

**BY THE ORDER OF THE COMMANDER  
NORTH AMERICAN AEROSPACE  
DEFENSE COMMAND (NORAD) AND  
UNITED STATES NORTHERN COMMAND  
(USNORTHCOM)**

**NORAD AND USNORTHCOM  
INSTRUCTION 44-163**

**19 APRIL 2012**

**Medical**

**INDIVIDUAL MEDICAL READINESS**



**COMPLIANCE WITH THIS PUBLICATION IS MANDATORY**

**ACCESSIBILITY:** NORAD and USNORTHCOM publications and forms are available on the Headquarters NORAD and USNORTHCOM portal page for downloading at <https://operations.noradnorthcom.mil/C1/Library/Web%20Part%20Pages%20%20Functional%20Topics/Command%20Publications%20and%20Forms.aspx>. All other publications and forms are available at the organizations website.

**RELEASABILITY:** There are no releasability restrictions on this publication.

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This instruction implements Department of Defense Instruction (DODI) 6025.19, **Individual Medical Readiness (IMR)**, and DODI 6490.03, **Deployment Health**. It establishes guidance for individual medical readiness (IMR) status of deployable military, civilian, and contractor personnel designated to NORAD and USNORTHCOM, and component and subordinate commands and in the Chemical, Biological, Radiological, Nuclear (CBRN) Response Enterprise (National Guard and Reserve Component). This publication applies to National Guard on Title 10 status when activated with NORAD and/or USNORTHCOM and Reserve forces when assigned to NORAD and USNORTHCOM. Canadian forces assigned to NORAD shall comply with Defense Administrative Orders and Directives 5023-1, Canadian Forces Health Services Group Instruction 4000-1, **Periodic Health Assessment**. Send recommendations to change, add, or delete information in this instruction to the Office of Primary Responsibility (OPR) using the AF Form 847, **Recommendation for Change of Publication**; route AF Form 847 from the field through the appropriate functional's area chain of command. Maintain and dispose of records created as a result of prescribed processes in accordance with the Chairman Joint Chiefs of Staff Manual (CJCSM) 5760.01A, **Joint Staff and Combatant Command Records Management Manual: Volume I (Procedures)** and CJCSM 5760.01, **Joint Staff and Combatant Command Records Management Manual: Volume II (Disposition Schedule)**. The glossary of references and supporting information are found at **Attachment 1**.

**SUMMARY OF CHANGES**

This document is substantially revised and must be completely reviewed. This revision incorporates: clarification on the definitions of deployment versus temporary duty for the purposes of this instruction; added medical waiver request procedures (**Attachment 3** and **Attachment 4**); clearly defines the delegation of medical waiver authority to component surgeons; adds rabies vaccination to

the required immunizations listed in **Table 1.**; relocates pregnancy testing from laboratory tests to health screening; adds mental health assessments under health screenings to include pre and post deployment, added women's health exam requirements; added respirator fit testing as a possible health screening based on occupational requirements, added a section for required medical equipment, changed the attachments and made an assortment of administrative changes in order to comply with Air Force publication guidance changes.

## **1. Background.**

**1.1.** Deployed health service support infrastructure provides very limited medical care. United States medical facilities and other critical infrastructure may be severely damaged and unusable in the event of a disaster support of civil authorities' mission. For missions outside the United States, there may be limited fixed medical facilities available for use. All personnel (military, civilian, and contractor) should be medically evaluated and if deemed unable to comply with these requirements, be disqualified for deployment in accordance with service policy and this instruction until the non-deployable condition is cleared or a waiver for the non-deployable condition is approved. This Instruction sets forth the medical requirements necessary for NORAD and USNORTHCOM, and component and subordinate command personnel to successfully perform assigned duties and tasks.

**1.2.** Medical readiness is a commander and individual responsibility with organizational level oversight and execution. Each Service has a medical readiness program designed to support their Service-specific requirements. Deployable military, civilian, and contractor personnel are required to comply with Command and Service medical readiness requirements.

**1.3.** This Instruction constitutes a lawful order for deployable military personnel and compliance with this directive is a condition of employment for deployable civilian personnel. Failure to comply with mandatory provisions in **paragraphs 2.7., 2.7.1., through 2.7.5., and 3.3.1.** of this instruction by military personnel is a violation of Article 92, Uniform Code of Military Justice (UCMJ). Failure to comply with mandatory provisions in **paragraphs 2.6. and 3.** of this instruction by civilian personnel constitute a violation that may result in discipline and adverse actions in accordance with Chapters 43 and 75 and sections 1204(a)(2), 3103, 3105, 3321(a)(2), 3321(b), 4302, 5501, 7323-7325, 7351, 7513, 7521, and 7532 of title 5, United States Code.

