# **Electronic Deployment Health Assessment User Guide Standard Operating Procedures**

EpiData Center Department November 2020



NAVY AND MARINE CORPS PUBLIC HEALTH CENTER PREVENTION AND PROTECTION START HERE

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# Introduction

#### Purpose

The DoD Deployment Health Assessment program ensures that all Service members who are deployed for more than 30 days boots on ground are monitored periodically for both physical and mental health concerns as mandated by the Assistant Secretary of Defense for Health Affairs. The EpiData Center Department (EDC) Application Development and Data Systems Support (ADDSS) Division developed and maintains the Electronic Deployment Health Assessment (EDHA) system which assists in fulfilling this requirement. Five deployment health assessments are currently in use to monitor Service member health throughout their deployment cycle and up to three years after they return.

Each completion of an online assessment requires certification by an authorized Health Care Provider through a subsequent interview. The assessments can only be completed electronically using the EDHA application. Once certified as complete, a paper copy will be placed in the Service member's medical record or the records transferred to AHLTA. EDC epidemiologists in the Deployment Health Division utilize the information within the assessments to analyze positive screens for physical and mental health concerns, provider referrals, and evaluate overall compliance and completion. Their analysis allow for timely reporting of battle injuries, identifying specific deployment health threats and tracking of specific health related outcomes which may be related to military deployments.

# **Roles and Responsibilities**

## Deployer

Deployer accounts are for all Service members both active and reservists who deploy. Deployment Health Assessments (DHAs) completed in EDHA are a part of the medical record and help determine medical readiness.

## Health Care Provider

All assessments must be certified by a Health Care Provider within EDHA before they are completed. Although other roles may make notes in, view, or print assessments, only the Health Care Provider role may certify assessments.



Because of the sensitive information in the assessment, HCPs must be a Physician, Nurse Practitioner, Physician Assistant, Advanced Practice Nurse, Independent Duty Corpsman, Independent Duty Health Services Technician, Independent Duty Medical Technician, or Special Forces Medical Sergeant. All HCPs must complete their MHA Training before they are granted the role.

#### **Provider Screener**

Provider Screeners are able to view and print Deployer's assessments, but are not able to certify them. Run AHLTA reports which can be copied and pasted into AHLTA notes. View at a glance referral status of Deployer assessments.

#### Local Administrator

Local Administrators have the ability to create Deployer accounts, unlock Deployer accounts, reset Deployer passwords, and disassociate CACs from Deployer accounts. This role can also run reports which show missing PDHRAs, survey status report, and DMHA report standing. This role is useful to help facilitate the EDHA process on a local level and can be a POC for site trouble shooting.

#### **Provider Screener Trainee**

Provider Screener Trainee access is reserved for students at Flight Surgeon School and those training to be Providers. All reports and access available with Provider Screener is also available with Provider Screener Trainee access. However, Provider Screener Trainees may only view approved test Deployer accounts. Upon graduation, Provider Screener Trainees will need to follow the standard guidelines for requesting additional access to EDHA.

# Logging On

#### Create a New Account

Click "Register New Deployer Account."



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		CACLogin CA	Assessment quest Temporary CAC	
			M. CAR	Ref Bill - March
In	structions		Privacy Act Statement	
Obj Acc Pro NM	taining Access: Local Admins and Pro ess, System Authorization Access Re wider Registration: If you are a Provi ICPHC at (757)953-0737or send emi	viders only—Please read this document for obtaining access: <u>Instructions for EDHA</u> guest Form ( <u>2DHAV 5237414(Brs 527011)</u> er and nead to registice, contact, your Local Administrator (EDHA POC), or it to the Help Deak by <u>clicking hers</u> .	Authority, 10 U.S.C. 136 Chapter 53, 1074f, 3013, 5013, 8013 and E.O. 9397 Principal Purpose: To assess your state of health after deployment outside the Ur operations and to assist military healthcare providers in identifying and providing Routine I Ler. To rother Entertal and Yota seconds and Yolian healthcare provide	ited States in support of military present and future medical care to you. It as necessary in onfer to provide
		FOR OFFIC	AL USE ONLY	

On the new page, use the arrows to navigate through and create a new Deployer Account.



The CAPTCHA is not case sensitive and there are no spaces in between the characters. All passwords must be 15 characters and include two uppercase, two lowercase, two numbers, and two special characters (!,@,#,\$, etc.). Spaces are not allowed in passwords.

The page will not allow you to continue until all fields are correctly filled out on the current page.



All fields are required to register a new account. Once all pages are completed, click the final arrow on the "Review" page.

To login immediately, click "Login" on the "Account Created" page.



The CAC currently in the system will be registered with the account created. Do not attempt to create an account with another member's CAC in the system.

#### First Time Logon – Register CAC

Click "Associate CAC with Account/Reset Password."



G EDHA Global / Logi	n FOR OFFICI	AL USE ONLY ABOUT
	Electronic Deployment Health A     Notice:     CAC is required. To request temporary login without a CAC, click 'Re     Exemption' or contact the Help Desk      CaC Login     Associate CAC with Account/Reset Passwort     Request Tem     Register New Deployer Account	Assessment quest Temporary CAC poprary CAC Exemption
Instructio Obtaining Acc	ns	Privacy Act Statement
Access System Provider Regi NMCPHC at (7	i Authorization Access Request Form: <u>OPNAV 5239/14/Rev 9/20111</u> tration: If you are a Provider and need to register, contact your Local Administrator (EDHA POC), or 57/953-073/or send email to the Help Desk by <u>clicking here</u> .	Principal Parpose: To sases your state of health after deployment outside the United Status in support of military operations and to assist military healthcare providers in identifying and providing present and Muter medical care to you. Routina I be: To other Federal and State assessies and rivillae healthcare providers as necessary in order to provide.
	FOR OFFICE	al use only

In the pop up window, enter the Username and password. Then click sign in. The user's CAC must be in the computer's CAC reader. Upon successful logon, the CAC will automatically associate with the account.

Associate CAC v	vith Account	×
Please login	to the account you wish to associate with your CAC.	
Username:		
Password:	Password	
	Sign In	Ь
	Forgot Your Password	
	Cancel Associate CAC with Account	

On the next pop up window, enter the answer to your security question and the CAPTCHA.



