stratification requires a waiver for PCS, deployment or TDY anywhere overseas.

ALC C with C3 Stratification requires a limited duty waiver for PCS, deployment or TDY anywhere other than specific CONUS installations, Elmendorf, or Hickam Air Force Bases.

Step 2

Waiver Review



Within 10 duty days of MTF notification of the assignment, the waiver review package will be forwarded to the appropriate waiver authority to fully assess service member's ability to meet the assignment requirements.

With the approval of the Chief of Medical Staff or Chief of Aerospace Medicine a package may be delayed an additional 10 duty days if it is determined that additional testing or evaluation is required.

Waiver package will include:

- Most recent Review-In-Lieu-Of narrative
- Current Air Force Form 469

- Medical record of entry that addresses service member's condition

Step 3

Return to Duty Requirements



The MTF will complete an Air Force Form 469 appropriate for the service member's current condition, code and stratification.

The "Remarks" section of Air Force Form 469 will contain the phrase "Service member has been returned to duty with the following restrictions:

- ALC X with C1 Stratification: Member may be assigned or deployed only to DoD facilities with fixed medical treatment facilities. Member may be assigned to a mobility position."
- ALC Y with C2 Stratification: Member may be assigned or deployed to CONUS, (Hickam and Elmendorf included) facilities with fixed medical treatment facilities and (list specialty) treatment or referral capability."
- ALC with C3 Stratification: Member may be assigned only to CONUS, (Hickam and Elmendorf included) facilities with fixed medical treatment facilities and (list

specialty) treatment capability.” Member is non-deployable and may not occupy a mobility position.

Multiple Choice

Which stratification is used for medical conditions for which specialist medical care and referral within one year is likely but who could be deployed or reassigned outside CONUS or to non-fixed environments if appropriate specialty care is available, or for short periods of time?

-
- ☐ ALC Y with a C2
 - ☐ ACL X with a C1
 - ☐ ALC C with a C3

SUBMIT



Complete the content above before moving on.

The Temporary Disability Retirement Limitations (**TDRL**) allows for **consistent** evaluations on medical issues.

When the physical evaluation board finds a disability may be permanent in character, but not stable in degree and the member otherwise qualifies for disability retirement the physical evaluation board places the member on the **temporary disability retired list**.

The member is subsequently entitled to disability retirement status and will not perform any military duties. The temporary disability retired list is a way to further observe unfit members whose disability has not stabilized and for whom the physical evaluation board cannot accurately assess the degree of severity, percent of disability, or final disposition.

The temporary disability retired list serves as a safeguard for both the service member and the Air Force by delaying permanent disposition for service members whose conditions could improve or get worse, or where the ultimate disposition could change within a reasonable amount of time. As an Aerospace Medical Service member, it is very likely that as part of a primary care management team you will be responsible for managing patient care related data.

CONTINUE



TDRL Examinations

- Performed to determine if there has been a change in the disability that resulted in placement on the TDRL
- Reexamination at least once every 18 months.
- Service members on the TDRL are not entitled to permanent retirement or separation without a current periodic physical examination
- Retirement pay will be suspended for TDRL members who fail to report for periodic examinations

TDRL Timeline Goals

Initiation

Initiate TDRL re-evaluation process within 16 months after placing a veteran on the TDRL after the veteran's previous re-evaluation.

TDRL Timeline Goals

Examination

Complete the re-evaluations for unstable unfitting conditions not later than 18 months after placing a service member on the TDRL.

TDRL Timeline Goals

Ratings

Complete proposed rating decision no later than 15 days after the Disability Rating Activity Site receives a completed examination report.

TDRL Timeline Goals

PEB

Complete each PEB re-adjudication phase of TDRL cases no more than 90 days from the date the PEB receives the medical and rating documentation. No veteran may remain on the TDRL

for more than 5 years.

True or False: Service members on the TDRL are entitled to permanent retirement or separation without a current periodic physical examination.

☐

True

☐

False

SUBMIT



Complete the content above before moving on.

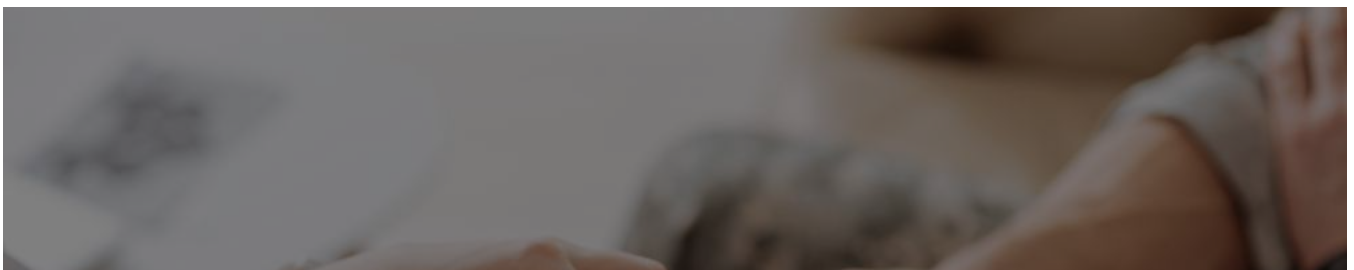


Travel to Periodic Examinations of TDRL Members

Travel orders are sent to the service member showing the date, time, and place to report.

An escort may accompany a service member to the place of examination or to the formal PEB when the member is not physically or mentally able to travel without help.

TDRL members traveling to a MTF for evaluation or for formal PEB receive travel and per diem allowance.





TDRL Disposition Recommendations

TDRL to Permanent Retirement —

Applies to unfit TDRL members whose condition(s) has stabilized upon TDRL reevaluation and whose unfitting disabilities combine to 30 percent or greater rating, or who have 20 years or more service.

TDRL to Discharge with Severance Pay —

Applies to unfit TDRL members whose combined disability VA ratings upon TDRL reevaluation is less than 30 percent and member has less than 20 years of service.

Removal from TDRL (Fit) —

Applies to TDRL members found fit and being removed from the TDRL.

Retain on TDRL —

Applies to unfit TDRL members whose disabilities remain unfitting and unstable.

Service member is provided with exam report and advised that there is no change in status or Air Force retired pay.

Multiple Choice

Which TDRL disposition recommendation applies to TDRL members found fit and being removed from the TDRL?

- ☐ TDRL to Permanent Retirement
- ☐ TDRL to Discharge with Severance Pay
- ☐ Removal from TDRL (Fit)
- ☐ Retain on TDRL

SUBMIT

END OF LESSON