



DEPARTMENT OF THE NAVY

BUREAU OF MEDICINE AND SURGERY

2300 E STREET NW

WASHINGTON DC 20372-5300

IN REPLY REFER TO

BUMEDINST 1300.3A

BUMED-M00WII

6 Jul 2010

BUMED INSTRUCTION 1300.3A

From: Chief, Bureau of Medicine and Surgery

To: Ships and Stations Having Medical Department Personnel

Subj: SUITABILITY SCREENING FOR INDIVIDUALS NOMINATED FOR INDIVIDUAL AUGMENTEE AND SUPPORT ASSIGNMENTS TO OVERSEAS CONTINGENCY OPERATIONS, AND SPECIFIC TEMPORARY ADDITIONAL DUTY ASSIGNMENTS

Ref: (a) OPNAVINST 1001.24
(b) OPNAVINST 6100.3
(c) MILPERSMAN 1300-318
(d) BUMEDINST 1300.2A
(e) BUMEDINST 6110.14
(f) USCENTCOM McDill AFB FL 101925Z SEP 08 (NOTAL)
(g) DoD Instruction 6490.03 of 11 Aug 2006
(h) CNO Washington DC 222341Z JUL 08 (NAVADMIN 207/08)
(i) CNO Washington DC 020107Z APR 09 (NAVADMIN 099/09)
(j) ASD(HA) Policy 06-011 of 20 Jun 2006
(k) ASD(HA) Policy 08-004 of 1 Apr 2008
(l) ASD(HA) Policy 08-005 of 4 Apr 2008
(m) ASD(HA) Policy 09-006 of 12 Mar 2009

Encl: (1) Acronyms
(2) Definitions
(3) Waiver Requests Points of Contact
(4) Sample Waiver Request Format
(5) Small Arms Waivers and Points of Contact

1. Purpose. All Navy military personnel nominated to fulfill an individual augmentee (IA) and support assignments to overseas contingency operations (OCO) are required to be properly screened for suitability per references (a) through (m). Each geographic area of responsibility (AOR) has unique characteristics that require specific readiness screening prior to theater entry to ensure that members can successfully complete the proposed mission. Medical screening is a specific element of overall readiness screening and Navy Medicine has a vital role to play in maintaining theater end strength. Additionally, all Navy Medicine personnel assigned for temporary additional duty (TEMADD) that involves travel outside the continental United States (OCONUS) greater than 30 days are to be screened using the procedures outlined in this instruction.

2. Cancellation. BUMEDINST 1300.3.

3. Background. Service members improperly screened prior to departure from their permanent duty stations may arrive at Navy Mobilization Processing Sites (NMPS) or Navy Individual

Augmentee Combat Training (NIACT) courses or shipboard with requirements beyond the capability of local medical or dental resources. This may result in increased absences from duty, early return from the assignment, billet gaps, and unplanned expenditures of TEMADD, or permanent change of station (PCS) funds.

- a. Timely and efficient screening procedures prior to theater deployment are critical in ensuring continued mission success.
- b. Proper communication and collaboration among and between the transferring and gaining commands is essential to ensure successful assignments. Navy Personnel Command (NPC), Navy Medicine, and Marine Corps offices will collaborate to establish data tracking of members who are unable to execute orders to expeditionary assignments.
- c. To ensure that members are fully medically ready for expeditionary assignments, use of the NAVMED 1300/4, Expeditionary Medical and Dental Screening for Individual Augmentee (IA) and Support Assignments to Overseas Contingency Operations (OCO) to document suitability is mandatory. In addition to NAVMED 1300/4, DD Form 2807-1, Report of Medical History, DD Form 2795, Pre-deployment Health Assessment, and the administrative portion of the expeditionary screening form, NAVPERS 1300/22, Expeditionary Checklist shall be completed. Suitability for expeditionary assignments shall be tracked using NAVPERS 1300/21, Medical Suitability Certification outlined in reference (c). Use of NAVMED 1300/1, Medical, Dental, and Educational Suitability Screening for Service and Family Members; NAVMED 1300/2, Medical, Dental, and Educational Suitability Screening Checklist and Worksheet; and NAVMED 1300/3, Medical Assignment Screening *is not appropriate*. Medical personnel completing the screening process must have knowledge of policies outlined in references (a) through (m). NAVMED 1300/4 and NAVPERS 1300/22 have been revised; previous editions of these forms should no longer be used.
- d. While the final determination of suitability for IA and support assignments to OCO resides with the receiving Combatant Command (COCOM), Navy Medicine plays an essential role in ensuring individuals meet expeditionary medical and dental requirements.