Associate CAC with Acc	ount	×
Please confirm you question.	r login with the correct answer to your account's security	
Login ID:		
Security Question:	Name of your pet	
Enter Answer:		)
CAPTCHA:	<i>R</i> 3 2 T Q 7 C Get new CAPTCHA	
Enter CAPTCHA:	CAPTCHA clear insensitive)	
	Confirm Question	
	Cancel CAC Exemption Request	

The CAPTCHA is not case sensitive and there are no spaces in between the characters. All passwords must be 15 characters and include two uppercase, two lowercase, two numbers, and two special characters (!,@,#,\$, etc.). Spaces are not allowed in passwords.

To login, click "CAC Login" on the home page.

## **Requesting CAC Extension**

CAC Login is required to access EDHA. If you are a Deployer and need an extension to log on with your username and password, click "Request Temporary CAC Extension."



On the pop up window, enter the Username and password then click "Sign In."



Request Tempor	ary CAC Exemption	×
Notices: CAC is requi CAC Exemp	ired. To request temporary login without a CAC, click 'Request Temporary tion' or contact the Help Desk	
Username:	-	]
Password:	Password	
	Sign In	>
	Forgot Your Password	
	Cancel CAC Exemption Request	

If you have forgotten your Username, please contact the EDHA Help Desk.

If you have forgotten your Password, click "Forgot Your Password" and follow the prompts in the pop up window to reset your password. Passwords can only be reset by the user once in a 24 hour period.

All passwords must be 15 characters long and contain two numbers, two uppercase alpha characters, two lowercase alpha characters, two non-alpha characters (!,@,#,\$, etc.). Spaces are not allowed in passwords.

#### **Resetting Password**

Passwords can also be reset once logged onto EDHA. Click "MY ACCOUNT" on the top toolbar.



Click "Change My Password."





Enter new password and confirm the password. Then click "Enter." All passwords must be 15 characters long and contain two numbers, two uppercase alpha characters, two lowercase alpha characters, two non-alpha characters (!,@,#,\$, etc.). Spaces are not allowed in passwords.

Any further problems with passwords should be directed to the EDHA Help Desk.

## **Resetting Secret Question**

Any user can update their Secret Question after logging on by clicking "MY ACCOUNT" on the top bar.

the second s		- □ × ×
MY ACCOUNT HELP	ABOUT	SIGN OFF

Click "Change My Secret Question."





The user will have the option to pick which Secret Question to answer. They will fill in the "New Secret Answer" and "Confirm Secret Answer" fields and click "Update Answer."

Only the user can update their profile information. Any further requests for resetting Secret Question must be sent to the <u>EDHA Help Desk</u>.

#### **Updating Name**

If your CAC opens another user's profile, do not change any of the profile information. Call the <u>EDHA Help Desk</u> to disassociate the account from your CAC.

To update your name within EDHA, click "My Account" on the top toolbar.

![](_page_11_Picture_6.jpeg)

Then click "Update My Profile."

![](_page_11_Picture_8.jpeg)

Update any required fields and click "Submit."

Only the user can update their profile information. Any further requests for name update must be sent to the <u>EDHA Help Desk</u>.

![](_page_11_Picture_11.jpeg)

## Disassociate CAC

If a CAC is associated with an account that is not the Service member, contact the <u>EDHA Help</u> <u>Desk.</u>

# EDHA User Guide

#### Assessment Completion Timeline

DD 2795 Pre-Deployment Health Assessment

• to be completed no earlier than 120 days prior to start of deployment

#### DD 2796 Post Deployment

• to be completed between 30 days before and 30 days after return from deployment

#### DD 2900 Post Deployment Reassessment - PDHRA

• to be completed between 90-180 days after returning from deployment

DD 2978 Deployed Mental Health Assessment - DMHA

• two surveys to be completed between 181-545 days and 546-910 days after returning from deployment

![](_page_12_Picture_13.jpeg)

## Start a New Assessment

![](_page_13_Picture_2.jpeg)

Click in the field "Date of Departure" and select the date of your latest departure from theater or to the best of your knowledge the date of departure of your upcoming deployment.

The system will list all available surveys for that date. After selecting the desired assessment, you will be directed to the assessment page.

A "Notice" window with the Privacy Act Statement will pop up. Click "OK" after reading the statement.

If a page with required information is not completely filled out, an orange dot will appear next to that page. When a page is completely filled out, the orange dot will disappear.

![](_page_13_Picture_7.jpeg)

● EDHA Global 7 Assessment	FOR OFFI	ICIAL USE ONLY			нар	ABOUT
PreDHA (DD Form 2795, June 2012)	Demographics: Profile					
Time Left: 01:59:10 Select Time	Last Name:	First Name:	Middle Initial:			
CONTROLS	Social Security Number:	Today's Date (dd/mman/yyyy):				
Save Print Exit	Date of Birth (dd/mmm/yyyy):	Gender O Male O Female				
stowms Demographics: Profile Demographics: Contact Information Demographics: Deployment Information Health Assessment: General Health Assessment: Current and Past Health History - Part I Health Assessment; Current and Past Health History - Part II	Eervice Branch Air Jorce Anny Navy Minice Cops Couct Guind Other Defense Agency Other Defense Agency	ores (CDW) at: 	Compensat Active Duty National Guard Reserves Civilian Government Employee	Pay Grade         01           02         02           02         02           03         03           04         04           05         05           05         05           07         07           08         08           69         020           020         020	0 W1 0 W2 0 W3 0 W4 0 W5	
	« «				>	»
	FOR OFF	ICIAL USE ONLY				

Use the arrows at the bottom of the page or click the page number on the left hand navigation pane to navigate through the assessment.