**1.4.** This Instruction contains contractor requirements. Compliance with the IMR requirements is the responsibility of the contractor and individual contractor personnel only when such requirements are incorporated into the terms and conditions of applicable contracts. NORAD and USNORTHCOM requiring activities shall provide Government contracting officers' medical readiness requirements for contractor personnel for inclusion into applicable contracts. When these requirements are included in applicable contracts, failure to comply may result in action against the contractor as provided for in the contract.

**1.5.** Baseline IMR requirements for the USNORTHCOM AO are determined by potential health risks and vulnerabilities from country analyses performed by the National Center for Medical Intelligence.

**1.6.** Upon notification of a deployment, the NORAD and USNORTHCOM Command Surgeon will validate current medical readiness requirements based on the specific missions and deployment locations. The command surgeon will identify additional medical requirements as required.

1.6.1. For medical purposes, the definition of deployment is travel to or through the USNORTHCOM area of operations in response to or in connection with a contingency and/or emergency.

1.6.2. Temporary Duty (TDY) is defined as missions not in response to or in connection with a contingency or emergency.

1.7. National Guard when in a Title 10 status and Reserve forces assigned to NORAD and USNORTHCOM, and component and subordinate commands shall comply with this Instruction.

## **2. Responsibilities.**

### **2.1. Component and subordinate commanders will:**

2.1.1. Ensure personnel who deploy in support of operations complete deployment processing activities (e.g., continuous maintenance of IMR status, pre- and post-deployment clearance actions).

2.1.2. Ensure civilians and contractors who are subject to deployment for civil support missions meet requirements within this Instruction.

2.1.3. Ensure units that have union affiliations coordinate these requirements and bargaining units and the collective labor agreements accordingly.

### **2.2. Component and subordinate J1 will:**

2.2.1. Provide rosters, as required, of assigned or attached NORAD and USNORTHCOM, and component and subordinate unit personnel to the unit designated to track deployments within the combatant, component or subordinate command. Selected individual(s) is hereafter referred to as the deployment monitor (DM).

2.2.2. Reconcile personnel "data match" discrepancies between service IMR data systems and command personnel data systems.

2.2.3. Brief new arrivals on their responsibilities regarding IMR requirements to include:

2.2.3.1. Maintain IMR requirements to ensure preparedness for deployment.

2.2.3.2. Ensure required pre and post-deployment actions are completed in accordance with DODI 6490.03.

2.2.4. Direct personnel to complete missing IMR elements through the medical treatment facility (MTF) where they are empanelled/enrolled to maintain IMR, or the nearest MTF capable of providing services to complete IMR actions.

### **2.3. Component and subordinate command DMs will:**

2.3.1. Obtain access to and utilize IMR systems in order to facilitate deployments.

2.3.2. Prepare IMR reports consisting of the following:

2.3.2.1. Personnel current on IMR requirements.

2.3.2.2. Personnel requiring compliance actions with IMR requirements.

2.3.3. Provide IMR report to N-NC/J1 to direct personnel to complete missing IMR elements.

2.3.4. Provide reports to commanders and senior staff as requested/required.

**2.4.** NORAD and USNORTHCOM Command Surgeon will provide N-NC/J1; command DMs, and contracting officers with baseline medical and/or Force Health Protection (FHP) requirements for personnel in deployment positions.

**2.5. NORAD and USNORTHCOM, and component and subordinate command surgeons will:**

2.5.1. Verify no person is deploying with a medical condition listed in DODI 6490.07 *Deployment-Limiting Medical Conditions for Service Members and DOD Civilian Employees*.

2.5.2. Medical waivers may be granted on a case-by-case basis in accordance with the procedure outlined in **Attachment 2, Attachment 3** and **Attachment 4**. Final medical waiver approval authority lies with the USNORTHCOM Surgeon.

2.5.2.1. Waiver authority has been delegated to the USNORTHCOM component surgeons for all personnel within their respective component.

2.5.2.2. Waiver authority for personnel belonging to organizations such as the Defense Intelligence Agency who are not directly affiliated with a particular USNORTHCOM component command will reside with the USNORTHCOM Surgeon.