- e. Enclosures (1) and (2) are provided as additional information.

4. Responsibilities

- a. Chief, Bureau of Medicine and Surgery (BUMED) will:

- (1) Identify a BUMED point of contact (POC) for medical questions that arise during the screening process.

- (2) Ensure that Navy Medicine Online (<http://navymedicine.med.navy.mil>) contains electronic links to the most current AOR specific medical screening guidelines.

b. Navy Medicine Regions will:

(1) Establish a mechanism to monitor medical treatment facilities (MTFs) for trends in incomplete or incorrect expeditionary screenings performed on Navy personnel.

(2) Ensure members nominated for medical expeditionary assignments and TEMADD have been screened following this instruction prior to names being submitted to BUMED.

c. MTF Commanders, Commanding Officers (CO), and Officers in Charge (OIC) will:

(1) Ensure IA, support assignments to OCO, and specific TEMADD (as appropriate) screening is conducted following this instruction and that the appropriate AOR instructions are available to providers performing the screening.

(2) Assign responsibility for IA, support assignments to OCO, and TEMADD suitability screening to an MTF department or division, and designate an IA suitability screening coordinator (IASSC) within the department or division to oversee the screening process. Per reference (i), the MTF IASSC will serve as the medical screening primary POC for the command individual augmentee coordinator.

(3) Assign, in writing, specific medical personnel (properly trained military or civilian staff) with the responsibility to perform screenings. First-hand knowledge of operational environments is desirable.

(4) Assign, in writing, properly trained medical providers (Dental Officers, Medical Officers, Physician Assistants, and Nurse Practitioners) with the responsibility to complete Parts I through III of the screening form. Knowledge, preferably first-hand, of the physical demands and medical limitations encountered in operational environments is essential.

(5) Assign, in writing, properly trained officers (Dental Corps, Medical Corps, Medical Service Corps, and Nurse Corps) with the responsibility to complete Part IV of the screening form, if responsibility is delegated to individuals other than OIC. Knowledge of the physical demands and medical limitations encountered in operational environments is essential.

(6) Ensure that all medical and dental readiness data for uniformed Service members in their Service AOR, including all new accessions, is properly recorded in the Medical Readiness Reporting System (MRRS) as outlined in reference (e). Members considered for IA and support assignments to OCO shall be fully medically ready for deployment to the respective AOR.

(7) Ensure a copy of credentials is forwarded to the gaining command credentialing authority for credentialed providers nominated for medical expeditionary assignments and TEMADD.

(8) For Navy Operational Support Center (NOSC): Commander, CO, OIC, and CO designees will have authority to review and sign PART IV of the NAVMED 1300/4.

d. Authorized MTF Representatives will:

(1) Ensure access to MRRS and be knowledgeable about all information and guidance found in references (e) and (f). Ensure access and be knowledgeable to complete entries of NAVMED 1300/4, DD Form 2807-1, and DD Form 2795 electronically and enter data in the deployment section in MRRS.

(2) Ensure that MRRS data accurately reflects the Service member's suitability status for IA and support assignments to OCO and that printed copies of the MRRS data are entered in member's deploying medical records. They will also serve as a resource to Line Commands as they gain MRRS access.

(3) Ensure knowledge of requirements and immunizations to AOR specific assignments. Immunization requirements are available in electronic format at: <http://www.vaccines.mil/default.aspx?cnt=resource/ReqByCentcomHome> (local reproduction is authorized).

(4) Ensure knowledge of most current requirements in current AOR specific guidance issued by each COCOM on current United States Central Command (USCENTCOM) Surgeon Individual Protection and Individual/Unit Deployment Policy (listed in reference (f)).

e. Deploying IA and Support Assignments to OCO Members shall:

(1) Review messages and information available at: <http://www.npc.navy.mil> and <http://www.ia.navy.mil> (log in required).

