

***** UNCLASSIFIED// *****

Subject: MEDICAL GUIDANCE FOR DEPLOYMENT TO SOUTHCOM

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Cc: USSOUTHCOM C4I(MC), USSOUTHCOM ENTERPRISE SUPPORT(MC), USSOUTHCOM POLICY AND STRATEGY(MC), USSOUTHCOM RESOURCES AND ASSESSMENTS(MC), USSOUTHCOM SECURITY AND INTELLIGENCE(MC), USSOUTHCOM STABILITY(MC), COMJTF-B SIMS SOTO CANO HO, JTF BRAVO(MC), JTF GTMO(MC), JTF HAITI(MC), DICCOMNAVSOUTH, MARFORSOUTH FPSCO(SC), MARFORSOUTH(MC), HQ USARSO G2 FT SAM HOUSTON TX, USARSO CMD GRP(SC), USARSO G3(SC), COMSOC SOUTH(MC), JIATF SOUTH J3(MC), DEPT OF STATE WASHINGTON DC, CJCS NMCC WASHINGTON DC, CDR USPACOM HONOLULU HI(SC), EUCOM J1 DIRECTORATE(MC), EUCOM J2 DIRECTORATE(MC), EUCOM J4 DIRECTORATE(MC), EUCOM J6 DIRECTORATE(MC), AFRICOM JOC CHIEF(MC), HQ AFRICOM(MC), CDR USCENTCOM(MC), USCENTCOM CCJ3(MC), USCENTCOM COMMAND CENTER(MC), CDR USSOCOM(MC), USSOCOM WASHINGTON OFFICE(MC), CDR USJFCOM JWFC SUFFOLK VA(MC), CDR USJFCOM NORFOLK VA(MC), HQ USJFCOM NORFOLK VA(MC), JFCOM J3(MC), CDR USTRANSCOM(SC), CDR USSTRATCOM(SC), CNO WASHINGTON DC(SC), CSAF WASHINGTON DC, JOINT STAFF J3 NMCC OPS(SC), SECSTATE WASHINGTON DC, N-NC J4(SC)

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REF/A/ JOINT STAFF MEMO ON DEPLOYMENT HEALTH SURVEILLANCE AND READINESS (MSM-0028-07)/02 NOVEMBER 2007

REF/B/ DEPARTMENT OF DEFENSE DIRECTIVE 6200.04 "FORCE HEALTH PROTECTION"/9 OCTOBER 2004/ WEBSITE,

[HTTP://WWW.DTIC.MIL/WHs/DIRECTIVES/CORRES/PDF/620004P.PDF](http://www.dtic.mil/whs/directives/corres/pdf/620004p.pdf)

REF/C/DODI 6490.3/DEPLOYMENT HEALTH/11 AUG 06//

REF/D/ OSD (P&R) MEMO ON ENHANCED POST-DEPLOYMENT HEALTH ASSESSMENTS/22 APRIL 2003/WEBSITE, [HTTP://AMSA.ARMY.MIL/DOCUMENTS/DOD_PDFS/EPDA-042003.PDF](http://amsa.army.mil/documents/dod_pdfs/epda-042003.pdf)

REF/E/ OASD (HA) MEMO "POST DEPLOYMENT HEALTH REASSESSMENT"/10 MARCH 2005/WEBSITE, [HTTP://WWW.PDHEALTH.MIL/DOWNLOADS/POST-](http://www.pdhealth.mil/downloads/post-deployment_health_reassessment.pdf)

[DEPLOYMENT_HEALTH_REASSESSMENT.PDF](http://www.pdhealth.mil/downloads/post-deployment_health_reassessment.pdf)

REF/F/ DODI 6490.07/ DEPLOYMENT -LIMITING MEDICAL CONDITIONS FOR SERVICE MEMBERS AND DOD CIVILIAN EMPLOYEES / 05FEB2010

REF /G/ NATIONAL CENTER FOR MEDICAL INTELLIGENCE (NCMI)

[HTTPS://WWW.INTELINK.GOV/NCMI/](https://www.intelink.gov/ncmi/)

REF/H/ CDC TRAVELERS HEALTH WEBPAGE [HTTP://WWW.CDC.GOV/TRAVEL/](http://www.cdc.gov/travel/)

REF/I/ ARMED FORCES PEST MANAGEMENT BOARD, [HTTP://WWW.AFPMB.ORG/](http://www.afpmb.org/)

REF/J/ AMS/SOUTHCOM/J4/021647ZMAY11/MEDICAL WAIVER GUIDANCE FOR DEPLOYMENT TO SOUTHCOM/

1. (U) THIS MESSAGE PROVIDES GENERAL MEDICAL GUIDANCE FOR DEPLOYMENT TO THE SOUTHCOM AREA. THERE MAY BE SUPPLEMENTARY MISSION OR EXERCISE SPECIFIC GUIDANCE ISSUED SEPARATELY. PARAGRAPH TWO DETAILS REQUIRED VACCINATIONS, PARAGRAPH THREE COVERS REQUIRED PRE AND POST DEPLOYMENT TESTING, PARAGRAPH FOUR COVERS PREVENTIVE MEDICINE AND PERSONAL PROTECTIVE EQUIPMENT, PARAGRAPH FIVE COVERS THE MEDICAL THREAT ENVIRONMENT, PARAGRAPH SIX COVERS FIELD SANITATION AND HYGIENE, PARAGRAPH SEVEN COVERS REQUIRED PRE AND POST DEPLOYMENT HEALTH ASSESSMENTS.

2. (U) VACCINATIONS.

2.A. (U) ENSURE ALL PERSONNEL ARE CURRENT FOR ROUTINE ADULT VACCINATIONS. DO NOT DELAY DEPLOYMENT PENDING COMPLETION OF IMMUNIZATION SERIES:

2.A.(1) (U) HEPATITIS A VACCINE (SERIES COMPLETE, OR DOSE ONE PRIOR TO DEPARTURE).

2.A.(2) (U) HEPATITIS B VACCINE (SERIES COMPLETE, OR DOSE ONE PRIOR TO DEPARTURE).

2.A.(3) (U) POLIO AND MEASLES/MUMPS/RUBELLA VACCINE. IAW DOD POLICY, IT IS ASSUMED ALL POST-ACCESSION PERSONNEL ARE IMMUNE TO THESE DISEASES AND DO NOT REQUIRE IMMUNIZATION. DOCUMENTATION OF IMMUNITY OR IMMUNIZATION REQUIRED FOR ALL CIVILIAN DEPLOYERS.

2.A.(4) (U) VARICELLA. REQUIRED FOR PERSONNEL WITHOUT EVIDENCE OF IMMUNITY TO VARICELLA. EVIDENCE OF IMMUNITY IN ADULTS INCLUDES ANY OF THE FOLLOWING: DOCUMENTATION OF 2 DOSES OF VARICELLA VACCINE 4 WKS APART, US BORN BEFORE 1980 (NOT FOR HEALTHCARE PERSONNEL), HISTORY OF VARICELLA BASED ON DIAGNOSIS OR VERIFICATION BY HEALTHCARE PROVIDER, OR LABORATORY EVIDENCE OF IMMUNITY (TITER). DOCUMENTATION OF STATUS INTO THE MEDICAL RECORD AND SERVICE IMMUNIZATION DATABASE IS REQUIRED.

