BUMED NOTICE 6120

From: Chief, Bureau of Medicine and Surgery

Subj: READINESS AND ROUTINE ASSESSMENT PRIORITY DURING CORONAVIRUS DISEASE 2019 RESTRICTIONS

Ref: (a) BUMEDINST 6110.14  
(b) SECNAVINST 6120.3A  
(c) OASN(M&RA) Memo of 23 Apr 20 (NOTAL)  
(d) BUMEDINST 1300.3A  
(e) BUMEDINST 1300.4  
(f) OPNAVINST 6100.3A  
(g) DoD Instruction 6490.03 of 19 June 2019  
(h) DHA-PI 6490.03 of 20 December 2019  
(i) NAVMED P-117  
(j) DoD Instruction 1215.08 of 19 January 2017  
(k) SECNAVINST 1850.4F  
(l) SECNAV M-1850.1 of September 2019  
(m) DoD Instruction 1332.18 of 17 May 2018  
(n) BUMEDINST 6320.79A  
(o) BUMEDINST 1300.2B  
(p) DoD Instruction 6040.46 of 14 April 2016  
(q) DoD Instruction 6055.12 of 14 August 2019

1. **Purpose.** Navy Medicine has taken a lead role responding to the Coronavirus Disease 2019 (COVID-19) pandemic, while maintaining Navy Medicine Readiness and Training Commands (NAVMEDREADTRNCMD) healthcare access with available assets to sustain force medical readiness. Commands must continue to prioritize medical assets as directed in this notice. The focus of efforts must continue to meet the operational needs for deployment and readiness, assignment relocation with suitability and platform screenings, as well as supporting accession and separation pipelines to attain target end strength.

2. **Scope and Applicability.** This notice applies to all healthcare providers under the NAVMEDREADTRNCMDs delivering care to Sailors or Marines.

3. **Background.** The public health response to COVID-19 includes vaccination, social distancing, and restrictions of movement based on local public safety and force protection measures. Furthermore, the Navy continues to mobilize medical platforms to provide national assistance. These efforts may result in a reduction in access to medical examinations. The Military Departments may have medical assessments that are deemed mission essential to
preserve force medical readiness. Unless superseded by higher authority guidance, Chief,
Bureau of Medicine and Surgery (BUMED) must identify and prioritize the minimal
requirements for completion of critical readiness assessments when Fleet and Fleet Marine
Forces access to medical assets are reduced as a result of COVID-19 related restrictions.

4. Virtual Health in Support of Readiness

   a. Virtual health, to include telephonic or video platforms, must be utilized to the maximum
extent possible to avoid unnecessary exposure risk to COVID-19 when readiness evaluations are
completed. Only when there is a restriction of movement in place or reduced access to care due
to COVID-19, NAVMEDREADTRNCMDs may delay any necessary physical examinations or
treatment on a case-by-case basis only after considering the impact on safety, readiness, and
logistics while applying clinical discretion.

   b. Navy Medicine is designed to support the individual medical readiness requirements of
every unit in the Department of the Navy (DON). NAVMEDREADTRNCMDs are responsible
for the medical readiness support for medical cognizance of all units regardless of location.
Reference (a) is currently being revised to incorporate medical cognizance assignments for
NAVMEDREADTRNCMDs in collaboration with Naval Medical Forces Atlantic and Naval
Medical Forces Pacific. Medical cognizance for medical readiness support will serve as a
framework for the future of Navy Medicine’s approach to virtual health support of medical
readiness to remote units, and co-located units that are experiencing reductions in access to care
due to COVID-19.

5. Prioritization of Readiness Evaluations

   a. All mandated medical and dental evaluations promote readiness. During COVID-19
pandemic restricted access to care, readiness care will be prioritized as listed:

      (1) Tier 1 Priorities. The evaluations are listed from highest to lowest priority:

          (a) Periodic health assessment (PHA) and post-deployment health re-assessment
              (PDHRA) to support the Physical Readiness Program.

          (b) Pre-deployment requirements for Service members being mobilized or deploying
              on ships.

          (c) Post-deployment health assessment.