● EDHA Global <sup>®</sup> Assessment	FOR OFFI	ICIAL USE ONLY			HEP	ABOUT
- PreDHA (DD Form 2795, June 2012) Het Dirustreat Hatal In Assessment	Demographics: Profile					
Time Left: 01:59:10 Reset Time	Last Name:	First Name:	Middle Initial:			
CONTROLS	Social Security Number:	Today's Date (dd/mman/yyyy):				
Save Print Exit	Date of Birth (dd/mmm/yyyy):	Gender O Male O Female				
Steeters Demographics: Profile Demographics: Centact Information Demographics: Deployment Information Health Assessment: General Health Information Health Assessment: Current and	Eervice Branch Air Soce Army Navy Charlo Cops Coat Guind Usins Other Definise Agency U	oree (CDW) Int:	Companie   Active Outry  Active Outry  Notation Guard  Restricts  Outline Government Employee	Pay Grade 61 01 62 02 63 03 64 04 65 05 66 05 66 05 66 05 67 07 68 08 69 00 010 010	0 W1 0 W2 0 W3 0 W4 0 W5 0 00her	
Past Health History - Part   Health Assessment: Current and Past Health History - Part II	ት ት				₽	₽
	« «	_			>	>>
	FOR OFF	ICIAL USE ONLY				

The assessment cannot be submitted while there is missing required information. The assessment can be saved and closed at any time.

![](_page_14_Picture_5.jpeg)

● EDHA Global 7 Assessment	FOR OFFI	ICIAL USE ONLY			HEP	ABOUT
PreDHA (DD Form 2795, June 2012) HIS OFFICIENT INAL IN ASSISTANT	Demographics: Profile					
Time Left: 01:59:10 Reset Time	Last Name:	First Name:	Middle Initial:			
CONTROLS	Social Security Number:	Today's Date (dd/mman/yyyy):				
	Date of Birth (dd/mmm/yyyy):	Gender O Male O Female				
Excerns  Demographics: Profile  Demographics: Contact Information  Demographics: Deployment Information  Health Assessment: General Health Assessment: Current and Past Health History - Part II	Errete Branch Ar Force Arry Navy Maine Copn Obset Guind Other Defense Agency Other Defense Agency	one (CDW) at:	Companie Active Outry   National Guard   Rearrons   Civilian Government Employee	Fay Grade           E1         0.1           22         0.2           23         0.3           E4         0.4           E5         0.6           E6         0.6           E7         0.7           E8         0.8           60         0.9           0.10         0.10	○ W1 ○ W2 ○ W3 ○ W4 ○ W5 ○ Øther	
	« «				>	»
	FOR OFF	ICIAL USE ONLY				

After you have completely filled in your assessment, click "Save." And schedule a face to face with your healthcare provider. Your assessment is not complete until it has been certified by a credentialed healthcare provider.

#### **Associate Assessments**

To associate a new assessment with a previous assessment, click the orange "Start" button under the assessment on the same line of the previous assessment

![](_page_15_Figure_5.jpeg)

![](_page_15_Picture_6.jpeg)

If the orange "Start" button is not visible under the assessment, the assessment is not available based on the <u>assessment completion timeline</u>.

#### Timer

Each page of the assessment is automatically set with a 2 hour limit. The timer will refresh every time a user navigates from one page to another.

To extend the time allowed, click "Reset Time" on the side of the Assessment to reset the 2 hour timer if necessary.

O EDHA Global ₽ Assessment	FOR OFFI	CIAL USE ONLY			HELP	ABOUT
PreDHA (DD Form 2795, June 2012)	Demographics: Profile					
Time Left: 01:59:10	Last Name:	First Name.	Middle Initial:			
CONTROLS	Social Security Number:	Today's Date (dd/mmm/yyyy):				
Save Print Exit	Date of Birth (dd/mmm/yyyy):	Gender O Male O Female				
Stortms Demographics: Profile Demographics: Contact Information Demographics: Deployment Information Health Assessment: General Health Assessment: Current and Past Health History - Part I Health History - Part II	Sarvice Branch Ar Jone Arany Navy Count Gund Count Gund Other Defense Agency Other Defense Agency	oree (CDW) at: 	Companent Active Duty Notional Caured Notional Caured Reserves Civilian Government Employee	Pey Grade - E1 01 - E2 02 - E3 03 - E4 04 - E5 06 - E5 06 - E5 06 - E7 07 - E8 07 -	○ W1 ● W2 ● W3 ● W4 ● W5 ● Other	~
		*				n.
	FOR OFFI	CIAL USE ONLY				

#### **Next Steps**

After completing your assessment, contact your local healthcare provider to have your assessment certified. Until your assessment is both completed and certified, your assessment will not be marked as finished and you may still appear as non-compliant.

#### **Accessing Previous Assessments**

A user may access any previous assessment. From the My EDHA homepage, select the desired assessment.

Only non-certified assessments may be edited. However, previous assessments may be accessed at any time.

![](_page_16_Picture_11.jpeg)

# **Editing Previous Assessment**

![](_page_17_Picture_2.jpeg)

Under previously completed assessments, a blue button will read "View" or "Edit."

If the button reads "View," the assessment has already been certified and can no longer be changed. If the button says "Edit," the assessment has not yet been certified and can be edited and saved. Only non-certified assessments may be edited.

Click the blue "Edit" button under the desired assessment on the My EDHA homepage. All previous assessments will be visible.

After making any desired changes, click "SAVE" on the left panel before closing. Any changes not saved will not be applied to the assessment.

#### **Printing Assessment**

Select the desired EDHA on the My EDHA homepage. All previous assessments will be visible.

Click "PRINT" on the left panel.

![](_page_17_Picture_10.jpeg)

EDHA Global # Assessment	FOR OFFI	CIAL USE ONLY			HEP	ABOUT
PreDHA (DD Form 2795, June 2012) PRE DECOMPORT INCLUM ASSESSMENT	Demographics: Profile					
Time Left: 01:59:43 Result Time	Last Name:	First Nama:	Middle Initial:			
CONTROLS	Social Security Number:	Today's Date (dd/mmm/yyyy):				
Save (Print) Eat	Date of Birth (dd/mmm/yyyy):	Gender O Male O Female				
Stakens Demographics: Profile Demographics: Contact information	Service Branch Air Force Army Navy Marine Corps Coast Guard Civilian Expeditionary Workfi	rcce (CEW)	Component Active Dury National Guard Reserves Otilian Government Employee	Pay Grade           E1         01           E2         02           E3         03           E4         04           E5         05           E6         06	0 W1 0 W2 0 W3 0 W4 0 W5	
Demographics: Deployment Information	O USPHS O Other Defense Agency U	æ. ()		OE7 007 OE8 008 OE9 009 0010	O Other	
Health Assessment: General Health Information						
Health Assessment: Current and Past Health History - Part I						
Health Assessment: Current and Past Health History - Part II						
Health Assessment: Current and	~~ <				>	>>
	FOR OFFI	CIAL USE ONLY				

#### **Certification Progress**

All previously completed assessments are visible to Deployers.