(2) Complete the member section on DD Form 2087-1, DD Form 2795, and sign Part IV-section A of NAVMED 1300/4.

5. Instructions for Completing NAVMED 1300/4. The following directions are intended to aid members and Medical Department personnel in accurately completing NAVMED 1300/4 (Rev. 07-2010). After completion, all pages shall be saved in the member's permanent medical record (paper and electronic). Family members are not screened in this process, only the active duty member. Deploying members shall review messages and information available at: <http://www.ia.navy.mil> (log in required) and complete the member sections on DD Form 2807-1, DD Form 2795, and sign Part IV-section A of NAVMED 1300/4.

a. Part I. To be completed by a designated Medical Department representative (Hospital Corps, Nurse Corps, Medical Corps, Dental Corps, and Medical Service Corps). Knowledge of AOR specific guidelines, especially for immunizations, is critical to the successful completion of this section. Clarification added in the Notes section of Part I for completion of DD Form 2795. For Service members screened prior to 60 days of deployment, medical providers may review the form with Service member, address any concerns, and date and file with NAVMED 1300/4 (Rev. 1-2010) in the medical record. The Service member shall return to medical prior to detaching parent command to complete the electronic version of DD Form 2795.

b. Part II A. To be completed by a medical provider to include Physician Assistants, Nurse Practitioners, and Medical Officers as assigned in 4c(4) above. Medical providers shall ensure completion of DD Form 2807-1, DD Form 2795, and the appropriate theater specific form. The required AOR specific forms, and their source of supply, are listed in paragraph 9e of this instruction. In addition, medical providers shall ensure completion of the United Nations Entry Examination Form MS.2 (11-01) E for members nominated for United Nations missions. Providers must sign at the indicated location on medical history forms, AOR specific forms, and appropriate entries are completed in the deployment section in MRRS.

c. Part II B. To be completed by a medical provider to include Physician Assistants, Nurse Practitioners, and Medical Officers as assigned in 4c(4) above. Providers must refer to the current USCENTCOM Individual Protection and Individual/Unit Deployment Policy, reference (f), including Tab A and Tab B amplification to properly complete this section.

d. Part II C. Medical waiver requests to be completed by a designated medical provider as assigned in 4c(4) above. Waivers for members who are not medically qualified are possible and it is incumbent on the receiving theater command to endorse such a waiver. If a waiver is requested, medical providers will forward the medical request form at the request of the member's commander or supervisor to the Service component surgeon for deploying personnel within their respective Service. Medical waivers shall follow the waiver request format in reference (f), or most recent USCENTCOM Individual Protection and Individual/Unit Deployment Policy. Medical providers shall ensure printed copies of the approved medical waivers are entered in member's deployment medical record and in the deployment section of MRRS. Points of contact, sample format for medical waiver requests, and information on how to complete a medical waiver request are included in enclosures (3) and (4) of this instruction.

e. Part II D. All positive responses in Parts I and II of NAVMED 1300/4 form must be addressed.

f. Part II E. Ensure provider signs at the indicated location on medical history forms, AOR specific forms, and appropriate entries completed in the deployment section in MRRS. Providers shall ensure printed copies of completed forms are entered in the member's deployment medical record.

g. Part III. To be completed by a dental provider as assigned in 4c(4) above. All gray shaded responses in Part III must be addressed.

h. Part IV. Section A to be completed by the Service member. Section B to be completed by a designated Medical Officer as assigned in 4c(5) above. The staff member completing this section must also complete the summary suitability section (page 1) of NAVPERS Form 1300/21, (outlined in reference (c)). Part IV, Sections B through E requires commander, CO, or CO designee's signature (to include but not limited to MTF OIC, Reserve Unit commander, CO, OIC, or other CO's designee) for medical suitability for IA and support assignments to OCO.

6. Data Entry and Reporting. Electronic data systems currently approved include:

a. MRRS is approved for use in documenting all Individual Medical Readiness (IMR) elements and expeditionary assignment suitability status. NAVPERS 1300/21 and electronic submission of NAVMED 1300/4 in MRRS should reflect member's suitability for specific AOR expeditionary assignments.

b. Dental Common Access System (DENCAS), MRRS, and Naval Shipboard Non-Tactical ADP Program (SNAP) Automated Medical System (SAMS) are data entry tools for dental readiness data. DENCAS and SAMS transmit data to MRRS. Per reference (e), dental activities should ensure entries are made in DENCAS on all patients, including patients assigned to ships. Entries should reflect, at a minimum, date of examination and dental class at the time of care. Armed Forces Health Longitudinal Technology Application (AHLTA) Dental will replace DENCAS when fully deployed.