2.A.(5) (U) TETANUS-DIPHTHERIA IN PAST 10 YEARS: A ONE-TIME DOSE OF TETANUS-DIPHTHERIA-PERTUSSIS (TDAP) IS REQUIRED IF NOT PREVIOUSLY RECEIVED AS AN ADULT AND IF MORE THAN 2 YEARS HAVE ELAPSED FROM THE LAST TETANUS BOOSTER.

2.A.(6) (U) INFLUENZA VACCINE (CURRENT ANNUAL VACCINE).

2.A.(7) (U) TYPHOID VACCINE. (INJECTABLE OR ORAL), CURRENT PER PACKAGE INSERT WITHIN TWO YEARS FOR INJECTABLE OR FIVE YEARS FOR ORAL.

2.A.(8) (U) PNEUMOCOCCAL VACCINE. REQUIRED FOR ASPLENIC (NO SPLEEN) PERSONNEL, GIVE ONE REVACCINATION FIVE OR MORE YEARS AFTER INITIAL PNEUMOCOCCAL VACCINATION. RECOMMENDED ONE TIME DOSE FOR PERSONNEL WITH HIGH RISK HEALTH CONDITIONS PER ACIP. RECOMMENDED FOR PERSONS 55 OR OLDER. RECOMMENDED FOR ALL PERSONS HAVING COCHLEAR IMPLANT.

2.A.(9) (U) RABIES. PRE-EXPOSURE RABIES VACCINE SERIES IS REQUIRED FOR VETERINARY WORKERS, THOSE INVOLVED IN ANIMAL CONTROL, AND SPECIAL OPERATIONS PERSONNEL.

2.A.(10) (U) YELLOW FEVER. YELLOW FEVER (YF) VACCINATION IS COUNTRY-SPECIFIC.

2.A.(10)(A) (U) YF VACCINATION REQUIRED FOR ARGENTINA, BOLIVIA, BRAZIL, COLOMBIA, EQUADOR, GUYANA, PARAGUAY, PERU, SURINAME, FRENCH GUYANA, VENEZUELA AND URUGUAY. NOTE: THIS MILITARY VACCINATION REQUIREMENT MAY EXCEED NATIONAL ENTRY REQUIREMENTS OR CDC RECOMMENDATIONS FOR TRAVELERS.

2.A.(10)(B) (U) YF VACCINATION REQUIRED IF TRAVELING OUTSIDE THE CAPITAL/MAJOR CITIES OF PANAMA OR TRINIDAD. YF IS ENDEMIC IN THE EAST OF PANAMA AND IN THE MOUNTAINOUS INTERIOR OF TRINIDAD.

2.A.(10)(C) (U) YF VACCINATION NOT REQUIRED FOR CHILE, URUGUAY, CENTRAL AMERICA (COSTA RICA, NICARAGUA, HONDURAS, EL SALVADOR, GUATEMALA AND BELIZE) CARIBBEAN NATIONS (ANTIGUA AND BARBUDA, ARUBA, BAHAMAS, BARBADOS, DOMINICA, DOMINICAN REPUBLIC, GRANADA, GUADELOUPE, HAITI, JAMAICA, MARTINIQUE, MONSERRAT, ST KITTS AND NEVIS, SAINT LUCIA, ST VINCENT AND THE GRENADINES.

2.A.(10)(D) (U) IF TRAVELING TO AND FROM A YELLOW FEVER ENDEMIC COUNTRY LISTED IN (2.A.(10)(A) AND 2.A.(10)(B)) CARRY A COPY OF YOUR INTERNATIONAL CERTIFICATE OF VACCINATION OR PROPHYLAXIS (ICVP) TO PREVENT REVACCINATION BY HEALTH AUTHORITIES.

2.A.(11) (U) CHOLERA VACCINATION IS NOT REQUIRED. FDA HAS NO APPROVED VACCINE AND IT IS DOD PRACTICE TO USE ONLY FDA APPROVED VACCINES OR THOSE UNDER EXPERIMENTAL USE PROTOCOLS.

2.B. (U) TRACKING OF IMMUNIZATIONS WILL BE IAW SERVICE METHOD.

3. (U) TESTING. THE FOLLOWING TESTS AND/OR SCREENINGS ARE REQUIRED PRIOR TO DEPLOYMENT IAW WITH SERVICE STANDARDS.

3.A. (U) HUMAN IMMUNODEFICIENCY VIRUS (HIV) TESTING AND PRE-DEPLOYMENT SERUM SPECIMENS.

3.A.(1) (U) HIV SCREENING WILL BE WITHIN THE PREVIOUS 24-MONTHS PRIOR TO DEPLOYMENT. RESERVE COMPONENT (RC) PERSONNEL ARE REQUIRED TO HAVE CURRENT HIV TEST WITHIN TWO YEARS OF THE DATE CALLED TO ACTIVE DUTY FOR 30-DAYS OR MORE. HIV TESTING IS NOT REQUIRED FOR CIVILIAN (DA/DOD, CONTRACTOR, RED CROSS, AND AAFES) PERSONNEL. REFERENCE DA PAM 690-47, CHAPTER 1-38.

3.A.(2) (U) PRE-DEPLOYMENT SERUM SPECIMENS FOR MEDICAL EXAMINATIONS WILL BE COLLECTED WITHIN ONE YEAR OF DEPLOYMENT. THE MOST RECENT SERUM SAMPLE, INCLUDING SERUM COLLECTED FOR HIV TESTING, COLLECTED WITHIN THE PREVIOUS 365-DAYS OF THE DATE OF THE DEPLOYMENT MAY SERVE AS THE PRE-DEPLOYMENT SERUM SAMPLE.

3.A.(3) (U) THERE IS NO REQUIREMENT FOR HIV TESTING FOLLOWING REDEPLOYMENT. HOWEVER, THERE IS A REQUIREMENT FOR POST-DEPLOYMENT SERUM SAMPLE WITHIN 30-DAYS AFTER ARRIVAL AT THE DEMOBILIZATION SITE, HOME STATION, OR IN-PATIENT MEDICAL TREATMENT FACILITY FOR THE DOD SERUM REPOSITORY.

3.B. (U) DNA SAMPLE (ONLY ONE LIFETIME SAMPLE IS REQUIRED).

3.C. (U) G6PD DEFICIENCY. ALL PERSONNEL WILL BE SCREENED FOR G6PD DEFICIENCY WITH TEST RESULTS DOCUMENTED IN SERVICE READINESS RECORD, DD 2766, AND THE HEALTH RECORD. A SINGLE SCREENING TEST IS SUFFICIENT. PERSONNEL WITH G6PD DEFICIENCY WILL NOT RECEIVE PRIMAQUINE BUT WILL BE COUNSELED ABOUT MALARIA SYMPTOMS DURING AND AFTER EACH DEPLOYMENT.

