

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

IT IS YOUR RESPONSIBILITY TO COMPLETE YOUR ANNUAL PHA REQUIREMENTS

Review your IMR report from BOL, if there is a "Due" item identified in "**RED**" you must report to the specific department/s to update your medical readiness. You may also use the "Step-by-Step Tool" to aide you in understanding your IMR report and updating your readiness.

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

Rank/Name:		
Command UIC:		
Date of Last PHA:	Due Annually	
PHA READINESS LABS:	Date	Next Due
HIV:		Required every 2years
Lipids/Glucose:		See instruction #1
DNA, G6PD, Blood Type		

Lab Staff will initial after specimen draw

ANNUAL DENTAL READINESS: Class 3 & 4 require appointment at Dental

Exam Date: _____ Class: _____ (Exam required every year)
 You cannot schedule your PHA appt until you are a Class 1 or 2

Dental Appointment Line: 757-953-8526

MEDICAL EQUIPMENT: If in a deployable platform

Inform Deployment Health if you required medical equipment ordered

DEPLOYMENT LIMITING CONDITIONS

Condition: Yes or No _____ Date: _____

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 passphrase **Activenavy1#** passphrase 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 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

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 appointment:
 - Prescription eyewear (no contacts), print "THIS CHECKLIST" + IMR report + HRA Survey
3. If you completed a Deployment Health Assessment, 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

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

FLU	HEPA	HEPB	MMR	POLIO	
Varicella	Adenovirus	Anthrax	Cholera	H1N1	
Rabies	Smallpox	TwinRx	Typhoid	TD/TDAP	
Yellow Fever	Meningococcal		Pneumococcal		
Tuberculin Skin Test (aka PPD) Date:			Reactor: Yes / No		

Immunization Staff: Stamp/Sign/Date _____

FEMALES ONLY: PAP every 2yrs (21-29yrs) & 3yrs (30yrs 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 or after your PHA appointment

OPTOMETRY: (Eye Exam required every 2yrs or 5yrs for uncorrected vision)

Exam Date: _____ (Visual Acuity required annual, performed by PHA staff)

Optometry Staff: Stamp/Sign/Date _____

Appointment Line 1-866-645-4584

CONGRATULATIONS ON UPDATING YOUR MEDICAL READINESS, CALL 1-866-645-4584 TO SCHEDULE YOUR PHA