7. Points of Contact

a. The BUMED POC for IA Deployment Support is BUMED-M3/5 Operations and may be reached at (202) 762-3450 or DSN 762-3450.

b. The BUMED Forms and Reports Manager may be reached at (202) 762-3249, DSN 762-3249, or FAX (202) 762-3213.

c. For MRRS access, users can obtain a system access authorization form at: <https://mrrs.sscno.nmci.navy.mil/mrrs> or by contacting the MRRS Program Office by e-mail at: MSSRPO@NAVY.MIL, or by telephone at (703) 695-3418 or DSN 765-3418.

d. POCs for waiver requests and information for Service component surgeons for specific AOR are listed in enclosure (3). Requests shall be forwarded for approval to Service component surgeons for deploying personnel within their respective Service at the request of the member's commander or supervisor.

8. Report. The reporting requirements contained in this instruction are exempt from reports control per SECNAV M-5314.1 of Dec 2005, Part IV, Paragraph 7p.

9. Forms. The use of any paper or electronic forms and electronic systems not listed below for recording or tracking medical and dental data and suitability to expeditionary assignments is prohibited. MTF commanders, COs, and OICs are prohibited from the use of "homegrown" or locally developed clinical databases for tracking expeditionary suitability requirements.

a. DD Form 2795 (May 1999), Pre-Deployment Health Assessment is required within 60 days prior to expeditionary assignments; form shall be completed electronically at: <https://data.nmcphc.med.navy.mil/EDHA/login.aspx>.

b. DD Form 2807-1 (March 2007), Medical History is required for all expeditionary assignments and is available electronically at: <http://www.dtic.mil/whs/directives/infomgt/forms/formsprogram.htm>.

c. The following Naval Personnel Command forms for expeditionary assignments (outlined in reference (c)) are available electronically at:
<http://www.npc.navy.mil/ReferenceLibrary/Forms/NAVPERS/>

(1) NAVPERS 1300/21 (Rev. 7-2009), Medical Suitability Certification.

(2) NAVPERS 1300/22 (Rev. 4-2010), Expeditionary Checklist.

d. NAVMED 1300/4 (Rev. 4-2010), Expeditionary Medical and Dental Screening For Individual Augmentee (IA) and Support Assignments to Overseas Contingency Operations (OCO) is available electronically from the "Forms" tab at: <http://www.med.navy.mil/directives/Pages/ExternalForms.aspx>.

e. The following BUMED AOR specific forms are available electronically from the "Forms" tab at: <http://www.med.navy.mil/directives/Pages/ExternalForms.aspx>:

(1) NAVMED 1300/5 (03-2009), Pacific Command (PACOM).

(2) NAVMED 1300/6 (03-2009), Korean Peninsula.

(3) NAVMED 1300/7 (03-2009), European Command (EUCOM).

(4) NAVMED 1300/8 (03-2009), Africa Command (AFRICOM).

(5) NAVMED 1300/9 (03-2009), Joint Task Force (JTF) Guantanamo Bay (GTMO).

(6) NAVMED 1300/10 (03-2009), West Pacific & Okinawa, (With Extended Field Exposure).

(7) NAVMED 1300/11 (03-2009), United Nations (UN) Mission.

f. UN Entry Examination Form MS.2 (11-01) E, is available electronically from the United Nations at: <http://www.un.org/Depts/dpko/rapid/MedicalForm.PDF>. Members nominated for United Nations Missions shall complete the UN Entry Examination Form MS.2 (11-01) E in addition to NAVMED 1300/4, DD Form 2807-1, and DD Form 2795.