2.5.2.3. All adjudicating surgeons will maintain a waiver database and record all waiver requests.

2.5.2.4. If the submitting unit disagrees with the component surgeon's decision, an appeal may be submitted to the USNORTHCOM Surgeon. If the disagreement is with the USNORTHCOM Surgeon's decision, an appeal may be submitted through the chain of command to the USNORTHCOM Chief of Staff.

2.5.3. Combatant, component, and subordinate command surgeon offices will provide guidance to civilian health care providers to properly assess DOD civilian or contractors if required.

**2.6. NORAD and USNORTHCOM, and component and subordinate commands requiring activities (offices that use contract support) will:**

2.6.1. Comply with this Instruction and NNCHOI64-142, *Contractor Deployment Planning*.

2.6.2. Contact the Contracting Officer Representative (COR) who must coordinate contractor personnel deployment with the cognizant contracting officer. This coordination will include requesting a contract modification to obtain the required contingency support and the appropriate language for inclusion in that modification to implement the guidance contained within this Instruction.

2.6.3. Notify N-NC/J44 and DM if contractor personnel are directed to deploy in support of contingencies.

2.6.4. Work with the COR to obtain contractor documentation to demonstrate compliance with this Instruction.

**2.7. NORAD and USNORTHCOM, and component and subordinate command personnel will:**

2.7.1. Comply with applicable requirements in this Instruction within ninety (90) days from the date of approval, or within 90 days of reporting into NORAD and USNORTHCOM, and component and subordinate commands.

2.7.2. Report to their respective NORAD and USNORTHCOM, and component and subordinate command DMs in accordance with service specific policy to complete an annual records review.

2.7.3. Provide documentation of compliance with this Instruction when requested.

2.7.4. Notify the DM and provide documentation of any changes in health which could impact an individual’s ability to comply with requirements of this Instruction.

2.7.5. Coordinate with the DM to ensure compliance with any additional medical pre-deployment and post-deployment requirements upon return from deployment.

**3. Medical Readiness Program Requirements.**

**3.1.** The NORAD and USNORTHCOM Medical Readiness Program consists of immunizations, laboratory tests and medical/dental health screenings.

**3.2.** The required immunizations are in **Table 1.** and will be administered in accordance with the joint medical services publication *Immunizations and Chemoprophylaxis*.

**Table 1. Required Immunizations.**

| Immunizations                | Requirements  |
|------------------------------|---|
| Hepatitis A                  | A two dose series required once.  |
| Hepatitis B                  | A three dose series.  |
| Influenza                    | Required every influenza season.  |
| Tetanus-diphtheria pertussis | Booster required every 10 years.  |
| Smallpox                     | In accordance with current DOD policy for personnel designated for the CBRN Response Enterprise.<br>- Active duty, DOD civilians, and contractors: in accordance with the Exception to Policy letter dated 21 January 2011*.<br>- National Guard and Reserve Component personnel: Awaiting policy change. |
| Anthrax                      | In accordance with current DOD policy for personnel designated for the CBRN Response Enterprise.<br>- Active duty, DOD civilians, and contractors: in accordance with the Exception to Policy letter dated 21 January 2011*.<br>National Guard and Reserve Component personnel: Awaiting policy change.   |
| Typhoid                      | In accordance with current DOD policy.  |

|  |   |
|--|---|
| Measles, Mumps, and Rubella (MMR)  | One dose; none required when born prior to 1957; a second dose may be required; waiver possible with history of measles documented by a health care worker or laboratory evidence of immunity.  |
| Oral Polio Vaccine/Inactivated Polio Vaccine (OPV/IPV)   | One dose as an adult unless childhood immunizations documented.   |
| Varicella  | Two doses; waiver possible with history of varicella or herpes zoster documented by a health care worker or laboratory evidence of immunity.  |
| Rabies   | Pre-exposure rabies vaccine series is required for high risk occupations (e.g. veterinarians, veterinary technicians, military working dog and other animal handlers, special operations personnel, wildlife and animal control personnel and personnel who cannot be evacuated within 10 days of being bitten.). |
| * Assistant Secretary of Defense for Health Affairs Memorandum for Commander, U. S. Northern Command titled Exception to Policy Request for Smallpox and Anthrax Vaccinations for Selected North American Aerospace Defense Command and United States Northern Command Forces dated 21 January 2011. |   |