3.D. (U) PREGNANCY TESTING. ALL DEPLOYING FEMALE SERVICE MEMBERS WILL BE ADMINISTERED A PREGNANCY TEST, WITHIN ONE MONTH PRIOR TO ACTUAL MOVEMENT OVERSEAS. FEMALE SERVICE MEMBERS WHO HAVE UNDERGONE A HYSTERECTOMY, HAD A BILATERAL TUBAL LIGATION, OR WHO ARE POST MENOPAUSAL ARE EXEMPT FROM THIS REQUIREMENT.

3.E. (U) FOR A SHORT DEPLOYMENT THIS PARAGRAPH MAY BE WAIVED PER SERVICE DIRECTOR OR CLINICAL DECISION. FOR FEMALE SERVICE MEMBERS DEPLOYING UP TO A YEAR, THERE IS NO REQUIREMENT FOR PAPANICOLAOU TEST (PAP SMEAR). FOR FEMALE SERVICE MEMBERS THAT ARE SCHEDULED FOR PERIODIC PAP SMEARS THEY WILL HAVE IT CONDUCTED PRIOR TO DEPLOYMENT IF THE ANTICIPATED REDEPLOYMENT DATE IS LATER THAN THE SCHEDULED DATE; UNLESS THEY MEET ONE OF THE FOLLOWING CRITERIA: (1) THEY ARE 30-YEARS OF AGE OR OLDER WITH NO HISTORY OF DYSPLASIA IN THE PAST AND THEY HAVE THREE CONSECUTIVE NORMAL PAP SMEARS. THESE WOMEN ARE REQUIRED TO HAVE HAD PAP SMEARS/CERVICAL CYTOLOGY EVERY THREE YEARS; (2) THE SERVICE MEMBER HAS HAD A HYSTERECTOMY WITH REMOVAL OF THE CERVIX FOR REASONS OTHER THAN CERVICAL DYSPLASIA OR CANCER (SHE IS PERMANENTLY EXEMPT FROM THE PAP SMEAR). THOSE WITH A HISTORY OF SUPRACERVICAL HYSTERECTOMY (CERVIX PRESENT) DO NOT HAVE A PERMANENT EXEMPTION. SERVICE MEMBERS WITH CERVICAL DYSPLASIA SHALL NOT BE DEPLOYED UNTIL THEIR CONDITION IS CONSIDERED RESOLVED AS FOLLOW UP CARE CAN NOT BE SUPPLIED DURING DEPLOYMENT.

3.F. (U) IAW SERVICE STANDARDS, FEMALE SERVICE MEMBERS AGE 25-YEARS OR YOUNGER WILL HAVE ANNUAL CHLAMYDIA TESTING.

3.G. (U) FOR A SHORT DEPLOYMENT THIS PARAGRAPH MAY BE WAIVED PER SERVICE DIRECTOR OR CLINICAL DECISION. FOR FEMALE SERVICE MEMBERS DEPLOYING UP TO A YEAR, THERE IS NO REQUIREMENT FOR MAMMOGRAM. FEMALE SERVICE MEMBERS (40-YEARS AND OLDER) ARE REQUIRED TO HAVE A MAMMOGRAM A MINIMUM OF EVERY TWO YEARS. MORE FREQUENT INTERVALS MAY BE INDICATED BASED ON PATIENT RISK FACTORS AND CLINICAL JUDGMENT.

3.H. (U) VISION READINESS. THE VISION READINESS OF EACH SERVICE MEMBER WILL BE ASSESSED WITHIN 12-MONTHS OF DEPLOYMENT. SERVICE MEMBERS CLASSIFIED AS VISION READINESS CLASSIFICATION ONE AND TWO ARE FULLY DEPLOYABLE. SERVICE MEMBERS IN CLASS THREE OR FOUR ARE NOT DEPLOYABLE. SERVICE MEMBERS WHO ARE IN CLASS THREE (UNCORRECTED VISION WORSE THAN 20/40 OR WHO DO NOT POSSES REQUIRED OPTICAL DEVICES) OR CLASS FOUR (LAST VISION SCREENING OR EYE EXAM IS GREATER THAN ONE YEAR OLD OR VISION CLASSIFICATION IS UNKNOWN) AT THE TIME OF SCREENING WILL IMMEDIATELY BE RECLASSIFIED AFTER OBTAINING CORRECTIVE VISION OR OPTICAL SERVICES.

3.I. (U) HEARING READINESS. IAW WITH SERVICE STANDARDS, DEPLOYING SERVICE MEMBERS ARE REQUIRED TO HAVE THEIR HEARING READINESS ASSESSED. DD FORM 2215 (REFERENCE BASELINE AUDIOGRAM) OR DD FORM 2216 (PERIODIC AUDIOGRAM) SHALL BE IN THEIR MEDICAL RECORD. IF THERE IS NO DD FORM 2215, THEN ONE WILL BE

COMPLETED BY QUALIFIED PERSONNEL USING THE DEFENSE OCCUPATIONAL ENVIRONMENTAL HEALTH READINESS SYSTEM HEARING CONSERVATION AUDIOMETER.

3.J. (U) IPPD OR IGRA SCREENING. NEGATIVE INTRADERMAL PURIFIED PROTEIN DERIVATIVE (IPPD) REACTION OR INTERFERON-GAMMA RELEASE ASSAY (IGRA), SUCH AS QUANTIFERON-TB GOLD AND QUANTIFERON-TB GOLD-IN-TUBE TEST, WITHIN THE 12-MONTHS PRIOR TO DEPLOYMENT.

3.J.(1) (U) FOR DEPLOYERS WITHOUT AN CURRENT TB TEST OR DOCUMENTATION AS A PREVIOUS TB CONVERTER, SCREENING WILL BE CONDUCTED PREDEPLOYMENT. FOR RAPID DEPLOYMENTS, 48HR OR LESS, IGRA TESTING IS PREFERED AS IPPD TESTING RESULTS WOULD HAVE TO BE READ ON SITE DURING THE DEPLOYMENT.

3.J.(2) DEPLOYMENT REQUIREMENTS. TB CONVERTORS WHO HAVE A PRIOR EVALUATION INCLUDING NEGATIVE CHEST X-RAY ARE DEPLOYABLE. PERSONNEL WHO HAVE RECENTLY CONVERTED THEIR IPPD/IGRA TO POSITIVE MUST BE EVALUATED MEDICALLY AND APPROPRIATELY CLEARED BY HISTORY AND CHEST X-RAY BEFORE BEING CONSIDERED FOR DEPLOYMENT.