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Distribution is electronic only via the Navy Medicine Web Site at:
<http://www.med.navy.mil/directives/Pages/default.aspx>

ACRONYMS

AD	Active Duty
AFRICOM	U. S. Africa Command
AGXT	Aalanine-Glyoxylate Aminotransferase
AHLTA	Armed Forces Health Longitudinal Technology Application
AOC	Area of Concern
AOR	Area of Responsibility
AR	Army Reserve
ARNG	Army National Guard
BUMED	Bureau of Medicine and Surgery
CO	Commanding Officer
COCOM	Combatant Command
CDRNAVFORAF	Commander, Naval Forces Africa
COMSIXTHFLT	Commander Sixth Fleet
COMUSNAVEUR	Commander, U.S. Naval Force Europe
CONUS	Continental United States
DAC	Department of the Army Civilian
DENCAS	Dental Common Access System
ECG	Electrocardiogram
ECHO	Echocardiogram
ECRC	Expeditionary Combat Readiness Center
EUCOM	European Command
FOIA	Freedom of Information Act
GTMO	Guantanamo Bay
HIPAA	Health Insurance Portability and Accountability Act
IA	Individual Augmentee
IASSC	Individual Augmentee Suitability Screening Coordinator
IMR	Individual Medical Readiness
JTF	Joint Task Force
MEB	Medical Evaluation Board
MMRB	Material Management Review Board
MOS	Military Occupational Specialty
MRRS	Medical Readiness Reporting System
MTF	Medical Treatment Facility
NAVCENT	United States Naval Forces Central Command
NAVMED	Navy Medicine
NIACT	Navy Individual Augmentee Combat Training
NMPS	Navy Mobilization Processing Site
NOTAL	Not to All
NOSC	Navy Operational Support Center
NPC	Navy Personnel Command

OCO	Overseas Contingency Operations
OCONUS	Outside the Continental United States
OIC	Officer in Charge
OSD	Office of the Secretary of Defense
PACOM	Pacific Command
PCS	Permanent Change of Station
PEB	Physical Evaluation Board
PHA	Periodic Health Assessment
POC	Point of Contact
PULHES	Physical capacity or stamina; Upper extremities; Lower extremities; Hearing and ears; Eyes; Psychiatric
(SNAP)SAMS	Shipboard Non-Tactical ADP Program Automated Medical System
TEMADD	Temporary Additional Duty
UN	United Nations
USCENTCOM	United States Central Command

DEFINITIONS

1. Operational Assignment. Term used in this instruction to designate an assignment to any Department of the Navy unit which can be expected to deploy from its home base or port for a period of more than 30 days. Operational assignments include all sea duty, remote locations in the Continental United States (CONUS) and OCONUS, Fleet Marine Force, special operations, construction battalion, and forward deployed naval forces orders.
2. Overseas Duty. Military duty performed while assigned to a military installation or other activity permanently based OCONUS that requires suitability screening. Hawaii and Alaska are exempt from suitability screening requirements except for locations designated as remote.
3. Preventive Health Assessment (PHA). An annual in-person assessment for all active duty personnel which consolidates medical, occupational health and risk screening services, medical record review, preventive counseling, and risk communication under the umbrella of an annual health assessment. The PHA includes, but is not limited to: blood pressure measurement; height and weight measurement, cardiovascular risk factors screening, medical readiness for deployment, immunization update, age and gender based clinical preventive services, and individualized counseling and referrals targeted to individual risk factors and behaviors.
4. Suitability. Determination made by the CO of the transferring command that a Service or family member meets all requirements for an overseas, remote duty, or operational assignment. The determination is based on all information available, including but not limited to: medical, dental, mental health, developmental, educational, environmental requirements, behavioral, financial, professional performance, family stability, and personal interview.
5. Suitability Screening. The process of identifying a Service or family member with a special need that requires special health care or education services at an overseas, remote duty, or operational assignment. Suitability screening is the systematic use of a series of interview questions, review of medical and educational records, and direct examination. Screening does not provide a diagnosis, but may require referral for further evaluation to determine a diagnosis.

WAIVER REQUESTS POINTS OF CONTACT

This enclosure provides guidelines and references to assist commanders, COs, and OICs when an individual has a medical or behavioral health condition which could impact their deployment. If the commander decides to deploy an individual with a medical or behavioral health condition, the commander or the medical professional must submit a waiver.