When the assessment is submitted by the Deployer and certified by the Health Care Provider, the circle above the assessment will have a white star, read "CERTIFIED" as well as the date of certification, and the blue button will read "View."

EDHA Globel / Deployer Console	FOR OFFICI	L USE ONLY			на чесозна него	ABOUT SIGN OFF
ASSESSMENT CONTROLS						Î
+ Report a New Assessment	Welcome,					
+ Report a New Review my Existing Standalone DMHA Standalone DMHA	DEPLOYER					
ASSESSMENT DESCRIPTIONS		~				
Deployment idealth Accessments (DIA) and Deployment Mental Haulth Accessments (DIA) are required to be completed at specific line frames picer to, at return, and after a qualitying deployment. The lite Rolewine Miclates the timatrane each accessment is to be completed.	Latest Deployment	PEEDMA CIXITARE 274TEE/2017	POSTIDHA EPCRISID 27/81E/2017	PDHRA AVAILABEE	District Mark	DIEMAS NOT TANK N
PROB TO DOPLOPHONT			Edit	Start		
Pre-DHA (DD 2795) ME OFFICIENTICALTIT ADDESEACHT						
To be completed no earlier than 120 days prior to start of deployment		PREDHA HIT TAKEN	POSTDHA HUT TAKEN		DMHA4 MCT TAKEN	
INCOMPANY TRANSPORT	Deployed: Not Specified Returned: Old Aver 2001			Edit		Start
Post-DHA (DD 2796) Port of PLOYMENT REALTY ASSESSMENT				- Hereiter		
To be compliated between <b>30 days</b> before and 30 days after return from deployment		PREDHA	POSTDHA	POHRA	DIMHA4	ØMMAS
	Deployed hit Specified	23/300/2014				
PDHRA (UD Form 2900)	Returned: Aug 2013	View	Start	Start		
	FOR OFFICI	L USE ONLY				

![](_page_18_Picture_6.jpeg)

When the assessment is submitted but not yet certified, the circle above the assessment will have a white check, read "REPORTED" as well as the date of submission, and the blue button will read "Edit."

![](_page_19_Picture_2.jpeg)

When an assessment is available based on the <u>assessment completion timeline</u> but not yet completed, the while circle will have a plus sign, read "AVAILABLE," and the orange button will read "Start."

![](_page_19_Picture_4.jpeg)

When an assessment is not available, the white circle and assessment title will be dulled and no button will be available bellow.

![](_page_19_Picture_6.jpeg)

![](_page_20_Picture_1.jpeg)

# **Requesting Additional Access**

All users requesting Provider, Provider Screener, Local Administrator, or Provider Screener Trainee, must provide a SAAR-N form with blocks 1-16b completed and copies of their MHA training to the <u>EDHA Help Desk</u>.

Requirements for Accounts:

- Provider Because of the sensitive information in the assessment, HCPs must be a Physician, Nurse Practitioner, Physician Assistant, Advanced Practice Nurse, Independent Duty Corpsman, Independent Duty Health Services Technician, Independent Duty Medical Technician, or Special Forces Medical Sergeant. Must complete their MHA and have submitted a SAAR with signed permission from their Department Head.
- Provider Screener –Because of the sensitive information, SAAR forms must be signed by the CO or XO.
- Local Administrator Must have submitted a SAAR with signed permission from their Department Head.
- Provider Screener Trainee Must have submitted a SAAR with signed permission from the Naval Aerospace Medical Institute (NAMI) Academics Department Head or Director of Academics

![](_page_20_Picture_9.jpeg)

# Provider Guide

## **Registering CAC**

All roles can be registered to the user's CAC by clicking "Associate CAC with Account/Reset Password." After entering the Username and Password, you will be prompted with your secret question and CAPTCHA. After the CAC is registered, you will be able to log in by clicking "CAC Login" and selecting the role.

## Finding a Service Member

Search for desired Service member by their SSN by entering their SSN into the SSN field. Then, click the plus button to search. The Deployer's information will appear under "Selected Deployer."

The Service members DOD ID, SSN, first name, middle name, and last name will appear under "SERVICE MEMBER INFO" in the left panel.

![](_page_21_Picture_7.jpeg)

In the left panel under "ASSESSMENT," the Deployer's assessments will be visible and will show how many assessments are certified and how many are uncertified.

![](_page_21_Picture_9.jpeg)

![](_page_22_Picture_1.jpeg)

Click "Pre-DHA," Post-DHA," or "PDHRA." You will be able to view certified and uncertified assessments.

#### Adding a List of SSNs

To search multiple SSNs at once, save the list of SSN in Notepad. Click "Import SSN List" on the side panel and locate the Notepad file that contains the list of SSNs. Click "Import." The SSNs will now be included in the "SSN List:" Scroll through Deployers by clicking "Previous Deployer" or "Next Deployer."

![](_page_22_Picture_5.jpeg)

![](_page_22_Picture_6.jpeg)

When finished click "I'm done with this individual."

![](_page_23_Picture_2.jpeg)

#### **View Referral Status**

To view a Deployer's referral status, click either "Pre-DHA," "Post-DHA," or "PDRHA" and then click "Review Referral Status."