          (d) Temporary disability retired list (TDRL) periodic physical examinations (PPE)
              for members whose TDRL expiration date is less than 6 months, special duty physical
              examinations, suitability screenings (platform or overseas) to include family members, for
              reassignment executed during any COVID-19 restrictions.
(2) **Tier 2 Priorities.** The listed medical and dental evaluations are equally prioritized:

(a) Separation history and physical examinations (SHPE) that cannot be delayed per paragraph 10 of this notice.

(b) Medical Evaluation Board (MEB) for temporary limited duty, administrative separation for condition not amounting to a disability, or Disability Evaluation System.

(c) Enlisted-to-officer commissioning that cannot be delayed due to board or academic deadlines; evaluations required during recruit training or officer candidate school in order to allow a recruit to complete training and ship to initial school or duty assignment; required commission physical examinations for Reserve Officer Training Command and Service academy midshipmen that cannot be delayed if existing examinations are not sufficient for a commission qualification or waiver.

b. Further guidance on the execution of these prioritized readiness requirements during the COVID-19 pandemic:

(1) Per reference (b), the annual PHA and annual dental examinations are due 365 days from the last recorded assessment or examination. Where COVID-19 has not impacted access to care, PHA and dental examinations should be completed on their original timelines. Per reference (c), the PHA and dental examinations were granted a one-time extension for 120 days on 23 April 2020. This date is valid until the Service member completes their PHA and dental examination. Upon completion, the due date for the next annual assessment or examination will revert back to 365 days. This extension will be phased out on 21 August 2021; the latest due date that includes a full 120-day extension for a Service member completing their required annual PHA or dental examination. This extension is not a basis for denying appointments for individuals who request a PHA or dental examination on their original timelines. PHA completion, regardless of the 120-day extension, should be prioritized to ensure ability to complete the NAVPERS 6110/3 Physical Activity Risk Factor Questionnaire (PARFQ) for upcoming physical fitness assessment cycles.

(2) Smallpox vaccination should not be administered to any personnel until further guidance is issued by BUMED. All other routine or recommended immunizations for Service members have been resumed. Guidance regarding the implementation and tracking of the vaccine for COVID-19, or the Severe Acute Respiratory Syndrome Coronavirus 2 virus, should follow Service or DON guidelines.

(3) Pre-deployment medical and dental requirements must be completed per references (d) through (h) to ensure Service members are medically ready for expeditionary or shipboard assignments. COVID-19 response missions in both the continental United States and outside the continental United States will be considered deployments. NAVMED 1300/4 Expeditionary Medical and Dental Screening for Individual Augmentee (IA) and Support Assignments to
Overseas Contingency Operations (OCO), DD Form 2807-1 Report of Medical History, DD Form 2795 Pre-Deployment Health Assessment, and the administrative portion of the NAVPERS 1300/22 Expeditionary Checklist must be completed.

(4) Post-deployment medical and dental requirements must be completed per references (e) through (h) to ensure Service members are medically ready for redeployment. NAVMED 1300/13 Redeployment/Demobilization Medical and Dental Screening for Individual Augmentee (IA) Returning from Overseas Contingency Operations Support Assignments (OSA) must be utilized to ensure appropriate medical readiness following a deployment. In addition to the NAVMED 1300/13, DD Form 2796 Post-Deployment Health Assessment (PDHA), the administrative portion of the expeditionary screening form NAVPERS 1300/22 and the DD Form 2697 Report of Medical Assessment must be completed within 30 days of deployment theater departure date. The theater departure date does not include days for travel or any restriction of movement. Reserve Component deployers who are separating from active duty (AD) and returning to Selective Reserve (SELRES) must follow the additional guidance per subparagraphs 10d(1) and 10d(2) of this notice. The DD Form 2900 Post-Deployment Health Re-assessment (PDHRA) must be completed within 90 to 180 days from the theater departure date. Service members will complete medical referrals, if indicated, during the post-deployment phase.

(5) Medical providers completing the post-deployment readiness requirements must have knowledge of policies outlined in references (d) through (h). All deployment related health assessments are authorized to be completed virtually, through telephonic or video-teleconference capabilities. At the clinical discretion of a qualified and credentialed provider, a referral to conduct an in-person encounter with a physical examination may be necessary to complete these requirements. The provider should initiate an appropriate referral in the local area of the patient if available, using clinical discretion.