1. Medical waiver requests shall follow the waiver request format included in the current USCENTCOM Individual Protection and Individual/Unit Deployment Policy (USCENTCOM McDill AFB FL 101925Z Sep 08 with Tab A and Tab B). Waiver requests must include the following data:

- a. Full name.
- b. Last four of the social security number.
- c. Status. Active Duty (AD)/Army Reserve (AR)/Army National Guard (ARNG) for military; Department of the Army Civilian (DAC) or contractor for civilians.
- d. Unit of Assignment for military/DAC or contract name for contractors.
- e. Rank/Rate (does not apply to contractors).
- f. Military Occupational Specialty (MOS) Army/Area Of Concern (AOC) or duty description for civilian/contractor.
- g. Medical Summary:
 - (1) History of condition.
 - (2) Date of onset.
 - (3) Applied treatments.
 - (4) Current treatment.
 - (5) Limitations imposed by condition and/or medication.
 - (6) Prognosis.
 - (7) Required follow-up.

h. Enclosures (if affecting deployable status):

- (1) Specialty consultations to establish a diagnosis.
- (2) Treatment monitoring plan and prognosis.
- (3) Reports of recent/pertinent operations.
- (4) Laboratory reports.
- (5) Pathology reports.
- (6) Tissue examinations.
- (7) Reports of studies.
- (8) Reports of imaging.
- (9) Reports of proceedings.
- (10) Commander's endorsement.

2. Medical providers shall ensure printed copies of the approved medical waivers are entered in member's deployment medical record and in the deployment section of MRRS.

3. Forward medical waivers to the following POCs in the appropriate AOR listed below with a copy to expeditionary Combat Readiness Center at: ecrc.medical.fct@navy.mil and to the POC at BUMED, IA Deployment Support:

a. United States Central Command (USCENTCOM) AOR:

(1) The medical waiver authority is the United States Naval Forces Central Command (NAVCENT) Force Surgeon at:

U.S. Naval Forces Central Command Force Surgeon
PSC 451 Code N014
FPO AE 09501-6008
DSN: 318-439-4033/4975
Commercial Telephone: (011) 973-1785-4033
FAX: (011) 973-1785-4556
Organizational mailbox for sending waiver requests: cusnc.medwaivers@med.navy.mil

(2) The behavioral health waiver authority is the USCENTCOM Force Surgeon. Requests for behavioral health waivers, with all supporting documentation can be sent to:

Headquarters, U.S. Central Command Force Surgeon
7115 South Boundary Boulevard
MacDill AFB, FL 33621-5101
Commercial Telephone: (813) 827-6397/5801
DSN: 312-651-5801/6397
FAX: (813) 827-2129
Organizational mailbox for sending waiver requests: ccsg-waiver@centcom.mil

(3) Additional guidance can be found in USCENTCOM Individual Protection and Individual/Unit Deployment Policy, reference (f) with Tab A and Tab B amplification. Office of the Secretary of Defense guidance for members recommended non-deployable per CENTCOM Criteria: http://www.ha.osd.mil/policies/2006/Revised_Guidance_MedDeferralPendingDeployment.pdf. Army Regulation 40-501, Standards of Medical Fitness, 14 Dec 2007, (Rapid Action Revision dated 10 Sep 2008).

b. U.S. Africa Command (AFRICOM); the medical waiver approval authority has been delegated to the Service component surgeon:

Naval Forces Africa Force Surgeon
COMUSNAVEUR/CDRNAVFORAF/COMSIXTHFLEET Surgeon
PSC 817 Box 70
FPO AE 09622-0700
Commercial Telephone: (011) 39-081-568-4519
DSN: 314-626-4519
Cell: 011-39-335-579-4292 (from States)
NIPR: Mark.Malakooti@eu.navy.mil
SIPR: Mark.Malakooti@eu.navy.smil.mil

c. The waiver request for Service members deploying with U.S. Army in Europe at Landstuhl Regional Medical Center, Heidelberg MEDDAC or Bavaria MEDDAC, or Kosovo should be e-mailed to:

Deputy Commander
Europe Regional Medical Command
DSN: 314-370-2010/2199
Commercial Telephone: (011) 49-6221-17-2010/2199
Fax: 314-371-2179
Mobile: 011-49-162-234-2388
E-mail: William.Novakoski@amedd.army.mil

Alternatively, a hard copy could be sent to:

Commanding General
Europe Regional Medical Command
ATTN: Deputy Commander
CMR 442
APO AE 09042

d. Questions on United Nations Missions:

Chief of Operations
U.S. Military Observer Group
Quantico, VA
Commercial Telephone: (703) 696-3991
FAX: (703) 696-2463

e. USSOUTHCOM and Joint Task Force to Guantanamo Bay (GTMO):

Commander, Joint Medical Group
USSOUTHCOM/JTF-GTMO Surgeon
Commercial Telephone: (011) 53-99-72020
DSN: 660-2998/3023 Option 1, Ext 3023

COMUSNAVSO/FOURTH FLEET Surgeon
Commercial Telephone: (904) 270-4052
Cell: (703) 946-5883
NIPR: James.Terbush@navy.mil
SIPR: James.Terbush@navy.smil.mil

f. PACOM Area of Operations: Waiver authority is the Deputy Fleet Surgeon at COMPACFLT:

250 Makalapa Drive
Building 251
Pearl Harbor, HI 96860
E-mail: Gail.Hathaway@navy.mil
Commercial Telephone: (808) 474-6339
Fax: (808) 474-7806

4. COCOM surgeons are not in the NMCI domain, therefore do not have access to Navy Certificates. In order for providers to send an e-mail with privacy information encrypted, they will have to engage in manual certificate exchanges. This is done by:

- a. Send a digitally signed e-mail to the individual with whom to exchange encrypted e-mail.
- b. The individual must reply with a digitally signed e-mail to the originator.
- c. Both parties must import the sender and their certificates as contacts into their Outlook Contacts.
- d. Parties can send encrypted e-mail.

SAMPLE WAIVER REQUEST FORMAT

UNITED STATES NAVAL FORCES CENTRAL COMMAND
7115 South Boundary Boulevard
MacDill Air Force Base, Florida 33621-5101

CENTCOM/USSOUTHCOM/AFRICOM/EUCOM Medical Waiver Request

Patient Name (Last, First)_____ DOB_____ Last-4SSN_____

#Previous Deployments_____ Destination_____ Diagnosis_____

Age_____ Sex_____ Grade_____ MOS/Job Description_____

Home Station_____ Unit_____

Service_____ Years Service_____ Active or Reserve Component/Civilian_____

Length of Deployment _____ Profiles (PULHES)_____ Previous waivers: Yes No (please circle)

Case Summary (see reverse side for guidance)

I have reviewed the case summary and hereby submit this request.

Signature of Unit Commander, Commanding Officer, Officer in Charge, or Force Surgeon*

*Providers must refer to the current USCENTCOM Individual Protection and Individual/Unit Deployment Policy including Tab A and Tab B amplification to properly complete this section. See enclosure (3) for additional guidance.

CENTCOM/USSOUTHCOM/AFRICOM/EUCOM Response

Waiver Approval: _____ YES _____ NO

Signature

Comments:

**SAMPLE WAIVER REQUEST FORMAT
(CONTINUED)**

Documentation (if appropriate and in the following order): The request is assembled electronically and will require documentation to be scanned for transmission in encrypted, electronic format. Not all requests will require all the items listed below. Please, however, 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.

1. CENTCOM Medical Waiver Request Form - Medical Summary:
 - a. History of condition.
 - b. Date of onset.
 - c. Applied treatments.
 - d. Current treatment.
 - e. Limitations imposed by condition and/or medication.
 - f. Prognosis.
 - g. Required follow-up.
2. Enclosures (include only if they have bearing on deployability – positive or negative):
 - a. Specialty consultations needed to establish a diagnosis, treatment monitoring plan, and prognosis.
 - b. Reports of operations which are pertinent and recent.
 - c. Lab reports, pathology report, tissue examinations if they demonstrate a pattern of stability.
 - d. Reports of studies: x-rays, pictures, films, or procedures (electrocardiogram (ECG), alanine-glyoxylate aminotransferase (AGXT), I-loiter, echocardiograph (ECHO), cardiac scans, catheterization, endoscopic procedures, etc.).
 - e. Summaries and past medical documents (e.g., hospital summary, profiles).

**SAMPLE WAIVER REQUEST FORMAT
(CONTINUED)**

f. Reports of proceedings (e.g., tumor board, medical evaluation board (MEB)/physical evaluation board (PEB), and material management review board (MMRB)).