3.J.(3) (U) POST-DEPLOYMENT REQUIREMENTS. SERVICE MEMBERS' EXPOSURE TO TB DURING DEPLOYMENT WILL BE ASSESSED IN THE POST-DEPLOYMENT HEALTH ASSESSMENT (PDHA). IF THE PDHA PROVIDER DETERMINES THAT A SERVICE MEMBER IS AT INCREASED RISK OF HAVING BEEN INFECTED WITH TB (I.E., INCREASE RISK IS DEFINED AS INDOOR EXPOSURE OF GREATER THAN ONE HOUR PER WEEK OR EXPOSURE TO A TB+ UNTREATED CASE), THE SERVICE MEMBER WILL BE SCREENED WITH AN IPPD/IGRA WITHIN 10-DAYS OF REDEPLOYMENT AND AGAIN THREE TO SIX MONTHS, IAW WITH SERVICE REQUIREMENTS AFTER REDEPLOYMENT TO THOSE WHO HAD A PREVIOUS NEGATIVE IPPD/IGRA. PERSONNEL WITH A PRIOR POSITIVE IPPD/IGRA SHOULD BE MEDICALLY SCREENED ONLY.

4. (U) PREVENTIVE MEDICINE AND PERSONAL PROTECTIVE EQUIPMENT (PPE).

4.A. (U) ALL DEPLOYING PERSONNEL (MILITARY AND DOD CIVILIAN) WILL DEPLOY WITH A DEPLOYABLE MEDICAL RECORD (DD FORM 2766) UPDATED WITH BLOOD TYPE, MEDICATION/ALLERGIES, SPECIAL DUTY QUALIFICATIONS, IMMUNIZATION RECORD, PRE-DEPLOYMENT HEALTH ASSESSMENT FORM, AND SUMMARY SHEET OF PAST MEDICAL PROBLEMS. UNITS WILL NOT DEPLOY WITH HEALTH AND DENTAL RECORDS. HEALTH AND DENTAL RECORDS WILL BE RETURNED TO HOME STATION FOLLOWING MOBILIZATION/DEPLOYMENT PROCESSING. RECORDS WILL BE RETURNED TO THE DEMOBILIZATION STATION FOR REVIEW DURING MEDICAL OUT-PROCESSING. UPON RETURN FROM THIS DEPLOYMENT, THE DA FORM 2766 WILL BE INTEGRATED INTO THE SERVICE MEMBER'S MEDICAL RECORD.

4.B. (U) A MINIMUM 30-DAY SUPPLY OF ALL CURRENT MEDICATIONS.

4.C. (U) VECTOR CONTROL ITEMS SEE AFPMB OPERATIONAL DIVISION (REF I).

4.C.(1) (U) INSECT REPELLENT, CLOTHING (APPLICATION IDA KIT), NSN: 6840-01-345-0237, ONE KIT PER UNIFORM IS RECOMMENDED FOR SERVICE UNIFORMS APPROVED FOR ITS USE. SEE AFPMB GUIDANCE ON IDA KIT COMPATABILITY OR NECESSITY AS SOME SERVICE UNIFORMS ARE PRETREATED OR DO NOT RETAIN REPELLENT.

4.C.(2) (U) INSECT REPELLENT, CLOTHING APPLICATION, AEROSOL, PERMETHRIN ARTHROPOD REPELLENT, 6-OZ CANS, NSN: 6840-01-278-1336, IS SUITABLE FOR USE IF THE IDA KIT IS NOT AVAILABLE OR APPROPRIATE.

4.C.(3) (U) INSECT/ARTHROPOD REPELLENT LOTION, NSN: 6840-01-284-3982, FOUR TUBES FOR INITIAL ISSUE.

4.C.(4) (U) BED NET, POP-UP, SELF-SUPPORTING LOW PROFILE BED NET (SSLPB), TREATED WITH PERMETHRIN REPELLENT, GREEN CAMOUFLAGE, NSN: 3740-01-516-4415) OR COYOTE BROWN, NSN: 3740-01-518-7310. IF THE POP-UP BED NETS ARE NOT READILY AVAILABLE, OBTAIN ANY OTHER MILITARY OR COMMERCIALY-AVAILABLE BED NET. THESE ARE CRITICAL TO PROTECTING SERVICE MEMBERS.

EXPECIALLY CRITICAL FOR THOSE TAKING DOXYCYCLINE FOR MALARIA PROPHYLAXIS.

4.D. GENERAL HEALTH CARE INDIVIDUAL ISSUED ITEMS

4.D.(1) (U) SUNSCREEN SPF-15 OR GREATER AND LIP BALM (NSN: 6508-01-265-0079).

4.D.(2) (U) SINGLE OR TRIPLE FLANGE EARPLUGS OR COMBAT ARMS EARPLUGS (NSN: 6515-01-466-2710).

4.D.(3) (U) WATER PURIFICATION TABLET IODINE (NSN: 6850-00-985-7166) OR OTHER WATER SANITIZATION PRODUCT FOR EMERGENCY USE.

4.D.(4) (U) WATERLESS HAND SANITIZER (NSN: 8520-01-490-7358).

4.E. (U) PERMITTED EQUIPMENT. PERSONNEL WHO REQUIRE MEDICAL EQUIPMENT (FOR EXAMPLE, CORRECTIVE EYEWEAR, HEARING AIDS, ORTHODONTIC EQUIPMENT) MUST DEPLOY WITH ALL REQUIRED ITEMS IN THEIR POSSESSION, TO INCLUDE TWO PAIRS OF EYEGLASSES, PROTECTIVE MASK EYEGLOSS INSERTS, BALLISTIC EYEWEAR INSERTS, AND HEARING AID BATTERIES.

4.F. (U) CONTACT LENSES. SERVICE MEMBERS WHO MUST WEAR CONTACT LENSES TO ACHIEVE VISION STANDARDS, WHO CANNOT SATISFACTORILY PERFORM THEIR MOS WITH THEIR BEST SPECTACLE CORRECTION, OR FALL BELOW VISION RETENTION STANDARDS WITH THEIR BEST SPECTACLE PRESCRIPTION SHALL NOT DEPLOY. CONTACT LENS WEAR IS NOT AUTHORIZED IN FIELD ENVIRONMENTS OR WHILE DEPLOYED. HOWEVER, SERVICE MEMBERS WITH SCLERAL CONTACTS MAY DEPLOY UNDER SPECIAL CIRCUMSTANCES AND LOCATIONS BUT WILL REQUIRE A MEDICAL WAIVER.

4.G. (U) THE IMPROVED FIRST AID KIT (IFAK) (NSN: 545-01-530-0929) IS ENCOURAGED FOR INDIVIDUAL SM ISSUANCE.

4.H. (U) OCCUPATIONAL/OPERATIONAL-SPECIFIC PERSONAL PROTECTIVE EQUIPMENT (PPE), MISSION ANALYSES MUST CONSIDER PPE REQUIREMENTS SUCH AS RESPIRATORS, N95 OR N100 MASKS WHEN CONDUCTING OPERATIONS THAT EXPOSE SERVICE MEMBER(SM) TO CONSTRUCTION /DESTRUCTION DUST (ASBESTOS OR SILICA RISK) OR FOR THOSE PROVIDING MEDICAL/DENTAL CARE. PERSONAL DOSIMETERS, GLOVES, INCLUDING LEATHER GLOVES DURING RECOVERY OPERATIONS. IF ADDITIONAL PPE IS WARRANTED BASED ON OPERATIONAL RISK, THE ON-SITE COMMAND MEDICAL OFFICER AND SOUTHCOM SURGEON WILL PROVIDE RECOMMENDATIONS. ON-SITE COMMANDERS AND PERSONNEL SHOULD ALSO EVALUATE THE NEED TO UPDATE PPE, BASED ON THEIR CONTINUING REEVALUATION OF OPERATIONAL RISKS.

