



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
2300 E STREET NW
WASHINGTON DC 20372-5300

IN REPLY REFER TO

APR 4 2006

MEMORANDUM FOR NAVY MEDICINE EAST
NAVY MEDICINE WEST
NAVY MEDICINE NATIONAL CAPITAL AREA
NAVY MEDICINE SUPPORT COMMAND

SUBJECT: Implementation of the Post Deployment Health Reassessment Policy in
Navy Medicine Facilities

Ref: (a) Assistant Secretary of Defense (Health Affairs) Memorandum of
10 Mar 05 (HA POLICY: 05-011) - Post Deployment Health Reassessment

This memorandum establishes policy and program compliance for the Post Deployment Health Reassessment (PDHRA; DD2900) process within Navy Medicine. This is an existing requirement and many of you have already begun program implementation in your facilities.

Reference (a) mandates electronic submission of PDHRA data. Three methods are available: an online version of the PDHRA, a local MS-ACCESS database, and, in those instances where computer services are not available, via completion of SCANTRON forms that may be scanned and forwarded to the Naval Environmental Health Center. All three methods may be accessed at <https://www-nehc.med.navy.mil/edha>. Since this is a password protected system, passwords may be obtained from the NEHC point of contact, Mr. Azad Al-Koshnaw, at (757)-953-0938 or alkoshnawa@nehc.med.navy.mil.

All active and reserve component service members who have deployed to a named contingency, without a fixed medical facility, are required to complete the PDHRA within 90 to 180 days of return from deployment. Unit leadership is responsible for notifying individuals and relaying the need for screening. Active component screening will be completed by organic medical personnel supplemented by BSO 18 personnel as needed. Reserve component members will be screened by Federal Occupational Health Services. Military Treatment Facility (MTF) Plans Operations Medical Intelligence (POMI) officers will prepare rosters of required medical personnel from MTFs.

Our medical personnel continue to perform heroically while deployed in support of our fighting forces and experience the same combat related stresses. It is imperative that we serve the needs of these personnel, particularly those individual augmentees

NAVMED POLICY: 06-004

who may not have a supportive network of peers with whom to share their experiences on their return. Please make sure all of your personnel complete the PDHRA as required.

My BUMED points of contact in this matter are CDR Amy Lindberg, LCDR Maurice Morales and LT David Gribben, who may be reached at (202)762-3016 or (202)762-3059 or e-mail: phdra@us.med.navy.mil.



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