6. Special Population Commissioning Examinations

a. Cadets, midshipmen, or other officer candidates in a pipeline leading to a superseding commission have medical requirements that must be met prior to commission per reference (i), Manual of the Medical Department, chapter 15, section II.

b. This population is also required to meet readiness requirements after AD entrance. While in midshipman status, personnel are eligible to receive physical examinations and ancillary studies required for commission through a medical treatment facility (MTF) per reference (j). If access to care limitations or restriction of movement does not allow for these studies to be completed at an MTF prior to commission, the authorized guidance is:

(1) If no serious interim conditions have been developed that would preclude a commission waiver, then an extension of the initial Department of Defense (DoD) Medical Evaluation Review Board or other entrance physical beyond the standard 5-year validity period


for the purpose of general duty commissioning is authorized. The DoD Medical Evaluation Review Board physical or commissioning physical must be accompanied by all annual certificates of physical condition (NSTC 1533/107 Annual Certification of Physical Condition, NAVMED 6120/9 Temporary Disability Retired List (TDRL) Assessment, or USCG CG-719K Application for Medical Certificate (FORM CG-719K)) or PHAs for each interim year in the program.

(2) Due to the impact on travel funding for cadets and midshipmen, BUMED will accept the results of a civilian human immunodeficiency virus test. The results will be valid within 24 months of commission if a human immunodeficiency virus test cannot be obtained through an MTF.

(3) Midshipmen may be authorized to commission without an updated dental examination if commissioning date would be otherwise delayed due to access to care issues and or travel restrictions directly related to COVID-19 risk. These examinations may be completed upon reporting to initial training site or duty station.

(4) Female midshipmen that are 21 years or older may be authorized to commission without results of a Papanicolaou smear test if commissioning date would be otherwise delayed due to access to care issues and or travel restrictions directly related to COVID-19. If the test is not completed prior to commission, the Papanicolaou smear may be completed upon reporting to initial training site or duty station, following the American Society for Colposcopy and Cervical Pathology screening guidelines.

(5) If requested by the Service waiver authority, the Service medical waiver review authority will provide medical qualification and waiver recommendations for general duty commission of midshipmen or officer applicants, regardless of designation or completion of special duty medical requirements. The recommendation of the Service medical waiver review authority must only apply to general duty commissioning. Applicants who have been selected for special duty designators must still complete a special duty medical examination and meet special duty medical qualification or waiver criteria, as determined by the appropriate special duty authority for Service in a special duty designator. If access to care or travel restrictions prevent the completion of a special duty physical prior to commission, the special duty physical will be conducted after commission. In the setting where a newly commissioned Service member is unable to meet special duty waiver criteria to serve within their assigned special duty designator, the Service member may need re-designation through the Probationary Officer Continuation and Redesignation Board.

(6) Additional readiness requirements which will apply to a midshipman or officer candidate after commissioning will follow the prioritizations described in paragraphs 7 through 8 of this notice.
7. **TDRL PPEs**

   a. Per references (k) through (n), TDRL is designed to enable all eligible Service members with a rated disability the opportunity to receive retirement benefits, including medical coverage for the Service member and dependents, and a monthly stipend until medical conditions become stabilized or corrected. A Service member whose condition is not stable may be placed on the TDRL for up to 3 years, if placed into the program after 1 January 2017, or 5 years if placed prior to that date. Conversion from the TDRL to the Permanent Disability Retired List is not automatic. The Physical Evaluation Board (PEB) is required by statute and policy to review examinations concerning the condition(s) for which the Service member was placed on the TDRL in order to assign a final disability percentage per the Department of Veterans Affairs Schedule for Rating Disabilities. If there are no TDRL PPEs, Defense Finance and Accounting Services will automatically terminate benefits, to include healthcare eligibility, at the end of the TDRL tenure. Military Departments are responsible for executing required TDRL PPEs and ratings per Title 38, Code of Federal Regulations.

   b. The PEB will accept TDRL PPEs completed virtually for conditions not requiring physical examinations. TDRL PPEs must be completed at least every 18 months from placement on TDRL by the PEB, and for those unstable and unfitting conditions for which the PEB placed the Service member on TDRL.

   c. As a result of access to care limitations due to COVID-19, NAVMED 6120/9 is the default documentation for completing TDRL PPE. Alternatively, Department of Veterans Affairs facilities can conduct TDRL PPEs in lieu of completion at NAVMEDREADTRNCMD. TDRL PPE does not require the convening of an MEB, an MEB cover sheet, a second physician's signature, or the convening authority's signature.