4.H.(1) (U) PERSONAL DURABLE MEDICAL EQUIPMENT (E.G., CPAP, TENS, ETC.) IS NOT PERMITTED. MEDICAL MAINTENANCE, LOGISTICAL SUPPORT, AND INFECTION PREVENTION PROTOCOLS FOR PERSONAL MEDICAL EQUIPMENT IS NOT AVAILABLE AND ELECTRICITY IS UNRELIABLE.

4.I. (U) MALARIA IS PRESENT IN THE AOR SO CHEMOPROPHYLAXIS MAY BE REQUIRED BASED ON PROJECTED EXPOSURE. DRUG SELECTION WILL BE BASED UPON DRUG RESISTANCE AND DISEASES PRESENT IN THE SPECIFIC LOCATION (PLASMODIUM VIVAX, FALCIPARIUM OR MALARIAE).

4.I.(1) (U) MEDICAL OFFICERS AND COMMANDERS WILL USE AVAILABLE INFORMATION TO SPECIFY MISSION-SPECIFIC FORCE PROTECTION AGAINST MALARIA. FOR EXAMPLE, IN MALARIOUS COUNTRIES MANY OF THE CAPITALS AND MAJOR CITIES HAVE MINIMAL MALARIA RISK AS THE VECTORS ARE RARE AND THE HUMAN INFECTION RATES ARE LOW. LIMITED DURATION TDYS IN THESE AREAS FOR FORMAL MEETINGS WHERE HOUSING IS IN HOTELS OR FOR TRANSITING AIRCRAFT (RON OR STAGE) THE COMMAND MAY DECIDE NOT TO PLACE STAFF ON CHEMOPROPHYLAXIS.

4.I.(2) (U) BOTH FALCIPARUM AND VIVAX HAVE DEVELOPED DRUG RESISTANCE IN THE REGION AND THESE STRAINS HAVE EXPANDED GEOGRAPHICALLY. THEREFORE, HISTORICAL DRUG SELECTIONS SHOULD BE REVIEWED.

4.I.(3) (U) REVIEW, IN REF G, THE NATIONAL CENTER FOR MEDICAL INTELLIGENCE'S INFECTIOUS DISEASE RISK ASSESSMENTS (ORGANIZED BY COUNTRY) FOR MALARIA RISK MAPS AND ASSESSMENTS.

4.I.(4) (U) REVIEW CDC'S YELLOW BOOK(REF H) AND MALARIA PRE AND POST EXPOSURE PROPHYLAXIS DRUGS RECOMMENDATIONS EARLY IN PREDEPLOYMENT PLANNING ([HTTP://WWW.CDC.GOV/MALARIA/TRAVELERS/DRUGS.HTML](http://www.cdc.gov/malaria/travelers/drugs.html)) TO ASSIST WITH APPROPRIATE MEDICAL DECISIONS ON PROPHYLAXIS SELECTION. ROUTINE CHOICES ARE CHLOROQUINE (CHLOROQUINE SENSITIVE AREAS IN CENTRAL AMERICA, WITH THE EXCEPTION BEING GUATEMALA) DOXYCYCLINE, MALARONE AND RARELY MEFLOQUINE. IF NOT SPECIFIED IN MISSION ORDERS, CONTACT COCOM OR SERVICE SURGEON STAFF FOR GUIDANCE ON PROPHYLAXIS DRUG DECISIONS.

4.I.(5) (U) IN AREAS WHERE MALARIA IS ENDEMIC AND DEPLOYED MEDICAL SUPPORT CAN DIAGNOSE MALARIA THEY SHALL CARRY MALARIA TREATMENT MEDICATIONS.

4.I.(6) (U) CONFIRM ALL DEPLOYED PERSONNEL HAVE A G6PD TEST (AS PER PARA 3.C.). PROVIDE POST EXPOSURE PROPYLAXIS MEDICATIONS IF THE VIVAX MALARIA THREAT JUSTIFIES SUCH ISSUANCE.

5.A. (U) ENDEMIC DISEASES.

5.A.(1) (U) ACUTE DIARRHEAL DISEASES.

5.A.(1)(A) CHOLERA HAS RETURNED TO HAITI AND DOMINICAN REPUBLIC. IT IS EXPECTED TO SPREAD INTO OTHER COUNTRIES IN THE REGION. THEREFORE, IF SERVICE MEMBERS HAVE SEVERE DIARRHEA THEY SHOULD REPORT TO MEDICAL AUTHORITIES IMMEDIATELY. IF GOING TO AN AREA WITH CHOLERA OR RESPONDING TO A NATURAL DISASTER, UNITS ARE RECOMMENDED TO STOCK, ORAL REHYDRATION SALTS (NSN: 6505-01-197-8809).

5.A.(2) (U) VECTOR-BORNE DISEASES.

5.A.(2)(A) (U) VECTOR-BORNE DISEASES ARE TRANSMITTED BY MOSQUITOES, TICKS, LICE, AND FLEAS. OVERALL RISK TO DOD PERSONNEL IS MODERATE TO LOW IN GITMO. VECTOR-BORNE DISEASE, SUCH AS DENGUE, CAN SIGNIFICANTLY IMPACT FORCE HEALTH, UNLESS PREVENTIVE MEASURES ARE ENFORCED. AVOIDANCE OF VECTORS (24-HRS/DAY) IS KEY, INCLUDING HABITAT AWARENESS, PROPER WEAR OF UNIFORM/OTHER CLOTHING, AND USE OF PREVENTIVE MEASURES.

5.A.(2)(B) (U) DENGUE FEVER RISK IS REGIONAL AND OUTBREAKS ARE ROUTINELY RECOGNIZED ACROSS THE REGION. NUISANCE LEVELS OF MOSQUITOES MAY BE ENCOUNTERED. PERSONAL PROTECTIVE MEASURES AGAINST INSECT AND ARTHROPOD VECTORS OF DISEASE, TO INCLUDE USE OF INSECT REPELLENT, BED NETS, AND PROPER WEAR OF THE UNIFORM, ARE REQUIRED THROUGHOUT THE AOR AND MUST BE GIVEN HIGHEST PRIORITY (SEE PARA. 4.C. FOR MINIMAL PERSONAL ISSUE PPE)

5.A.(2)(C) (U) HANTA VIRUS OR RODENT BORNE PLAGUE MAY EXIST AND SO RODENT MANAGEMENT PRACTICES AND/OR AVOIDANCE OF HABITATS IS RECOMMENDED. IF RODENT FECES OR NESTING MATERIAL ARE ENCOUNTERED TO PROTECT INDIVIDUAL N95 MASKS MUST BE WORN DURING CLEAN UP OPERATIONS AND IMMEDIATE SHOWERING AND APPAREL LAUNDERING AT THE END OF THE DAY'S EXPOSURE.