### 3.3. Laboratory tests.

3.3.1. Personnel are required to provide blood type/Rh factor information unless documented in medical record.

3.3.2. The required laboratory tests are at **Table 2**.

**Table 2. Required Laboratory Tests.**

| Required Laboratory Test                 | Frequency of Testing   |
|--|--|
| Human immunodeficiency virus (HIV) Test  | Every 24 months.   |
| Tuberculosis (TB) Skin Test              | Documented baseline as well as 90 days post deployment from high risk/endemic area.    |
| Glucose-6-Phosphate Dehydrogenase (G6PD) | Required once.   |
| Serum Sample                             | Must be collected within one year of deployment and within 30 days after redeployment. |

### 3.4. Health screening requirements:

3.4.1. The required health screens are required at **Table 3**.

**Table 3. Required Health Screening.**

| Required Health Screening            | Reason  |
|--------------------------------------|---|
| Deoxyribonucleic Acid (DNA) Specimen | Validated by AFSSIR.  |
| Pregnancy Test                       | Pregnancy is a disqualifying factor for deployment within the USNORTHCOM AOR. |

|   |   |
|---|---|
|   | Query female deployers as to pregnancy status to confirm member is not pregnant and conduct laboratory screening (within 30 days of deployment) if member is uncertain of her status and/or requests testing.   |
| Optometry   | If vision correction is required to perform their duties, member must have two pair of glasses, one pair of protective mask inserts, and a copy of their prescription.  |
| Dental  | Verify member is dental class I or II as documented by the Service IMR system. Contractors will furnish documentation in accordance with the contract.  |
| Medical Fitness   | Uniformed personnel and DOD civilian employees must comply with DODI 6490.07, <i>Deployment-Limiting Medical Conditions for Service Members and DOD Civilian Employees</i> . Uniformed personnel must also comply with Service-specific requirements. Civilian personnel (in addition to pre-employment requirements) must have a health care provider complete NORAD and USNORTHCOM Summary of Medical Fitness, N-NC Form 11, NORAD and USNORTHCOM Summary of Medical Fitness, and submit the form to the DM. Contractor will furnish documentation in accordance with the contract. Canadian Forces Personnel shall complete N-NC Form 12, Annual Readiness Verification. |
| Mental Health Assessments of the Armed Forces Deployed in Connection with a Contingency Operation | <ol style="list-style-type: none"> <li>1. Within 2 months before the estimated date of deployment;</li> <li>2. Between 3 and 6 months after return from deployment;</li> <li>3. Between 7 and 12 months after return from deployment;</li> <li>4. Between 16 and 24 months after return from deployment.</li> </ol>   |
| Medication  | Deploy with prescription medications, at a minimum, for the anticipated length of deployment plus 30 days.  |
| Medical Threat Brief  | Receive a location and incident specific medical threat brief.  |

|  |  |
|--|--|
| DD Form 2795, Pre-Deployment Health Assessment Questionnaire | Complete annually upon assignment as a response force and reconfirm as needed prior to deployment.   |
| DD Form 2796, Post-Deployment Health Assessment              | If DD Form 2795 required, complete DD Form 2796 as close to redeployment as possible but NET 30 days before expected redeployment, and NLT 30 days after redeployment. Reserve/Guard Components must complete before release from active duty. |
| DD Form 2900, Post-Deployment Health Reassessment            | If DD Form 2795 required, must complete the DD Form 2900 between 90 and 180 days of redeployment.  |

3.4.2. There is limited women's health support in the deployed environment. Pre-deployment pap smears, mammograms, contraceptive counseling and prescription management should be recent enough so as to remain current through the deployment period.

3.4.3. The following health screenings may be required based on the deployment location, occupation, or other factors, see **Table 4**.

**Table 4. Possible Health Screenings.**

| Possible Health Screening | Reason                                 |
|---------------------------|--|
| Respirator Fit Test       | In accordance with current DOD policy. |

#### 4. Additional Procedures.

4.1. The Government may provide immunizations, laboratory test, and medical/dental health screenings required by this Instruction to non-military personnel to include contractor personnel.

#### 5. Medical Equipment.

5.1. Personnel who require medical equipment must deploy with all required items in their possession to include two pairs of eyeglasses, protective eyewear, industrial respirators, hearing aids, and extra batteries.

5.2. Due to limitations in medical maintenance, logistics, infection control protocols and the potential for unreliable electricity, certain durable medical equipment such as CPAP and TENS are not permitted. A waiver for a medical condition requiring personal durable medical equipment will also be considered applicable to the equipment.

5.3. Deploying personnel requiring medical alert tags will deploy with red medical alert tags worn in conjunction with their personal identification tags.

