

**Must have completed: Relay Health enrollment, print IMR report from MOL and HRA survey**

**IT IS YOUR RESPONSIBILITY TO COMPLETE YOUR ANNUAL PHA REQUIREMENTS**

Review your IMR report from MOL, if there is a "Due" item identified you must report to the medicla department to update your IMR. You may also use the "Step-by-Step Tool" to aide you in understanding your IMR report and updating your IMR.

**\*\* Skip sections that you are not "Due" or will not become due in 30 days\*\***

<b>Rank/Name:</b>	
<b>RUC:</b>	
<b>IMR Status and Date:</b>	

**IMMUNIZATIONS: Visit <http://www.vaccines.mil/> for more information**

Adenovirus	Anthrax	Cholera	Hepatitis A	Hepatitis B	Immunization Staff: Stamp/Sign/Date _____
Influenza	H1N1 Flu	JEV	MCG	MMR	
Pneumococcal	Polio	Rabies	Smallpox	TDAP	
TwinRx	Typhoid	Varicella	Yellow Fever		
Tuberculin (PPD) Skin Test:			Reactor: Yes / No		

	Test Date		Due Date
<b>PHA Date</b>			

PHA READINESS LABS:	Date:
Blood/Rh Factor	
G6PD/DNA/Sickle Cell	
HIV	Required every 2 years
Lipids/Glucose	See Instruction # 1

**DEPLOYMENT HEALTH ASSESMENTS (DHA): (If "Due" in IMR, please complete)**

Deployed Boots on Ground, OCONUS greater than 30days since your last PHA:

Deployed: if "YES", have you completed a Deployment Health Assessment online?

- If "No" survey, go to <https://data.nmcphc.med.navy.mil/edha/> and click on "New User"

\* type-in **Activenavy1#** passphrse is case sensitive and proceed to survey instructions.

Deployed: If No, then Skip this section

**Assesments required on these dates:**

1. Pre-DHA/MHA (2795) 60 days prior to Deployment
2. Post-DHA (2796) within 30 days of Redeployment
3. Post-DHRA/MHA due within 90-180 days from Redeployment
4. MHA required 7-18 months from Redeployment, performed with annual PHA
5. MHA required 18-30 months from Redeployment, performed with annual PHA

**BHC NAVSTA NORFOLK**

DEPLOYMENT HEALTH CENTER  
PERIODIC HEALTH ASSESSMENT (PHA) CHECKLIST



Assistance with this form, call 757-953-9042

or email us at [BHCNorfolk-DH@med.navy.mil](mailto:BHCNorfolk-DH@med.navy.mil)

**INSTRUCTIONS: Read & Print This Form**

1. Lipids/Glucose required if: (Fast for 12hrs prior to specimen draw, no eating/alcohol/tobacco use)
  - a. Age > 35yrs for males and 45yrs for females for Lipid Disorders
  - b. Personal history of high cholesterol/diabetes/high blood pressure/tobacco use/obesity
  - c. Family history of high cholesterol/diabetes/high blood pressure/obesity

**Labs must be requested through your PCM via Relay Health (if applicable or call the clinic)**
2. Information for arrival to BHC NAVSTA Norfolk for your appoitnemnt:
  - Prescription eyewear (no contacts), print "THIS CHECKLIST" + IMR report + HRA Survey
3. If you completed a Deployment Health Assesment, please notify the appointment line that your appointment for PHA includes a Deployment Health Assessment. Thank you.
4. All items must be completed, if not your appointment will be rescheduled at a later date/time

**MEDICAL EQUIPMENT (Gas Mask Inserts, Medical Warning Tags)**  
Inform Deployment Health if you require medical equipment ordered.  
Required equipment- Red dog Tags for Allergies

**OPTOMETRY: (Eye Exam is required every 2 years for corrected and every 5 years for uncorrected vision)**  
Exam Date: \_\_\_\_\_ (Visual Acuity required annually, performed at PHA)  
Optometry Staff: Stamp/Sign/Date \_\_\_\_\_  
Appointment Line 1-866-645-4584

**ANNUAL DENTAL READINESS: Class 3 & 4 an require appointment at Dental**  
Exam Date: \_\_\_\_\_ Class \_\_\_\_\_ (Exam required every year)  
Dental Staff: Stamp/Sign/Date \_\_\_\_\_  
Dental Appointment Line: 757-953-8526

**FEMALES ONLY: PAP every 2yrs if 21-29, every 3yrs if 30 or greater or sooner if PCM recommends**

**SPECIAL DUTY EXAMS/OCCUPATIONAL MEDICAL SURVEILLANCE PROGRAMS**  
- These exams and certificates are a requirement for your duties, if applicable  
- These exams can be updated prior to or after your PHA appointment