5.A.(3) (U) FOOD-BORNE AND WATER-BORNE DISEASES: BACTERIAL AND PROTOZOAL DIARRHEA, HEPATITIS A, TYPHOID/PARATYPHOID FEVER, BRUCELLOSIS, CHOLERA, HEPATITIS E.

5.A.(3)(A) (U) ACUTE DIARRHEAL DISEASES CONSTITUTE THE GREATEST POTENTIAL INFECTIOUS DISEASE THREAT TO DOD MEMBERS DURING DEPLOYMENTS WHERE UNSAFE WATER AND FOOD ARE PRESENT. TO COUNTER THIS THREAT WHEN SUCH CONDITIONS EXIST: NO FOOD OR WATER (INCLUDING ICE) SHOULD BE CONSUMED UNLESS FIRST APPROVED BY US MILITARY MEDICAL AUTHORITIES. FIELD SANITATION AND HYGIENE WILL BE CONTINUALLY EMPHASIZED AND REQUIREMENTS FOLLOWED.

5.A.(3)(B) (U) THE RISK OF LEPTOSPIROSIS IS MINIMAL BUT COULD OCCUR AMONG PERSONNEL WADING OR SWIMMING IN BODIES OF WATER SUCH AS LAKES, STREAMS, OR IRRIGATED FIELDS. LEPTOSPIROSIS CAUSES DEBILITATING FEBRILE ILLNESS TYPICALLY REQUIRING ONE TO SEVEN DAYS OF INPATIENT CARE. SERVICE MEMBERS SHOULD AVOID CONTACT WITH FRESH SURFACE WATER, INCLUDING RIVERS, LAKES, AND IRRIGATED FIELDS.

5.A.(4) (U) RABIES.

5.A.(4)(1) (U) RABIES RISK IS ASSESSED BY NATIONAL CENTER FOR MEDICAL INTELLIGENCE (NCMI), [HTTPS://WWW.INTELINK.GOV/NCMI](https://www.intelink.gov/ncmi), GENERALLY AS LOW. HOWEVER, SERVICE MEMBERS BITTEN OR SCRATCHED BY POTENTIALLY INFECTED ANIMALS, INCLUDING DOGS, CATS, BATS, OR WILD CARNIVORES, MAY DEVELOP RABIES IN THE ABSENCE OF APPROPRIATE PROPHYLAXIS. RABIES IS A VERY SEVERE ILLNESS WITH NEAR 100% FATALITY RATE IN THE ABSENCE OF POST-EXPOSURE PROPHYLAXIS.

5.A.(4)(2) (U) IF BITTEN BY AN ANIMAL YOU ARE TO REPORT TO A MEDICAL AUTHORITY WHO WILL ASSESS WHETHER TO ADMINISTER HUMAN RABIES IMMUNE GLOBULIN (HRIG) AND RABIES VACCINE.

5.A.(5) (U) SEXUALLY TRANSMITTED DISEASES (STD): GONORRHEA, CHALMYDIA, HIV/AIDS, HEPATITIS B, SYPHILIS. ABSTINENCE IS THE ONLY WAY TO ENSURE PREVENTION OF A STD. IT IS OFTEN IMPOSSIBLE TO DETECT A STD IN A POTENTIAL PARTNER. LATEX CONDOMS SHOULD BE MADE AVAILABLE AND USED BY ALL CHOOSING TO BE SEXUALLY ACTIVE. PROPER USE INCLUDES PLACEMENT PRIOR TO FOREPLAY, USE OF NON-PETROLEUM LUBRICANT TO DECREASE BREAKAGE AND USE OF A NEW CONDOM WITH EACH SEXUAL CONTACT. ENCOURAGE PERSONNEL TO SEEK PROMPT MEDICAL TREATMENT FOR STD SYMPTOMS.

5.B. (U) ENVIRONMENTAL HEALTH THREATS.

5.B.(1) (U) TOPOGRAPHY AND CLIMATE AS IT RELATES TO HEALTH AND SAFETY.

5.B.(1)(A) (U) WEATHER HAZARDS. TAKE APPROPRIATE PRECAUTIONS WITH REGARD TO LIGHTNING, SUN EXPOSURE, HEAT/HUMIDITY, EXPOSURE TO RAIN, WIND, AND COLD TEMPERATURES. EXERCISE CAUTION WHEN CONDUCTING OPERATIONS IN TIMES OF LIMITED VISIBILITY. FOLLOW THE EVACUATION PLAN IN THE EVENT OF SEVERE WEATHER (TORNADOS, HURRICANE OR STORM SURGE).

5.B.(1)(B) (U) HEAT/SOLAR INJURIES/ILLNESS. HEAT INJURIES MAY BE THE GREATEST OVERALL THREAT TO MILITARY PERSONNEL DEPLOYED TO WARM CLIMATES. ANTIBIOTICS, SUCH AS DOXYCYCLINE, INCREASE SUSCEPTABILITY. ACCLIMATIZATION TO INCREASED TEMPERATURE AND HUMIDITY MAY TAKE 10 TO 14-DAYS. INJURIES CAN INCLUDE DEHYDRATION, HEAT EXHAUSTION AND STROKE, AND SUNBURN. ENSURE PROPER WORK-REST CYCLES, ADEQUATE HYDRATION, AND COMMAND EMPHASIS OF HEAT INJURY PREVENTION. ENSURE AVAILABILITY AND USE OF INDIVIDUAL PROTECTION SUPPLIES / EQUIPMENT SUCH AS SUNSCREEN, LIP BALM, AND SUN GOGGLES/GLASSES.

5.B.(1)(C) ALTITUDE. OPERATIONS AT HIGH ALTITUDE (OVER 8000 FT) ARE AT SPECIAL RISK. ALTITUDE CAN CAUSE ILLNESS OR DEATH. ASCEND GRADUALLY, IF POSSIBLE. TRY NOT TO GO DIRECTLY FROM LOW ALTITUDE TO >9,000 FT (2,750 M) IN ONE DAY. USE ACETAZOLAMIDE (DIAMOX) TO SPEED ACCLIMATIZATION IF ABRUPT ASCENT IS UNAVOIDABLE. TREAT AN ALTITUDE HEADACHE WITH SIMPLE ANALGESICS.

5.B.(2) (U) CONTAMINATION AND POLLUTION. POTENTIALLY LOCALIZED OR REGIONAL THREATS COULD RESULT FROM CONTAMINATION OF SURFACE AND GROUND WATER WITH RAW SEWAGE AND INDUSTRIAL WASTES, URBAN AIR AND WATER POLLUTION, AND FRUIT AND VEGETABLE CONTAMINATION. CONSULT ENVIRONMENTAL SAFETY AND HEALTH ASSESSMENT TEAM AND MEDICAL FOOD INSPECTION PERSONNEL FOR LOCATION-SPECIFIC INFORMATION.

