

PERIODIC HEALTH ASSESSMENT (PHA)

NAVY RESERVE COMPONENT (RC)

DATE:
Time Start:

SCREENING:
Height: (inches)

Weight: (pounds)

BMI:

Temperature:

deferred

Respirations:

deferred

Blood Pressure:

Pulse:

MEDICAL EQUIPMENT:

- **Prescription Lenses (two pairs)**
Y / N / NA

- **Ballistic Eyewear**
Y / N / NA

- **Gas Mask Inserts**
Y / N / NA

- **Medical Alert Tags**
Y / N / NA

S: SUBJECTIVE

_____ year old () male () female reports for an annual Periodic Health Assessment (PHA) which includes record review/verification, assessment and counseling of avoidable health risk factors, clinical preventive services (CPS) recommendations, deployment health history, and individual medical readiness (IMR) assessment IAW MANMED.

Allergies (Medication and other): See Block 1 on DD 2766

Chronic Illnesses: See Block 2 on DD 2766

Medications (Rx/OTC/herbals/supplements/performance enhancers): See Block 3 on DD 2766

Hospitalizations/Surgeries since last PHA: See Block 4 on DD 2766

Family History: See Block 6 on DD2766

Occupational History: See Block 8 on DD 2766

Deployment Health: See Block 11 on DD 2766

Deployed since the previous PHA? Yes No

Post-Deployment Health Assessment (DD 2796) in record? Yes No NA

Any unresolved deployment-related issues or health concerns? Yes No NA

Post-Deployment Health Re-Assessment (DD 2900) in record? Yes No NA

Any unresolved deployment-related issues or health concerns? Yes No NA

Health Assessment Report Tool: Completed and reviewed? Yes Not Available

Current health concerns? _____

Pain Assessment (zero pain to severe): 0 1 2 3 4 5 6 7 8 9 10

Location: _____

O: OBJECTIVE

Vital Signs noted. Remarkable for: None Other: _____

Visual Acuity: OD: _____ OS: _____ (*Consult if worse than 20/40, no contacts*)

Health record Reviewed Not available Remarkable for: _____

Dental Classification Reviewed Not available See Plan: Dental

Immunization record Reviewed Not available See Plan: Immunizations

Lab/Path results Reviewed Not available See Plan: Laboratory

Focused physical examination required for: _____

(*Document focused physical exam on generic SF 600*)

A: ASSESSMENT Annual Periodic Health Assessment visit

Member fit for duty and worldwide assignments.

Member required to provide medical status update information from civilian healthcare provider.

Recommended Line of Duty (LOD) evaluation for: _____

Member requires Medical Retention Review for: _____

Referred for Deployment Health screening or evaluation/treatment (per LOD program)

Member referred to civilian provider for: _____

PATIENT'S IDENTIFICATION (*Use this space for Mechanical*)

Imprint Telephone number and e-mail address for follow-up:

PATIENT'S NAME (<i>Last, First, Middle initial</i>)		SEX
SSN/IDENTIFICATION NO.	STATUS	RANK/GRADE
RECORDS MAINTAINED AT:		DATE OF BIRTH

PERIODIC HEALTH ASSESSMENT (PHA) - RC (Continued)

A: ASSESSMENT Annual Periodic Health Assessment visit

- 1. Health Assessment Report Tool Risk Level: High Med Low
Health Risks remarkable for the following: _____
- 2. Cardiovascular Screening (Framingham 10-year risk for Event/Death): _____
- 3. Other significant issues remarkable for: _____

P: PLAN / P: PREVENTION

- 1. Updated DD 2766 Sections: 1 2 3 4 5 6 7 8 9 10 11
- 2. Health counseling performed, documented on the DD 2766, Section 5.
- 3. Labs ordered: Blood Type G6PD HIV DNA Lipids
 Other: _____
- 4. Immunizations ordered: PPD MMR Td DIPV Hep A #1 #2 Influenza Yellow Fever
 Hep B #1 #2 #3 (required of all new recruits)
 Other: _____
- 5. Clinical Preventive Services recommended: Pap Chlamydia Mammogram Lipids Colorectal
 Clinical Breast Exam Prostate
 Other: _____
- 6. Dental services completed: Annual T-2 Dental Exam Bitewings Panograph
 Dental Class 3 Dental Class 4
- 7. Referred to Civilian Healthcare Provider for: Current Medications/Supplements Chronic Medical Conditions
 Current Illness/Other: _____
- 8. Preventive Counseling provided for: Tobacco Use Physical Activity Dental Care Safety
 Alcohol Use Nutrition Mental Health Sexuality
 Other: _____
- 9. Other indicated referrals: Audiology Optometry Behavioral Health BMI Weight Management
 PFA Clearance Deployment-Related Condition Medical Warning Tags Occ Health Chaplain
 Tobacco Cessation DAPA
 Other: _____
- 10. PARFQ completed and signed by member and provider.
Additional risk factors: None noted Identified: _____
Member cleared for PFA participation? Yes No (If no, generic SF 600 completed.)
Reason for waiver: _____
- 11. Member readiness reviewed and updated in approved electronic data system.
- 12. Additional Comments:

- 13. Member informed that completion of recommended tests / immunizations / screenings is to be performed within the next 30 days, and is personally responsible for maintaining individual medical readiness (IMR).
- 14. F/U in one year.

Provider Signature and Title: _____ Time Completed: _____
 Health Promotion Counselor Signature/Stamp: _____ Date: _____
 Service Member Signature: _____ Date: _____
 MDR Signature/Stamp: _____ Date: _____