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BUREAU OF MEDICINE AND SURGERY
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IN REPLY REFER TO
BUMEDINST 1300.4
BUMED-M9
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BUMED INSTRUCTION 1300.4

From: Chief, Bureau of Medicine and Surgery

To: Ships and Stations Having Medical Department Personnel

Subj: REDEPLOYMENT SCREENING PROCEDURES FOR INDIVIDUALS RETURNING
FROM OVERSEAS CONTINGENCY OPERATIONS SUPPORT ASSIGNMENTS

Ref: (a) DODINST 6490.03 of August 11, 2006
(b) DODI 6000.16 of May 17, 2010
(c) OPNAVINST 6100.3
(d) OPNAVINST 1754.6
(e) OPNAVINST 3060.7B
(f) MILPERSMAN 1300-319
(g) BUMEDINST 1300.3A
(h) BUMEDNOTE 6100 of 5 Apr 2012
(i) RESPERS M-1001.5 of Jun 2012
(j) USCENTCOM McDill AFB FL 021922z Dec11 (MOD 11) (NOTAL)
(k) CNO Washington DC 222341Z JUL 08 (NAVADMIN 207/08)
(l) CNO Washington DC 020107Z APR 09 (NAVADMIN 099/09)
(m) CNO Washington DC 140957z Aug 08 (NAVADMIN 160/08)
(n) ASD(HA) Policy 09-006 of 12 Mar 2009
(o) ASD(HA) Policy 06-008
(p) ASD(HA) Memorandum, of 24 Mar 08 MCM 0028-07
(q) CNO Washington DC 041344z Jan 12 (NAVADMIN 007/12)

Encl: (1) Acronyms
(2) Definitions

1. Purpose. All Navy and Marine Corps military personnel returning from Individual Augmentee (IA) assignments are required to complete redeployment screening and health assessments upon return from theater of Operations, per references (a) through (q). Navy Medicine has a vital role to play in redeployment screening as an element of overall medical readiness. 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 upon redeployment using the procedures outlined in this instruction.

2. Scope. This instruction applies to Ships and Station having Medical Department Personnel.

3. Background. Service members redeploying from all Combatant Commands (COCOM) areas of responsibility (AOR) are required to complete medical and administrative requirements outlined in references (a) through (q).

- a. Timely and efficient screening procedures upon completion from theater deployment are critical in ensuring continued mission success.
- b. Proper communication and collaboration among theater of operation, Navy Mobilization Processing Sites (NMPS); Commander, Navy Installation Command (CNIC); Navy Personnel Command (NPC); Navy Medicine; Marine Corps offices; and parent commands is essential to ensure successful completion of administrative and medical readiness requirements. Cross-echelon collaboration will establish data tracking for members who executed orders to expeditionary assignments.
- c. To ensure that members are fully medically redeployed from expeditionary assignments, use of the NAVMED 1300/13, Redeployment/Demobilization Medical and Dental Screening for IA to Overseas Contingency Operations Support Assignments (OSA) to document completion of medical requirements is mandatory. In addition to NAVMED 1300/13; DD Form 2796, Post-Deployment Health Assessment (PDHA); and the administrative portion of the expeditionary screening form, NAVPERS 1300/23, Redeployment/Demobilization Administrative Checklist; and DD Form 2697, Report of Medical Assessment shall be completed within 30 days of completion of theater deployment. DD Form 2808, Report of Medical Examination is required for personnel who have completed separation physicals for an identified medical condition. DD Form 2900, Post-Deployment Health Re-Assessment (PDHRA) shall be completed within 90 to 180 days upon completion of theater deployment. Service members will complete medical referrals, if indicated, during the post-deployment phase. Medical providers completing the post-deployment readiness requirements must have knowledge of policies outlined in references (a) through (q).
- d. While the responsibility for completion of redeployment/demobilization requirements resides with the IA, Navy Medicine plays an essential role in ensuring individuals meet the post-deployment expeditionary requirements.
- e. Enclosures (1) and (2) are provided as additional information.