5.B.(3) (U) DANGEROUS FLORA AND FAUNA.

5.B.(3)(A) (U) AVOID ANIMALS REGARDLESS OF WHETHER THEY ARE WILD OR DOMESTICATED. DO NOT KEEP MASCOTS. ANIMALS CAN TRANSMIT VARIOUS DISEASES TO PEOPLE, INCLUDING RABIES.

5.B.(3)(B) (U) VARIOUS SPECIES OF POISONOUS SNAKES AND SPIDERS MAY BE PRESENT. AWARENESS AND AVOIDANCE ARE KEY.

5.C. (U) OCCUPATIONAL/OPERATIONAL HEALTH THREATS MUST BE EVALUATED IN MISSION ANALYSES.

5.C.(1) (U) MISSION/TASK APPROPRIATE PPE AND SAFETY PROCEDURES MUST BE CONSIDERED PREDEPLOYMENT IN ORDER TO PURCHASE ITEMS AND TRAIN PERSONNEL.

5.C.(2) (U) OCCUPATIONAL AND ENVIRONMENTAL HEALTH (OEH) SITES ASSESSMENTS. PRELIMINARY HAZARD ASSESSMENTS (PLHAS) SHOULD BE ACCOMPLISHED AS PART OF THE OEH SITE ASSESSMENT AS EARLY AS POSSIBLE (PRFERABLY, DURING PRE DEPLOYMENT SITE SURVEY (PDSS)) TO IDENTIFY AND QUANTIFY OEH THREATS AND TO DETERMINE THE SCOPE OF DEPLOYMENT HEALTH ACTIVITIES. SUBMIT COMPLETED PLHAS TO THE DOEHS DATA PORTAL.

5.C.(2) (U) THE ARMY PUBLIC HEALTH COMMAND GLOBAL THREAT ASSESSMENT PROGRAM CAN BE ASKED (CHPPM-GTAP@AMEDD.ARMY.MIL / 410-436-3177) TO IDENTIFY AND ASSESS DEPLOYMENT AND ENVIRONMENTAL HEALTH HAZARDS SPECIFIC FOR THE REGION OF THE DEPLOYMENT FROM OPEN OR CLASSIFIED SOURCES.

5.D. (U) MENTAL HEALTH INFORMATION TO INCLUDE DEPLOYMENT-RELATED STRESSORS, SUICIDE RISK, AND TRAUMATIC STRESS. ALL PERSONNEL SHOULD BE AWARE OF COMBAT AND DEPLOYMENT-RELATED STRESS, SIGNS/SYMPTOMS, AND HOW TO SEEK HELP FOR

THEMSELVES OR THEIR BUDDY. COMMANDERS AND ALL PERSONNEL SHOULD BE COGNIZANT OF SLEEP DISCIPLINE AND METHODS FOR MENTAL HEALTH REFERRAL.

5.E. (U) INJURIES (WORK AND RECREATIONAL). WORK, ALONG WITH SPORTS AND OTHER RECREATIONAL INJURIES, ARE SIGNIFICANT CONTRIBUTORS TO MISSION INEFFECTIVENESS. COMMAND EMPHASIS OF SAFETY AWARENESS IS IMPORTANT.

5.F. (U) FOOD AND WATER SAFETY.

5.G. (U) CRIME AND TERRORISM, AND CBRNE THREATS. LOCAL SECURITY BRIEFING ARE PROVIDED BY EMBASSY MILITARY STAFF. REVIEW STATE DEPARTMENT GUIDANCE EARLY.

6. (U) OPERATIONAL FHP INTERVENTIONS.

6.A. (U) DEPLOYED UNITS AND TASK FORCES WITH ASSIGNED MEDICAL STAFF WILL MONITOR AND DOCUMENT HEALTH CARE TO THE FORCE.

6.A.(1) (U) WEEKLY DISEASE AND NON BATTLE INJURIES (DNBI) REPORTS AND MEDICAL SITREPS WILL BE SUBMITTED TO UNIT CHAIN OF COMMAND AND COCOM SURGEON (USCSG@HQ.SOUTHCOM.MIL); WEBBASED MILITARY SYSTEM PREFERRED (JMEWS) BUT EMAIL EXCEL DNBI REPORTS AND WORD OR TRF MEDSITREP ARE ACCEPTABLE.

6.A.(2) (U) REPORTABLE MEDICAL DISEASE EVENTS WILL BE REPORTED TO TRICARE/ BROOKE AMC,EPI SVC SAN ANTONIO POC: PAULA.J.GRAY@US.ARMY.MIL (210) 295-2399/4579 AND CC'ED TO COCOM SURGEON'S OFFICE(USCSG@HQ.SOUTHCOM.MIL)

6.B. (U) NOT ALL POTENTIAL SOURCES OF INFECTION OR ILLNESS CAN BE COUNTERED WITH VACCINATIONS OR TAKING PRESCRIBED MEDICATIONS. THE BEST DEFENSE AGAINST THESE THREATS IS STRICT DISCIPLINE IN PROPER FIELD HYGIENE AND SANITATION PRACTICES BY SERVICE MEMBERS, LEADERS, AND UNITS. UNITS WILL HAVE TO ENSURE THEIR OWN HEALTH AND DISEASE PREVENTION BY STRICT ENFORCEMENT OF PROPER FIELD SANITATION AND HYGIENE. UNITS ARE RESPONSIBLE FOR FIELD SANITATION ROUTINE REQUIREMENTS UNLESS SUCH SERVICES ARE CONTRACTED.

6.C. (U) FOOD AND WATER SOURCES: CONSUMPTION OR INDIVIDUAL PURCHASE OF LOCAL FOOD IS PROHIBITED IF UNIT SUPPLIES FOOD.

6.C.(1) (U) TAD/TDY TRAVELERS SHOULD USE CAUTION WITH LOCAL FOOD AND BEVERAGE PURCHASES. WHEN FEASIBLE, USE EMBASSY RECOMMENDED HOTELS OR RESTAURANTS.

6.C.(2) (U) DURING DISASTER OR EMERGENCY RESPONSE LOCAL FOODS ARE IN SHORT SUPPLY AND MUST BE AVAILABLE FOR LOCAL CIVILIANS SO LOCAL PROCUREMENT OF FOOD IS PROHIBITED UNLESS AUTHORIZED BY HIGHER HQ.

6.C.(3) (U) NO FOOD SOURCES WILL BE UTILIZED UNLESS INSPECTED AND APPROVED BY US MILITARY PREV MED/PUBLIC HEALTH/ NAVY SUPO OR VETERINARY PERSONNEL.

6.C.(4) (U) CONTINUAL VERIFICATION OF QUALITY AND PERIODIC INSPECTION OF STORAGE FACILITIES FOR FOOD AND WATER ARE REQUIRED

6.C.(5) (U) ALL WATER (INCLUDING ICE) IS CONSIDERED NON-POTABLE UNTIL TESTED AND APPROVED BY PROPERLY TRAINED MEDICAL/LOGISTICS PERSONNEL. URBAN WATER SOURCES IN THE REGION ARE ROUTINELY CHLORINATED BUT INTERRUPTIONS OCCUR SO RETESTING MAY BE REQUIRED FOR APPROVED PIUPED WATER SOURCES.