   (1) The NAVMEDREADTRNCMD will notify the Service member of pending and required TDRL PPEs where the timeframe between notifications to file submission to the PEB must not be more than 30 days from completion of TDRL PPE.

   (2) A credentialed primary care physician or similar (i.e., family medicine, internist, preventive medicine, or occupational medicine) can complete TDRL PPEs for conditions within their scope of practice. For conditions outside of their scope of practice, a primary care physician can also complete the TDRL PPE assessment when they have supporting documentation from a specialist (e.g., a network oncology evaluation that addresses the stability and prognosis of the oncologic condition).

   d. The NAVMEDREADTRNCMD must submit completed TDRL PPE to the PEB via secure encrypted electronic transmission. Contact PEB at (202) 685-6430 for the current e-mail address, as applicable. Alternatively, the NAVMEDREADTRNCMD can send TDRL reports via certified mail to the President of PEB, 720 Kennon Street, S.E., Suite 309, Washington, DC 20374-5023.
8. Exceptional Family Member Program (EFMP)
   a. EFMP appointments for enrollment, updates, and disenrollment should be prioritized at the NAVMEDREADTRNCMD level. Completion and processing of the DD Form 2792 and DD Form 2792-1 will continue per reference (n).
   b. Expired EFMP cases due to limited access to medical care during COVID-19 will continue to be considered for orders by PERS-454, Deployability Assessment/Assignment Branch (LIMDU/TDRL).
   c. For family members with an Individualized Education Program or an Individualized Family Service Plan, the early intervention signature block or the school signature block 8a on the DD 2792-1 Early Intervention/Special Education Summary may be left blank if educational personnel are not available for signature. The NAVMEDREADTRNCMD EFMP coordinator must indicate rationale for the blank signature block in the Navy Family Accountability and Assessment System.

9. Audiograms
   a. Per reference (o), deployers do not require an audiogram if they are not already assigned to the hearing conservation program unless the member is expected to be exposed to (1) more than 85 decibels A-weighted (dBA) as an 8-hour time weighted average; or (2) impulse noise sound pressure levels of 140 decibels or greater peak sound pressure.
   b. When a SELRES member mobilizes and demobilizes from AD orders more than 30 days, an audiogram is only required when the member enrolled in the Hearing Conservation Program or if one of the above criteria are met. Subparagraphs 10d(1) and 10d(2) outlines the purposes of requirements during the SHPE for reservists demobilizing from AD orders.

10. Separation Health Physical Examination (SHPE)
    a. A SHPE must be completed within the timeline prescribed by the Manual of the Medical Department, chapter 15 and reference (p). All SHPEs will include the DD Form 2807-1, and the accompanying DD Form 2808 Report of Medical Examination. SHPEs must address each concern noted by the Service member on both forms. Any limitations to physical examination due to COVID-19 restrictions during a SHPE must be annotated on the DD Form 2808, regardless of examination limitations. In such cases, the provider must use clinical discretion to determine if any previously unevaluated conditions require a physical examination prior to separation.
    b. All forms used in the completion of a SHPE, including the DD Form 2807-1 and DD Form 2808, must specifically note what level of physical examination was conducted, including
any limitations. If a SHPE is conducted without any examination, the provider must check the “NE” box of the “MEDICAL EVALUATION” portion of DD Form 2808. A complete review of the DD Form 2807-1 and DD Form 2808 must be conducted.

c. In order for a SHPE to be considered complete and ready for submission, these procedures must be completed:

(1) A complete review of DD Form 2807-1 includes, addressing all conditions marked “yes” in boxes 10 through 29, and commenting on necessary follow-ups in both DD Form 2807-1 (block 30a) and DD Form 2808 (block 89).

(2) One of the boxes in block 74 on DD Form 2808 must be checked. This annotation identifies a Service member as being “physically qualified” or “not physically qualified.” This identification enables physically qualified separating Service members to re-affiliate to the Service for additional periods of AD, if desired or recalled.