3. Commander, CO, and Officer in Charge Documentation. Statement of request to deploy a Service member with non-deployable status:

- a. Service member's criticality to the Mission.
- b. Changes in the Service member's duty assignment, if any.

c. Other comments supportive of deployment. 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 04-191) 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.

SMALL ARMS WAIVERS AND POINTS OF CONTACT

This enclosure provides guidelines and references to assist commanders, commanding officers, or officers in charge when an individual needs a Small Arms Waiver and Exception which could impact their deployment. Per OPNAVINST 3591.1F, completed Small Arms Waivers and Small Arms Exceptions signed by the Service member's commander, commanding officer, or officer in charge will be submitted via the chain of command to Chief, Bureau of Medicine and Surgery, Qualifications and Standards, for review and tracking
(See submission methods below):

1. **Encrypted E-mail (Preferred method)** with the scanned document attached as a .pdf to the following secure e-mail address: bumed.physicals@med.navy.mil. Document shall state "SMALL ARMS WAIVER" or "SMALL ARMS EXCEPTION" and Service member's command name on the Subject line of the e-mail. An e-mail reply to the originator will be sent to acknowledge receipt. For full instructions on how to encrypt e-mails messages, in Microsoft Outlook, assistance is included under Help, typing "encrypt messages" and reading all the sections.

2. **Alternate methods (Ship or FAX):**

a. **FAX** (following Privacy Information Act Guidelines) to (202) 762-3470. Cover sheet shall be marked in bold letters with "SMALL ARMS WAIVER" or "SMALL ARMS EXCEPTION." Individuals will provide sending command's POC e-mail and telephone number in order for BUMED POC to acknowledge receipt. If originator does not receive an acknowledgment of receipt within 2 business days, they shall contact BUMED POC: BUMED-M00WII1, at: Charles.Schaefer2@med.navy.mil.

b. **SHIP:** Ship documents using a commercial carrier that tracks packages for transit and delivery (e.g., FEDEX). Command point of contact information shall be provided in the package so BUMED POC can acknowledge receipt. (Note: U.S. Mail is NOT recommended due to significant mail delays.)

CHIEF BUREAU OF MEDICINE AND SURGERY
BUMED-M00WII1, SMALL ARMS WAIVERS
QUALIFICATIONS AND STANDARDS, BUILDING 7
2300 E ST NW
WASHINGTON DC 20372-5300

SAMPLE SMALL ARMS WAIVERS AND EXCEPTIONS REQUEST

Date

From: Medical Officer's Name

To: Service Member's Commander, Commanding Officer, or Officer in Charge (Name of Unit)

Subj: MEDICAL WAIVER FOR SMALL ARMS TRAINING AND QUALIFICATION
ICO SERVICE MEMBER'S NAME, XXX-XX-1234

Ref: (a) OPNAVINST 3591.1F

1. Per reference (a), and upon review of available medical information, (Service member's name) does not meet medical standards for small arms training and qualification.
2. Based on review of the medical record, the recommendation of the prescribing provider, and consideration of the case (psychiatric diagnosis, medication, other medical history, and their effect on judgment and motor behavior), a waiver of the standard is recommended. It is my judgment that (1) the disorder is not incompatible with military Service; (2) the Service member is in a stable maintenance phase of treatment; and, (3) the medication does not significantly interfere with motor behavior or the exercise of sound judgment.
3. If approved, this waiver would be valid for a period of 36 months. (Service member's name) has been informed that he or she is responsible for reporting any changes in his or her medical condition to his or her physician during the period of this waiver.
4. Per reference (a), commanders, commanding officers, and officers in charge granting waivers and exceptions shall forward them via the chain of command to the Navy Bureau of Medicine and Surgery Qualifications and Standards Division and retain all relevant documents to include correspondence with medical personnel. If approved, waivers or exceptions will be provided to the senior medical department representative for inclusion in the Service member's medical record.

(PHYSICIAN'S NAME)
Forwarded, recommending
Approve / Disapprove Waiver

(Commander's, Commanding
Officer's, and Officer's in Charge
Printed name, signature and date)
Waiver Approved / Disapproved
Expiration Date: _____