6.C.(6) (U) BOTTLED WATER AND CARBONATED DRINKS ARE GENERALLY SAFER THAN PIPED WATER BUT FEW BOTTLING PLANTS HAVE BEEN INSPECTED AND APPROVED BY DOD OR USG VETERINARIANS. A LISTING OF APPROVED SITE FOR DOD PROCUREMENT IS ACCESSIBLE FROM VETCOM ([HTTP://VETCOM.AMEDD.ARMY.MIL/](http://vetcom.amedd.army.mil/))

7. (U) HEALTH ASSESSMENTS AND NON-DEPLOYABLE SERVICE MEMBERS.

7.A. (U) PERIODIC HEALTH ASSESSMENTS AND SPECIAL DUTY EXAMS MUST BE CURRENT, THAT IS, LESS THAN 15-MONTHS SINCE THE LAST EXAM.

7.B. (U) SPECIFIC MEDICAL DISQUALIFIERS FOR DEPLOYMENT INCLUDE UNRESOLVED HEALTH PROBLEMS MANDATING SIGNIFICANTLY LIMITED DUTY OR REQUIRING A PERMANENT CATEGORY THREE OR FOUR PROFILE. OTHER MEDICAL DISQUALIFICATION AND ASSOCIATED GUIDANCE IS IDENTIFIED IN REFERENCE F ENCLOSURE 3, (MEDICAL CONDITIONS USUALLY PRECLUDING CONTINGENCY DEPLOYMENT). INDIVIDUALS MOVING INTO THE REGION ON UNIT MOVEMENT OR CONTINGENCY ORDERS FOR TRAINING OR DEPLOYMENT SHALL COMPLY WITH THIS GUIDANCE. INDIVIDUAL MOVEMENT CONDUCTED FOR SHORT DURATION TAD/TDY, NOT UNDER FIELD CONDITIONS, MAY VARY FROM THIS GUIDANCE IF WAIVED BY COMPONENT SURGEON OR COCOM SURGEONS WAIVER. INDIVIDUAL MEDICAL WAIVER

REQUESTS WILL BE DIRECTED TO USCSG@HQ.SOUTHCOM.MIL. REVIEW DOD AND SOUTHCOM WAIVER GUIDANCE (REF F AND J) BEFORE SUBMISSION.

7.C. (U) ALL COMMANDERS WILL SUPPORT THEATER INITIATIVES TO IDENTIFY AND MINIMIZE HEALTH RISKS DURING THE DEPLOYMENT. IAW DODI 6490.3, PRE-DEPLOYMENT HEALTH ASSESSMENTS (DD FORM 2795), POST-DEPLOYMENT HEALTH ASSESSMENTS (DD FORM 2796), AND POST-DEPLOYMENT HEALTH REASSESSMENTS (DD FORM 2900) WILL BE COMPLETED BY ALL PERSONNEL WHO DEPLOY FOR 30-CONTINUOUS DAYS OR GREATER. COMPLETION OF THE ASSESSMENTS WILL INCLUDE A FACE-TO-FACE INTERVIEW WITH A HEALTH CARE PROVIDER. MENTAL HEALTH SCREENING IS CRITICAL, ESPECIALLY BEFORE LONG DEPLOYMENTS. SERVICE MEMBERS WILL INITIATE THESE ASSESSMENTS VIA ARMY KNOWLEDGE ONLINE (AKO) OR OTHER SERVICE APPROVED METHOD AND FORWARD APPLICATION. HEALTH CARE PROVIDERS WILL COMPLETE THE ASSESSMENTS IAW SERVICE MEDICAL PROCEDURES. A PRINTED COPY OF THE COMPLETED ASSESSMENT FORMS MUST BE PLACED IN THE SERVICE MEMBER'S HEALTH RECORD AND ANOTHER PLACED INSIDE DD FORM 2766 (ADULT PREVENTIVE AND CHRONIC CARE FLOW SHEET).

7.D. (U) DOD CIVILIAN HEALTH BENEFITS.

7.D.(1) (U) DOD CIVILIAN DEPLOYERS ARE ELIGIBLE FOR MEDICAL, MENTAL HEALTH, AND DENTAL SERVICES IN MILITARY TREATMENT FACILITIES OUTSIDE THE US ON A REIMBURSABLE BASIS, BUT MAY NOT BE ELIGIBLE FOR MILITARY FUNDED MEDICAL CARE IN NON US TREATMENT FACILITIES WHEN DEPLOYED. SUCH CARE IS GENERALLY FUNDED BY INDIVIDUAL INSURANCE (FEDERAL EMPLOYEE HEALTH BENEFIT PROGRAM). IN A COMBAT ZONE OR NAMED OPERATION SUCH COVERAGE IS AUTHORIZED BY DODI 1401.10. JTF-GITMO FALLS UNDER THE LATTER EXEMPTION. IN MANY CASES, CIVILIAN HEALTH CARE INSURERS DO NOT PROVIDE COVERAGE OUTSIDE THE US IN THEIR HEALTH PLANS. HOWEVER, ALL DOD CIVILIANS ARE REQUIRED TO CONTACT THEIR FEHBP HEALTH INSURER TO ENSURE COVERAGE AND CLARIFY THE PROCESS OF PAYING FOR AND SUBMITTING BILLS FOR REIMBURSEMENT. FOR GAPS, CONSIDER PURCHASE OF TRAVELER'S HEALTH INSURANCE FROM A COMMERCIAL PROVIDER. DOD WILL FUND MEDICAL EVACUATION FOR DOD CIVILIAN EMPLOYEES AS AIR/GROUND TRAVEL WAS PART OF THEIR TRAVEL ORDERS.

7.E (U) DOD CONTRACT EMPLOYEES ARE AUTHORIZED MEDICAL, MENTAL HEALTH, AND DENTAL SERVICES IN MILITARY TREATMENT FACILITIES OUTSIDE THE US ON A REIMBURSABLE BASIS. SOME DOD CONTRACTS INCLUDE MILITARY PROVIDED HEALTH CARE, BUT IT IS RARE EXCEPT IN CONTINGENCY OPERATIONS. CONTRACTORS AND THEIR EMPLOYEES ARE RESPONSIBLE TO ENSURE THEIR INSURANCE COVERS MEDICAL SERVICES AT THE DEPLOYED LOCATION AND PROVIDES FOR THEIR MEDICAL EVACUATION.

8. (U) POC: COL CLARK WEAVER, C, PUBLIC HEALTH, OFFICE OF THE COMMAND SURGEON, SOUTHCOM, CLARK.WEAVER@HQ.SOUTHCOM.MIL 305 437-2486.

9. (U) EXPIRATION DATE: 24 MONTHS FROM RELEASE DATE.