DAVID L. SHIVELEY, CAPT, USN, MC  
Command Surgeon

**Attachment 1**

GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION

***References***

DODI 6025.19, *Individual Medical Readiness (IMR)*, 3 January 2006

DODI 6490.03, *Deployment Health*, 11 August 2006

DODI 6490.07, *Deployment-Limiting Medical Conditions for Service Members and DOD Civilian Employees*, 5 February 2010

Canadian Defence Administrative Orders and Directives 5023-1, *Minimum Operational Standards Related to Universality of Service*, 8 May 2006

Canadian Forces Health Services Group Instruction 4000-1, *Periodic Health Assessment*, 16 August 2010

NNCHOI64-142, *Contractor Deployment Planning*, 1 April 2009

***Adopted Forms***

DD Form 2795, *Pre-Deployment Health Assessment Questionnaire*

DD Form 2796, *Post-Deployment Health Assessment*

DD Form 2900, *Post-Deployment Health Reassessment*

***Prescribed Forms***

N-NC Form 11, *NORAD and USNORTHCOM Summary of Medical Fitness*

N-NC Form 12, *Annual Readiness Verification*

## Attachment 2

### USNORTHERN COMMAND SURGEON'S OFFICE WAIVER PROCESS

A2.1. U.S. Northern Command (USNORTHCOM) must be prepared to support international partners and US civil authorities in the event of natural and man-made disasters as well as acts of terrorism. Medical readiness is a key measure for mission success. Conditions that are non-limiting in a normal stateside environment can become a critical handicap in a disaster or austere environment where medical care and ancillary services may be affected rendering them limited or non-existent. It is our desire to maximize the number of personnel able to deploy but we must consider each individual's health and safety during deployment.

A2.2. The USNORTHCOM Surgeon's office has established individual medical readiness (IMR) requirements in order to optimize the health of responding forces. These requirements are based on current medical intelligence reports for the USNORTHCOM area of operations and limitations deployed units face.

A2.3. While an individual may be denied the ability to deploy by policy, authority to approve deployment of medically limited individuals lies solely with the USNORTHCOM Surgeon or those designated individuals as delegated by the USNORTHCOM Surgeon.

A2.4. For personnel whom their command needs to deploy but do not meet the USNORTHCOM IMR requirements, a medical waiver request must be submitted through their chain of command to include their command's surgeon's office. The waiver process is delineated below.

A2.4.1. Complete the USNORTHCOM Medical Waiver Request.

A2.4.2. Obtain necessary supplemental information for waiver request.

A2.4.3. Submit waiver packages electronically to [northcomisosdl@northcom.mil](mailto:northcomisosdl@northcom.mil).

A2.4.4. Waiver packages will be reviewed and any needed supplemental information will be requested before final disposition by the NORTHCOM Surgeon.

A2.4.5. Final approval or denial will be provided to the requesting Surgeon's Office via e-mail.

A2.4.6. Signed waiver requests must be included in the patient's medical record and annotated in any electronic medical records.

### Attachment 3

#### USNORTHCOM MEDICAL WAIVER REQUEST PROCESS

A3.1. The medical waiver request is assembled electronically and will require documentation to be scanned for transmission in electronic format. The waiver request will be used by the USNORTHCOM Surgeon or designated appointee to note the disposition of the waiver request and will be returned to the individual submitting the request. Please include as much information as possible as this will decrease follow-up questions and speed decision making. Include only medical information that is pertinent to the waiver request and on a need-to-know basis that is Health Insurance Portability and Accountability Act (HIPAA) compliant.

#### A3.2. USNORTHCOM Medical Waiver Request

##### A3.2.1. Medical Case Summary (to be completed by health care provider)

A3.2.1.1. History of condition

A3.2.1.2. Date of onset/diagnosis

A3.2.1.3. Previous treatments

A3.2.1.4. Current treatments

A3.2.1.5. Limitations or symptoms imposed by condition and/or treatment

A3.2.1.6. Prognosis

A3.2.1.7. Required follow-up (nature and frequency)

##### A3.2.2. Enclosures (as necessary to support request)

A3.2.2.1. Specialty consultations needed to establish diagnosis, treatment plan, and prognosis.