4. Responsibilities

- a. Deputy Chief, Wounded, Ill and Injured shall:

- (1) Serve as the point of contact (POC) for medical questions that arise during the screening process.

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

- b. Navy Medicine Regions will:

- (1) Ensure members redeployed from medical expeditionary assignments and TEMADD have been screened per this instruction.

(2) Establish a mechanism to monitor MTFs for trends in incomplete or incorrect redeployment expeditionary screenings and assessments performed on Navy personnel.

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

(1) Ensure IAs returning from expeditionary assignments, and specific TEMADD (as appropriate), undergo screening per this instruction and that the appropriate COCOM AOR instructions are available to providers performing the screening.

(2) Assign responsibility for IA and TEMADD assignments redeployment screening and assessments to an MTF department or division or Deployment Health Center (DHC), and utilize the IA suitability screening coordinator (IASSC) within the department or division to oversee the screening and assessments process. Per reference (g), the MTF IASSC serve as the medical screening primary POC to assist the NMPS OICs, the Command Individual Augmentee Coordinator (CIACs) and the IA with the post-deployment medical process.

(3) Assign, in writing, specific medical personnel (properly trained military or civilian staff) with the responsibility to perform redeployment screenings and assessments. 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 NAVMED 1300/13, appropriate post-deployment Department of Defense (DoD) forms and medical referrals. Knowledge, preferably first-hand, of the physical demands and medical limitations encountered in operational environments is essential.

(5) Ensure that all medical and dental readiness data for uniformed Service members in their Service AOR, is properly recorded in the Medical Readiness Reporting System (MRRS) as outlined in reference (a). Members redeploying from expeditionary assignments shall be fully medically screened per this instruction.

d. Authorized MTF Readiness Representatives will:

(1) Maintain access to MRRS and be knowledgeable about all information and guidance found in references (a) through (q). Ensure access and be knowledgeable to complete entries of NAVMED 1300/13, DD Form 2808, DD Form 2796, and DD Form 2900; validate electronic data entry in the deployment section in MRRS.

(2) Ensure collection of Serum Samples and Human Immunodeficiency Virus (HIV) (Code H) for Deployment Health Surveillance.

(3) Ensure that a dental examination has been completed within 90 days of separation for Reserve Component (RC) personnel.

(4) Validate that MRRS data accurately reflects the Service member's redeployment health screening and assessment; copies entered are in medical records.

(5) Serve as a resource to Line Commands for unit readiness requirements with MRRS access.

(6) Ensure knowledge of requirements on current COCOMs Surgeon Individual Protection and Individual/Unit Deployment Policy and medical redeployment requirements (per reference (a) through q)).

e. Redeploying IA and Demobilizing RC 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 sections of DD Form 2796, Post-Deployment Health Assessment (PDHA), within 30 days of return from expeditionary assignment and follow-up on the medical referrals annotated by medical providers.

(3) Complete the member sections of DD Form 2697, Report of Medical Assessment, upon return from expeditionary assignment and follow-up on the medical referrals annotated by medical providers.

(4) Coordinate with assigned CIAC at parent command to ensure completion of post-deployment medical and administrative requirements in this instruction.

(5) CIAC will coordinate with local MTF IASSC and Readiness team to assist IA with medical post-deployment requirements, per references (d), (g), and (m).

(6) Service will complete DD Form 2900, Post-Deployment Health Re-Assessment (PDHRA) within 90 to 180 days of return of redeployment and medical referrals, if indicated.

(7) Local MTF readiness team (IASSC) will update data in MRRS and ensure medical referrals are annotated.

(8) CIAC will ensure medical and family section data is updated in the Navy Family Accountability and Assessment System (NFAAS), per reference (g).