EDHA Global / Health Care Provid	der Console	FOR OFFICIAL	USE ONLY	MY ACCOUNT	HELP MONT SIGN OF
55H 3	Review Assessmer	its 👻	Review Referral Status	s S Proces	ss A Reports
Import SSN List SSN List	Review	/ Referral S	Status - Pre-D	HA	
SELECTED DEPLOYER					
SSN: Name: DOB:	1. 0	TE COMPLETED: 3/Jan/2013	DATE CERTIFIED: 03/Jan/2013	REFERRALS: Assigned: 1 Completed: 0 Not Indicated: 0	View
Im done with this individual Previous Deployer ASSESMENTS Pro-DIHA INCOMPTO: 2	2. <sup>10</sup>	TE COMPLETED 4/Jan/2011	DATE CERTIFIED: 01/May/2012	REFERBALS: Assigned: 0 Completed: 1 Not Indicated: 0	View
Post-DHA Post-DHA Post-DHA Post-DHA Post-DHA Post-DHA Post-DHA Post-DHA Post-Post-DHA Post-Post-Post-DHA Post-Post-Post-DHA Post-Post-Post-Post-Post-Post-Post-Post-		TE COMPLETED: 4/Oct/2013	DATE CERTIFIED: 24/Jan/2017	REFERENCS Assigned: 1 Completed: 0 Not Indicated: 0	View
	4. 1	TE COMPLETED: 1/Jun/2010	DATE CENTIFIED: 30/Apr/2012	REFERRALS: Assigned: 0 Completed: 1 Not Indicated: 0	View
	5. <sup>0</sup> 3	TE COMPLETED	DATE CERTIFIED: 30/Apr/2012	REFERENCE Assigned: 0 Completed: 1 Not Indicated: 0	Yiew

To view a referral, click "View" or "Edit." To close a referral click "Completed" or "No Longer Indicated." Add any comments in the "COMMENT" field. And click "Save My Changes."

![](_page_23_Picture_7.jpeg)

![](_page_24_Picture_1.jpeg)

#### Certify an Assessment

It is prohibited that Health Care Providers should certify their own assessment. This is against policy and will result in your account being locked.

To certify an assessment, click "Edit" on the line of the desired assessment.

💿 EDHA Global 🖉 Health Care Provi		ror	OFFICIAL USE ONLY		MY ACCOUNT HELP ABOUT SIGH OFF
SSN 1 Add SSI	Review Assessm	ients	Review Referral	Status	Process 🗸 🗸
Import SSN List SSN List	Revie	ew Asses	sments - Pre-	DHA	
55N: Name: DOB:	1.	status: Reported	DATE COMPLETED: 27/Feb/2017	LOCATION	Edit
Fin done with this individual Previous Deployer Next Deployer	2.	status: Certified	DATE COMPLETED: 23/Jul/2014	LOCATION:	View
Pre-DHA UNCERTIFIC 1					
PDHRA carreta e PDHRA carreta e carreta e					
		FOR	OFFICIAL USE ONLY		

![](_page_24_Picture_6.jpeg)

If a page with required information is not completely filled out, an orange dot will appear next to that page. When a page is completely filled out, the orange dot will disappear.

![](_page_25_Picture_2.jpeg)

Use the arrows at the bottom of the page to navigate through the assessment. Or click on the page in the left panel.

@ EDHA Global / Assessment	FOR OFFICIA	L USE ONLY		HEP ABOUT		
PreDHA (DD Form 2795, June 2012)	Health Assessment: General Health Concerns and Hearing Concerns					
SN: <u>View Demosrachics</u> Time Left: 01:59:14 <u>Roots Time</u> CONTROLS	Deployer is deploying to N/A . Has deployed N/A times before. Last returned N/A					
Save Print Exit	1. Address concerns identified on depl (Click here to view Deployer respon (Click here to view Deployer respon	over questions I through 8. He(s)) for Q1 through Q5 He(s)) for Q6 through Q8				
Cel O	Deployer	Question	Deployer's Response	Provider Comments (if indicated)		
BECIR (0) HUNPS SEGMENTS	Self health rating	Not answered     Deoloyer indicated     concern or yes		0		
Shew All	MEB or PE8	Not answered     O Deployer indicated     concern or yes	( î	0		
Health Concerns and Hearing Concerns	Medical, dental, or mental health soricern	Not answered     Deployer indicated     concern or yes		0		
Health Assessment: Alcohol Related Assessment	Pregnancy	Not answered Deployer indicated concern or yes		0		
Health Assessment: PTSD Assessment	Head Injury	Not answered     Deployer indicated     concern or yes	0	0		
Health Assessment: Depression Assessment	Medications	Not answered     Deployer indicated     concern or yes	( î	0		
Health Assessment: Life Stressor	U U of mental health care	Not answered     Deployer indicated     concern or yes	C			
	FOR OFFICIA		_	> »		

![](_page_25_Picture_5.jpeg)

The assessment cannot be submitted while there is required information incomplete. The assessment can be saved and closed at any time.

After you have completely filled in the review portion, sign the assessment on the last page. Under "I certify that this review process has been completed," click the radio button next to "Yes." Click your "Title." Your name and date should auto populate in the field "Provider's Name" and "Date (DD/MMM/YYYY)." Click "Save" on the left panel to complete the certification.

🛛 EDHA Global 🥂 Assessment	FOR OFFICIA	L USE ONLY		HELP ADOUT		
PreDHA (DD Form 2795, June 2012)	Health Assessment: General Health Concerns and Hearing Concerns					
vez ben oversit mout in satesbeder SSN: <u>View Demographics</u> Time Left: 01:59:14 <u>Roots Time</u>	Deployer is deploying to N/A . Has deployed N/A times before.					
Save Print Eat	Address concerns identified on depl (Click here to view Deployer respon (Click here to view Deployer respon	over questions 1 through 8. se(s)) for Q1 through Q5 se(s)) for Q8 through Q8				
ч <u></u>	Deployer	Question	Deployer's Response	Provider Comments (if indicated)		
BECIR (0) HMPS SEGMENTS	Self health rating	Not answered     Deployer indicated     concern or yes		0		
Shew All	MEB or PEB	Not answered     O Deployer indicated     concern or yes	C 2	0		
Health Concerns and Hearing Concerns	Medical, dental, or mental health concern	Not answered     Deployer indicated     concern or yes	0	0		
Health Assessment: Alcohol Related Assessment	Pregnancy	Not answered Deployer indicated concern or yes		0		
Health Assessment: PTSD Assessment	Read injury	Not answered     Deployer indicated     concern or yes	()	÷		
Health Assessment: Depression Assessment	Medications	Not answered     Deployer indicated     concern or yes	( C			
Health Assessment: Life Stressor and Suicide Risk Asessment	History of mental health care	Not answered     Deployer indicated     concern or yes	0	0		
	FOR OFFICIA	L USE ONLY				

To close the assessment, click "Exit" on the left side panel.