A3.2.2.2. Lab reports, pathology reports, tissue examinations to demonstrate a pattern of stability

A3.2.2.3. Reports of relevant studies: x-rays, pictures, films, or procedures (ECG, echocardiogram, catheterization, endoscopic procedures, etcetera)

A3.2.2.4. Summaries and past medical documents (hospital summaries, profiles, etcetera)

A3.2.2.5. Reports of proceedings (tumor boards, medical evaluation boards, etcetera)

##### A3.2.3. Commander/Director Documentation

A3.2.3.1. Statement of request to deploy an individual with a non-deployable status:

A3.2.3.1.1. Individual's criticality to the mission

A3.2.3.1.2. Changes in individual's duty assignment (if any)

A3.2.3.1.3. Individual's job description and anticipated duties, hours, work environment, etcetera

A3.2.3.1.4. Other comments supportive of deployment

##### A3.2.4. Privacy Act and HIPAA Notice

A3.2.4.1. All waiver requests and responses should include appropriate language notifying the recipient of proper use, and disposition of, information contained in these communications. An example is provided as follows:

“For Official Use Only: This document may contain information exempt from mandatory disclosure under the Freedom of Information Act (FOIA) of 1986 {Public Law 99-570, 5 USC 552(B)}. This information is also protected by the Privacy Act of 1974 and the Health Insurance Portability and Accountability Act (HIPAA) of 1996 {Public Law 104-191} and any implementing regulations. It must be safeguarded from any potential unauthorized disclosure. If you are not the intended recipient, please contact the sender by reply e-mail and permanently delete/destroy all copies of the original message. Unauthorized possession and/or disclosure of protected health information may result in personal liability for civil and federal criminal penalties.”

**Attachment 4**

**USNORTHCOM MEDICAL WAIVER REQUEST**

**A4.1. USNORTHCOM Medical Waiver Request.**

|  |                            |
|--|----------------------------|
| Patient Name (Last, First, MI)   | SSN (Last 4):              |
| DOB:   | Age: Sex:                  |
| Diagnosis (ICD9):  |                            |
| Status:  | Rank: Service:             |
| MOS/NEC/Job Description:   | Years of Service:          |
| Home Station/Unit:   |                            |
| # of Previous Deployments:   | Locations:                 |
| Previous waivers (Y/N):  |                            |
| Deployment Date:   | Deployment Location:       |
| Length of Deployment:  | Unit Medical Capabilities: |
| Waiver POC:  |                            |
| <p>For Official Use Only: This document may contain information exempt from mandatory disclosure under the Freedom of Information Act (FOIA) of 1986 {Public Law 99-570, 5 USC 552(B)}. This information is also protected by the Privacy Act of 1974 and the Health Insurance Portability and Accountability Act (HIPAA) of 1996 {Public Law 104-191} and any implementing regulations. It must be safeguarded from any potential unauthorized disclosure. If you are not the intended recipient, please contact the sender by reply e-mail and permanently delete/destroy all copies of the original message. Unauthorized possession and/or disclosure of protected health information may result in personal liability for civil and federal criminal penalties.</p> |                            |

**Case Summary:**

**A4.2. USNORTHCOM Medical Waiver Request Instructions**

1. Patient Name – enter patient’s name in last, first, middle initial format.
2. SSN – enter only the last four digits of the patient’s social security number.
3. DOB – enter the date of birth in a *DDMMYYYY* format.
4. Age – age in years.
5. Sex – M or F.
6. Diagnosis – enter the ICD9 codes for each of the patient’s medical conditions.
7. Status – enter active/reserve/civilian.
8. Rank – enter the patient’s rank or rate.

9. Service – list the applicable service the patient belongs to. For civilians, list their organization such as CDC, FDA, USNORTHCOM, etcetera.
10. MOS/NEC/Job Description – enter the military job designation or a brief job description (e.g. 2100 physician, communications technician, data analyst).
11. Years of Service – enter the number of years service the patient has completed.
12. Home Station/Unit – list the patient’s home station and the unit they are attached to.
13. # of Previous Deployments – list the number of deployments the patient has previously completed.
14. Locations – list the locations of the previous deployments.
15. Previous Waivers – did the patient have a previous waiver for these deployments.
16. Deployment Date – list the deployment date for the deployment for this waiver request.
17. Deployment Location – list the location for the deployment for this waiver request.
18. Length of Deployment – list the anticipated length for this deployment.
19. Unit Medical Capabilities – list the medical capabilities that the unit will have (e.g. physician, Independent Duty Corpsman, medic, none, etcetera).
20. Waiver POC – list the name, phone number and e-mail of the provider submitting the waiver request.
21. Case Summary – this is to be completed by the health care provider and is to include the clinical information necessary to make a case disposition as noted in A3.2.1.1. through A3.2.1.7. Use additional sheets as necessary.