5. Instructions for Completing NAVMED 1300/13. The following directions are intended to aid members and Medical Department personnel in accurately completing NAVMED 1300/13. After completion, all pages shall be saved in the member's permanent medical record (paper and electronic, if indicated). 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 DD Form 2808, DD Form 2697, DD Form 2796, and DD Form 2900.

a. Part I. To be completed by a designated Medical Department representative (Hospital Corps, Nurse Corps, Medical Corps, Dental Corps, and/or Medical Service Corps). Knowledge of post-deployment screening guidelines is critical to the successful completion of this section. The Service member shall return to medical upon return from deployment to complete the electronic version of DD Form 2796, and DD Form 2900, and medical referrals.

b. Part II. Medical referrals to be annotated utilizing the Utilization Management section in Armed Forces Health Longitudinal Technology Application (AHLTA). Medical Treatment Facilities will ensure printed copies of the completed medical referrals are entered in the member's medical record for provider review.

c. Part II and III. To be completed by a medical provider to include Physician Assistants, Nurse Practitioners, and Medical Officers as assigned. Medical providers shall ensure completion of DD Form 2808, DD Form 2796, DD Form 2697, DD Form 2900, and the appropriate medical referral SF 513 forms. In addition, dental providers shall ensure completion of the required section in DD Form 2808, if indicated. The required forms, and their source of supply, are listed in paragraph 9 of this instruction. Providers must sign at the indicated location on medical and dental section in NAVMED 1300/13, and ensure appropriate entries are completed in the deployment section in MRRS.

d. Part IV. To be completed, as appropriate, by Service members and leadership.

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 post-deployment assessments completions.

b. Dental Common Access System (DENCAS), MRRS, Naval Shipboard Non-Tactical ADP Program (SNAP), and Snap Automated Medical System (SAMS) are data entry tools for dental readiness data. DENCAS and SAMS transmit data to MRRS. Dental activities shall ensure entries are made in DENCAS on all Service members, including those members assigned to ships. Entries must reflect, at a minimum, date of examination and dental class at the time of care. DENCAS will be replaced by other dental readiness systems, when fully deployed.

c. AHLTA is approved for recording Service members medical status and documenting medical referrals.

d. Armed Forces Health Longitudinal Technology Application Theater (AHLTA-T) is approved for theater documentation of Service member's medical condition.

e. NFAAS is approved for tracking compliance with command CIAC assignment, CIAC contact with deployers and families, and completion of Post-deployment requirements.

7. Points of Contact

a. 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.

b. For NFAAS access, users can obtain a system access authorization from United States Fleet Forces Command (USFFC) upon completion of online training at (757) 836-8532.

c. For Deployment Health Assessments (DHA), members can access forms electronically at: <https://data.nmcphc.med.navy.mil/EDHA/login.aspx>.

8. Records Management. Records created as a result of this instruction, regardless of media and format, shall be managed per SECNAV Manual 5210.1 of Jan 2012.

9. 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.

10. Forms. The use of any paper or electronic forms and electronic systems not listed below for recording or tracking medical and dental data and assessments for redeployment from 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 2796 (JUN 2012), Post-Deployment Health Assessment is required within 30 days upon completion of expeditionary assignment; form shall be completed electronically at: <https://data.nmcphc.med.navy.mil/EDHA/login.aspx>.

b. DD Form 2900 (JUN 2012), Post-Deployment Health Re-Assessment is required within 90 to 180 days upon completion of expeditionary assignment; form shall be completed electronically at: <https://data.nmcphc.med.navy.mil/EDHA/login.aspx>.

c. DD Form 2808 (OCT 2005), Report of Medical Examination is only required for members with medical conditions identified for separation physicals and is available electronically at: <http://www.dtic.mil/whs/directives/infomgt/forms/eforms/dd2808.pdf>.

d. DD Form 2697 (FEB 1995), Report of Medical Assessment is available at: <http://www.dtic.mil/whs/directives/infomgt/forms/eforms/dd2697.pdf>.

e. NAVPERS 1300/23 (Rev. 3-2011), Redeployment/Demobilized IA Checklist, a Naval Personnel Command form for redeploying members from expeditionary assignments (outlined in reference (d)) is available electronically at: <http://www.npc.navy.mil/ReferenceLibrary/Forms/NAVPERS/>.

f. NAVMED 1300/13 (5-2012), Redeployment/Demobilization Medical and Dental Screening for Individual Augmentee (IA) Returning From Overseas Contingency Operations Support Assignments (OSA) is available electronically from the "Forms" tab at:

<http://www.med.navy.mil/directives/Pages/ExternalForms.aspx>.

g. Standard Form 513 (Rev. 4-98), Medical Record, Consultation Sheet is available electronically from the U.S. General Services Administration at:

<http://www.gsa.gov/portal/forms/type/SF>.