(3) One of blocks 82, 83, or 84 on DD Form 2808 must be annotated and signed by the provider.

d. Physical examinations that are unable to be conducted, reference audiograms, and or final dental examinations may be deferred and completed once restriction of movement or access to care issues for the Service member are resolved; this is dependent on separation timeline. If there are no local COVID-19 restrictions for the Service member or facility, then the process outlined in references (i) and (p) will be followed. Service members completing their SHPE must also complete the online DD Form 2978, Deployment Mental Health Assessment (DMHA) within 6 months of their separation or retirement date. If not already completed as part of the PHA or PDHRA within this timeline, the DD 2978 can be completed on the electronic deployment health assessment Web site at https://data.nmephc.med.navy.mil/edha/, using the “Deployer” option, then selecting “Report a New Standalone DMHA.”

(1) For any Service member receiving SHPE as their final physical examination before separation from the Service, and not returning to SELRES status from AD orders, the final audiogram DD 2216 Hearing Conservation Data, is required per reference (o).

(2) For SELRES members demobilizing from AD orders more than 30 days, the current NAVMED 1300/4, NAVMED 1300/13, and DD Form 2808 incorrectly indicates a requirement for an audiogram. Audiograms are only required as outlined per reference (q). Accordingly, providers who are certifying these forms will document the inclusion or exclusion of an audiogram based on this criteria:

(a) When the Service member agrees to waive the audiogram, include this statement on the DD Form 2808: “The Service member agrees to waive the audiogram as they were not exposed to explosions, small arms fire, or regular exposure of more than 85 dBA noise during a mobilization that is more than 30 days.”
(b) Complete an audiogram for every Service member who was exposed to more than 85 dBA for more than 8 hours, or when the member does not choose to waive the audiogram.

e. Service members completing their SHPE must also complete the online DD Form 2978 within 6 months of their separation or retirement date. If not already completed as part of the PHA or PDHRA within this timeline, the DD Form 2978 can be completed on the electronic deployment health assessment Web site at https://data.nmcphec.med.navy.mil/edha/, using the “Deployer” option, then selecting “Report a New Standalone DHMA.”

11. Point of Contact. Questions may be emailed to Force Medical Readiness (BUMED-M34) at usn.ncr.bumedfchva.list.m34@mail.mil.

12. Records Management

a. Records created as a result of this notice, regardless of format or media, must be maintained and dispositioned per the records disposition schedules located on the DON Directorate for Administration, Logistics, and Operations, Directives and Records Management Division portal page at https://portal.seanav.navy.mil/orgs/DUSNM/DONAA/DRM/Records-and-Information-Management/Approved%20Record%20Schedules/Forms/AllItems.aspx.

b. For questions concerning the management of records related to this notice or the records disposition schedules, please contact the local records manager or the DON Directorate for Administration, Logistics, and Operations, Directives and Records Management Division program office.

13. Forms

a. The NAVMED forms are available at https://forms.documentservices.dla.mil/order/:

(1) NAVMED 1300/4 Expeditionary Medical and Dental Screening for Individual Augmentee (IA) and Support Assignments to Overseas Contingency Operations (OCO).

(2) NAVMED 1300/13 Redeployment/Demobilization Medical and Dental Screening For Individual Augmentee (IA) Returning From Overseas Contingency Operations Support Assignments (OSA).

(3) NAVMED 6120/3 Annual Certification for Physical Condition.

(4) NAVMED 6120/9 Temporary Disability Retired List (TDRL) Assessment.

b. The DD Forms are available at https://www.esd.whs.mil/dd/:

(1) DD Form 2216 Hearing Conservation Data.
(2) DD Form 2697 Report of Medical Assessment.

(3) DD Form 2795 Pre-Deployment Health Assessment.

(4) DD Form 2796 Post-Deployment Health Assessment (PDHA).

(5) DD Form 2807-1 Report of Medical History.

(6) DD Form 2808 Report of Medical Exam.

(7) DD Form 2900 Post-Deployment Health Re-Assessment (PDHRA).

(8) DD Form 2978 Deployment Mental Health Assessment (DMHA).

c. The NAVPERS forms are available at https://forms.documentservices.dla.mil/order/:

(1) NAVPERS 1300/22 Expeditionary Checklist.

(2) NAVPERS 6110/3 Physical Activity Risk Factor Questionnaire (PARFQ).


Releasability and distribution:
This notice is cleared for public release and is available electronically only via the Navy Medicine Web site at, https://www.med.navy.mil/Directives