![](_page_26_Picture_5.jpeg)

![](_page_27_Picture_1.jpeg)

## AHLTA Reports

After selecting the appropriate Deployer, click "Pre-DHA," "Post-DHA," or "PDHRA." Then click "Process AHLTA Reports."

	•	Review		Review	·	Process	
		Assessr	nents	Referrat	Status	AHLTA Reports	
Import SSN List	SSN List						
I'm done with my o	surrent list	Proc	cess AHL	I A Reports - I	re-DHA		
SELECTED DEP	LOYER						
k) me:				AHLTA	Responses		
81		No dat	a loaded.				
I'm done with this	individual						
Previous Deployer	Next Deployer						
ASSESSMEN	ns T						
Pre-DHA	UNCERTIFIED: 6 SURFICE: 2		STATUS: Certified	DATE COMPLETED: 05/Mar/2009	LOCATION: N/A	Get Responses	
Post-DHA	CHERTIFIED &						
PDHRA	UNCERTAINED 1 CONTINUES 4	<b>2</b> .	status: Reported	DATE COMPLETED: 10/Dec/2012	Ship	Get Responses	Í
		3	STATUS.	DATE CONPLETED:	LOCATION.	Get	1

Click "Get Responses" next to the desired assessment.

![](_page_27_Picture_6.jpeg)

![](_page_28_Picture_1.jpeg)

The AHLTA Response will populate. Click "Click select AHLTA Responses then click Ctrl+C to copy" then paste into AHLTA.

G EDHA Global 🖗 Health Care Provi	der Censole <b>For official ust cikly</b> and account ikla <sup>®</sup> about sich off
SSN J	Review Process
	Assessments Referral Status AHLTA Reports
Import SSN List SSN List	
I'm done with my current list	Process AHLTA Reports - Pre-DHA
SELECTED DEPLOYER	
SSN: Name:	ANI TA Persenter
008:	DD Form 27%5, APR 2003
I'm done with this individual	List Name, First Name, Mr
	SSN
Previous Deployer Next Deployer	Gender:
ASSESSMENTS	Malo Service Branch:
	Const Cound Component: Reserves
	Pay Grade:
Post-DHA INCENTIFED 1	Location of Operation:
	Deployment Location (IF KNOWN) (CITY, TOWN, or BASE):
PDHRA UNCRETIFICE I	List country (IF IAMOVINA):
and a second	Manual Providence
	Click select AHLTA Responses then click Ctrl+C to copy.
	FOR OFFICIAL USE ONLY

# **Provider Screener Guide**

#### **Provider Screener Trainee**

The role Provider Screener Trainee has the same functionality as Provider Screener. However, the access is limited to only select test socials and is used for training purposes only.

![](_page_28_Picture_7.jpeg)

# **Registering CAC**

All roles can be registered to the user's CAC by clicking "Associate CAC with Account/Reset Password." After entering the Username and Password, you will be prompted with your secret question and CAPTCHA. After the CAC is registered, you will be able to log in by clicking "CAC Login" and selecting the role.

## Finding a Service Member

Search for desired Service member by their Social Security Number by entering their SSN into the SSN field. Then, click the plus button to search. The Deployer's information will appear under "Selected Deployer."

The Service members DOD ID, SSN, first name, middle name, and last name will appear under "SERVICE MEMBER INFO" in the left panel.

🗿 EDHA Global 🥢 Health Care Provi	der Console FOR OFFICIAL USE ONLY	на чесолиц неть марит аки оц.
SSN 1	Welcome, HEALTH CARE PROVIDER	
SELECTED DEPLOTER	Review Review Referral Status	Process AHLTA Reports
Previous Deployer Next Deployer Astronometry Pre-DHA departments 1 Post-DHA decomposition 1 Contracts 1 PDHRA decomposition 2 Contracts 1 Contracts 1 Con	Notices Starting on 15 January 2008, The Post Deployment Health Assessments (D0 Form 2766) and Reasessments (D0 Form 2500) contain more specific guestion regarding aldolod use, traumate burnen injuries (TBI), and post post in your review of these forms are provided below and with the reviewer's window of the eDHA program. Please consult these guides as you conduct your assessment.	Informational Links Acobol Screening Guidance AUDIT-C Scoring Drinking Safety Handous TBI Clinical Guidance TBI Fact Sheet
	FOR OFFICIAL USE ONLY	

In the left panel under "ASSESSMENT," the Deployer's assessments will be visible and will show how many assessments are certified and how many are uncertified.

![](_page_29_Picture_8.jpeg)

![](_page_30_Picture_1.jpeg)

Click "Pre-DHA," Post-DHA," or "PDHRA." You will be able to view certified and uncertified assessments.

#### Viewing and Printing Assessment

To certify an assessment, click "Edit" on the line of the desired assessment.

O EDHA Global / Health Care Prov	lder Consol	e ror	OFFICIAL USE ONLY		ay account hed adout sign off
Add SSN 1	Review Assessr	nents	✓ Review Referral	Status 👻	Process 🗸 🗸
Import SSN List SSN List	Revi	lew Asse	ssments - Pre-	DHA	
SELECTED DEPLOYER					
SSH: Name: DOB:	1.	status: Reported	DATE COMPLETED: 27/Feb/2017	LOCATION	Edit
I'm done with this individual					
Previous Deployer Next Deployer	2.	Certified	23/Jul/2014	LOCATION:	View
ASSESSMENTS					
Pre-DHA (MCETHED: 1 CETTED: 1					
Post-DHA (MORPHON 1 Califyran 0					
PCHRA "CONTROL					
		FOR	OFFICIAL USE OHLY		

You will be able to view the assessment, as well as add comments, save, and print but not certify assessments.

![](_page_30_Picture_7.jpeg)

27

To print the assessment, click print on the left panel.