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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

AHLTA	Armed Forces Health Longitudinal Technology Application
AHLTA-T	Armed Forces Health Longitudinal Technology Application-Theater
AOR	Area of Responsibility
BUMED	Bureau of Medicine and Surgery
CIAC	Command Individual Augmentee Coordinator
CO	Commanding Officer
COCOM	Combatant Command
CNIC	Commander, Navy Installation Command
DENCAS	Dental Common Access System
DHA	Deployment Health Assessment
DOD	Department of Defense
HA	Health Affairs
HIV	Human Immunodeficiency Virus
IA	Individual Augmentee
IASSC	Individual Augmentee Suitability Screening Coordinator
IMR	Individual Medical Readiness
MRRS	Medical Readiness Reporting System
MTF	Medical Treatment Facility
NAVMED	Navy Medicine
NAVPERS	Navy Personnel Command Form
NFAAS	Navy Family Assessment and Accountability System
NMPS	Navy Mobilization Processing Site
NOTAL	Not to All
NPC	Navy Personnel Command
OSA	Overseas Contingency Operations Support Assignments
OCONUS	Outside the Continental United States
OIC	Officer in Charge
PDHA	Post-deployment Health Assessment
PDHRA	Post-deployment Health Re-Assessment
POC	Point of Contact
R3	Return-Reunion-Reintegration
RC	Reserve Component
SAMS	Snap Automated Medical System
SNAP	Shipboard Non-Tactical ADP Program
TEMADD	Temporary Additional Duty
USCENTCOM	United States Central Command
USFFC	United States Fleet Forces Command

DEFINITIONS

1. Command Individual Augmentee Coordinator (CIAC). Commands are responsible to assign CIAC to assist deployers and families with deployment requirements in all phases of deployments. They have access and tracking compliance of requirements in NFAAS.
2. Individual Augmentee Suitability Screening Coordinator (IASSC). Medical treatment facilities are responsible to assign IASSC to assist Navy-wide CIAC and deployers with medical deployment requirements. IASSC are members of the medical readiness teams with knowledge and responsibility to perform redeployment screenings and assessments. First-hand knowledge of operational environment requirements is essential.
3. Expeditionary 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. Expeditionary assignments include sea duty with boots on the ground over 30 days, select locations in the Continental United States (CONUS) and Outside the Continental United States (OCONUS), Fleet Marine Force, Special Operations, Construction Battalion operations, and forward deployed Naval Forces orders. Service members will be required to complete expeditionary suitability screening and post-deployment readiness requirements.
4. Overseas Duty. Military duty performed while assigned to a military installation or other activity permanently based OCONUS that requires expeditionary suitability screening. Hawaii and Alaska are exempt from suitability screening requirements except for locations designated as remote.
5. Post-deployment Health Assessment (PDHA). A post-deployment health assessment for all personnel returning within 30 days of completion of an expeditionary assignment, per reference (a).
6. Post-deployment Health Re-Assessment (PDHRA). A post-deployment health re-assessment required for all Service member returning from expeditionary assignments within 90 to 180 days, per reference (a).
7. Return-Reunion-Reintegration. Program encompassing evaluation, educational, and logistics resources for Individual Augmentee (IA) Sailors from theater detachment/departure to reintegrate back to parent command and family. During this phase of deployment the IA Sailors will complete the PDHA and PDHRA medical requirements per this instruction.
8. 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. 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.