🛛 EDHA Global 🥐 Assessment	FOR	OFFICIAL USE ONLY		HELP AND
PreDHA (DD Form 2795, June 2012)	Health Assessment: Ge	neral Health Concern	is and Hearing Concerns	
ISN: View Demographics	Deployer is deploying to d	igdg.		
ime Left: 01:53:28 Reset Time	Has doployed 6 times bef	əra.		
CONTROLS	Last returned Jan 2017			
Save Print Exit	1. Address concerns identifie (Click here to view Deploy (Click here to view Deploy	d on deployer questions 1 throu er response(s)) for Q1 through G er response(s)) for Q6 through G	gh 8. 15 18	
	Deple	yer Question	Deployer's Response	Provider Comments (if Indicated)
		O Not answered	Deployer's Response: Poor	1
SEGMENTS	Self health rating	<ul> <li>Deployer indicated concern or yes</li> </ul>		
Show All		O Not answered	Deployer's Response: adfdfsd	Required
Health Assessment: General	MEB or PEB	Deployer indicated	0	
Concerns		concern or yes	Deolover's Response: disfudisf	*Required
INVLD	Medical, dental, or ment	al	~	
Health Assessment: Alcohol	Please concern	concern or yes	Y	*Required
Related Assessment	Pregnancy	Not answered Deployer indicated concern or yes		
	77-3303	O Not answered	Deployer's Response: N/A	
Health Assessment: PTSD		C Produces indexed	A	
Health Assessment: PTSD Assessment	Head injury	concern or yes		
Health Assessment: PTSD Assessment	Head injury	Concern or yes	Deployer's Response: N/A	

Use the arrows at the bottom of the page to navigate through the assessment. Or click on the page in the left panel.

🗿 EDHA Global 🕌 Assessment	FOR OFFICIA	L USE ONLY		HELP ADOUT	
A (DD Form 2795, June 2012) RE DEFLOYMENT HEALTH AMESINGHT	Health Assessment: General Health Concerns and Hearing Concerns				
SSN: View Demostachics Time Left: 01:55:14 Rose: Time	Deployer is deploying to N/A . Has deployed N/A times before.				
	Last returned N/A  Address concerns identified on depl (Click here to view Deployer respon (Click here to view Deployer respon	over questions 1 through 8. se(s)) for Q1 through Q5 se(s)) for Q6 through Q8			
C2 Ø	Deployer	Question	Deployer's Response	Provider Comments (if indicated)	
BECIR (0) NWPS SEGMENTS	Self health rating	Not answered     Deoloyer indicated     concern or yes	Ĵ	0	
Shew All Health Assessment: General	MEB or PEB	Not answered     Deployer indicated     concern or yes	0		
Health Concerns and Hearing Concerns	Medical, dental, or mental health concern	Not answered     Deployer indicated     concern or yes	0	0	
Health Assessment: Alcohol Related Assessment	Programcy	Not answered Deployer indicated concern or yes		0	
Health Assessment: PTSD Assessment	Head Injury	Not answered     Deployer indicated     concern or yes	0	ÛÛ	
Health Assessment: Depression Assessment	Medications	Not answered     Deployer indicated     concern or yes	[ 0]	0	
Health Assessment: Life Stressor	U U U U U U U U U U U U U U U U U U U	Not answered     Deployer indicated     concern or yes	[ Ĵ	0 0 0 0 0 0 0 0 0 0 0 0 0 0	
!		L USE ONLY	_	> >>	

To close the assessment, click "Exit" on the left side panel.

![](_page_31_Picture_6.jpeg)

![](_page_32_Picture_1.jpeg)

## AHLTA Reports

After selecting the appropriate Deployer, click "Pre-DHA," "Post-DHA," or "PDHRA." Then click "Process AHLTA Reports."

	•	Review		Review		Process
		Assessr	nents	Referrat	Status	AHLTA Reports
Import SSN List	SSN List					
I'm done with my o	surrent list	Proc	ess AHL	I A Reports - I	re-DHA	
SELECTED DEP	LOYER					
N; me:				AHLTA	Responses	
8		No dat	a loaded.			
I'm done with this	individual					
Previous Deployer	Next Deployer					
ASSESSMEN	ns T					
Pre-DHA	UNCERTIFIED 6 CONTIFIED 2		STATUS: Certified	DATE COMPLETED: 05/Mar/2009	LOCATION: N/A	Get Responses
Post-DHA						
PDHRA	INCERTATES 1	<b>2</b> .	STATUS: Reported	DATE COMPLETED: 10/Dec/2012	LOCATION: ship	Get Responses
		2	STATUS.	DATE COMPLETED:	LOCATION.	Get

Click "Get Responses" next to the desired assessment.

![](_page_32_Picture_6.jpeg)

![](_page_33_Picture_1.jpeg)

The AHLTA Response will populate. Click "Click select AHLTA Responses then click Ctrl+C to copy" then paste into AHLTA.

🕒 EDHA Global	Health Care Prov	ider Console	FOR OFFICIAL U	SE ONLY		MT ACCOUNT HELP	ABOUT SIGH OFF
Add SSN	ян з +	Review Assessments	~	Review Referral Status	~	Process AHLTA Repor	rts 🗸
Import SSN List	SSN List	Process AH	ILTA Re	ports - Pre-DH	A		ĺ
SELECTED	DEPLOYER						
Name:				AHLTA Response	5		
		D0 Form 2795, APR 230	0				^
I'm done with	this individual	Last Namo, First Namo	, MI:				
Previous Deployer	Next Deployer	Gender:					
ASSEST	SMENTS	Service Branch: Coast Guard					
Pre-DHA		Component: Reserves Pay Grade:					
Post-DHA		Location of Operation: Africa Deployment Location (	IF KNOWN) (CITY,	TOWN, or BASEJ:			
PDHRA		List country (IF KNOV/N	ŋ:				
		Manual Proceedings					_
			Click	select Anota responses then click	Converte cos	9e	
			FOR OFFICIAL U	18 ON N			
			FOR OFFICIAL D				

# Local Administrator Guide

## **Registering CAC**

All roles can be registered to the user's CAC by clicking "Associate CAC with Account/Reset Password." After entering the Username and Password, you will be prompted with your secret

![](_page_33_Picture_7.jpeg)

question and CAPTCHA. After the CAC is registered, you will be able to log in by clicking "CAC Login" and selecting the role.

#### **Unlock Accounts**

Click Accounts on the Local Admin Homepage. Click "Edit Existing User." Search for user by first name, last name, or login in the "Search for Application User." Filter search if desired by checking the appropriate boxes.

If the account is locked it will say "Yes" under "LOCKED" or "ADMINISTRATIVE LOCKED."

earch Use	rs to Edit				
Search	for Application User:				Search
	Search on: 🚽	First name 🐼 Last name 😥 Login			
	Filter For Roles:	Deployer			
	Sort en:	Last Name, First Name 🔿 Login, Li First Name, Last Name 🔿 Login, Fi	ist Name, First Name 🔿 Role, Last N Ist Name, Last Name 🔿 Role, First N	lame, First Name Gene, Last Name	
Tet	al Accounts Per Page: 1	0			~
LOGIN	ROLE: Deployer	No	NORENSTRATIVE LOCKED	ACCORED BY:	
FULL MARE:		0%. 13/Pob/2017	0% 27/Feb/2017	08i 27/Feb/2017	Eďit

Only the <u>EDHA Help Desk</u> can unlock an Administrative Locked account. If the account says "Yes" under "ADMINISTRATIVE LOCKED," call or email the EDHA Help Desk.

If the account says "Yes" under "LOCKED," click the blue "EDIT" button.

Uncheck the box next to "Locked." Then click "Update Account Profile."

![](_page_34_Picture_9.jpeg)

Edit Existing User			×
To update an existing account, edit the information you'd like Account information	to modify then click Update Account Profile. Password		
Login Name/SSN:	New Password:	these Password	
Role: Deployer	Confirm Password:	Confirm Pesseed	
First Name:	Secret Question an	d Answer	
DOS	Current Secret Question:	Name of your pet	
Service Branch: Marine Corps	Select a Secret Question:	* Please select	~
Pay Grade: ES	CAC		
Locked	Click and	I save to remove registered CAC	
		Febar	Update Account Profile

## Update Deployer's Password or Secret Question

Click Accounts on the Local Admin Homepage. Click "Edit Existing User." Search for user by first name, last name, or login in the "Search for Application User." Filter search if desired by checking the appropriate boxes. Click the blue "Edit" button.

Update the password by entering the new password into the "New Password" and "Confirm Password" fields. All passwords must be 15 characters and include two uppercase, two lowercase, two numbers, and two special characters (!,@,#,\$, etc.). Spaces are not allowed in passwords.

![](_page_35_Figure_5.jpeg)

To update the secret question, click the "Select a Secret Question" drop box.

![](_page_35_Picture_7.jpeg)

Edit Existing User				
To update an existing account Account Information	ant, edit the information you'd like t ON	to modify then click Update Account Profile. Password		
Login Name:SSN: Rois: Print Name: Last Name: 009: Service Branch: Pay Grade: Locked:	Deployer Aurine Corps ES	Herr Password: Confirm Password: Secret Question an Current Secret Question: Select a Secret Question: CAC Olch an	New Password Confirm Password Id Answor Name of your pet * Peace select d taxes to remove registered CAC	} ,
			Feture	Update Account Profile

After selecting a question, the answer boxes will appear. Enter the answer in the "Secret Question Answer" and "Confirm Answer" field. Then click "Update Account Profile."

Edit Existing User				1
To update an existing account	nt, edit the information you'd like	to modify then click Update Account Profile.		
Login Name/55N:		Hew Password:	Here Password	
Role:		Confirm Password:	Confirm Password	
First Name:		Secret Question ar	d Answer	
Last Name:		Current Secret Question:	Name of your pet	
DOB: Service Branch:	Marine Corps	Select a Secret Question:	Name of your high school	~
Pay Grade:	E5	Secret Question Answer:	Answer 🧲	1
Locked:		Confirm Answer:	Confirm Answer	3
		CAC		_
		Click an	d save to remove registered CAC	
				Includes & convert Deadlin

#### Update User's Name

Click Accounts on the Local Admin Homepage. Click "Edit Existing User." Search for user by first name, last name, or login in the "Search for Application User." Filter search if desired by checking the appropriate boxes.

To update a Deployer's name, click the blue "Edit" button.

![](_page_36_Picture_7.jpeg)

Update the "First Name" and "Last Name" fields as needed. Then click the blue "Update Account Profile" button.

Edit Existing User			
o update an existing account, edit the information you	d like to modify then click Update Account Profile.		
Account Information	Password		
Login Name/SSN:	New Password:	leve Password	
Role: Deployer	Confirm Password: 0	Confirm Password	
First Name:	Secret Question and A	Answer	
Last Nama:	Current Secret Question: Na	me of your pet	
DOS:	Select a Secret Question:	Please select	~
Service Branch: Marine Corps	CAC		
Locked:	Click and say	e to remove registered CAC	
	in a constant and		
		Estern	Undate Account Profile
		- Hereiter	

#### **Remove CAC**

Click Accounts on the Local Admin Homepage. Click "Edit Existing User." Search for user by first name, last name, or login in the "Search for Application User." Filter search if desired by checking the appropriate boxes.

To disassociate a CAC with an account, click the blue "Edit" button. Then click the green "Click and save to remove registered CAC" button. Then click the blue "Update Account Profile" button.

![](_page_37_Figure_6.jpeg)

![](_page_37_Picture_7.jpeg)

# **Create Deployer Account**

Click Accounts on the Local Admin Homepage. Click "Create New User."

Enter the Service member's SSN in the "Login Name/SSN" field. In the drop down "Role" field, select "Deployer." The fields "First Name," "Last Name," "New Password," "Confirm New Password," "Select a Secret Question," "Secret Question Answer," and "Confirm Answer" are required.

All passwords must be 15 characters and include two uppercase, two lowercase, two numbers, and two special characters (!,@,#,\$, etc.). Spaces are not allowed in passwords.

Click "Register New Account" to create account.

# **EDHA Help Desk**

Email usn.hampton-roads.navmcpubhlthcenpors.list.nmcphc-edha@mail.mil

Phone number 757 953 0737 DSN 312 377 0737

![](_page_38_Picture_9.jpeg)

Electronic Deployment Health Assessment User Guide Standard Operating Procedures Updated: November 2020 EpiData Center Department

#### POINT OF CONTACT

Navy and Marine Corps Public Health Center

Data Canton Dan antra ant

Azad Al-Koshnaw

EpiData Center Department

757.953.0938

WWW.NMCPHC.MED.NAVY.MIL/

azad.m.alkoshnaw.civ@mail.mil

![](_page_39_Picture_9.jpeg)

NAVY AND MARINE CORPS PUBLIC HEALTH CENTER PREVENTION AND PROTECTION START HERE