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SECNAVINST 6120.3A  
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SECNAV INSTRUCTION 6120.3A

From: Secretary of the Navy

Subj: PERIODIC HEALTH ASSESSMENT FOR INDIVIDUAL MEDICAL  
READINESS

Ref: See enclosure (1)

Encl: (1) References  
(2) Periodic Health Assessment (PHA) Guidance  
(3) Forms

1. Purpose. To establish policy and procedures to ensure the Individual Medical Readiness (IMR) of Navy and Marine Corps Active Component (AC) and Reserve Component (RC) Service members as directed by references (a) and (b). Additionally, this policy establishes the annual Periodic Health Assessment (PHA) as the primary tool to consolidate the following services contained in references (c) through (s): evidence-based clinical preventive services, occupational health and risk screening services, health record review, special duty physical examinations (when applicable), mental health assessment, as well as individualized counseling, health risk assessment, testing, and preventive treatment. As specified in reference (a), the PHA is now a single-format electronic platform for the Department of Defense (DoD). References (a) through (t) are listed in enclosure (1). Enclosure (2) provides PHA guidance. Enclosure (3) is a list of forms associated with the PHA. This instruction is a complete revision and should be reviewed in its entirety.

2. Cancellation. SECNAVINST 6120.3.

3. Applicability. This instruction applies to the Offices of the Secretary of the Navy (SECNAV), the Chief of Naval Operations (CNO), the Commandant of the Marine Corps (CMC), and all U.S. Navy and U.S. Marine Corps installations, commands, activities, field offices, and all other organizational entities within the Department of the Navy (DON).

4. Policy

a. Assessing IMR of Service members is a continuous process and must be monitored and reported on a regular basis to provide Service leaders and operational commanders the ability to ensure a healthy and fit fighting force, always ready to deploy.

b. IMR consists of six elements that must remain current, in accordance with reference (b)

- (1) Individual Medical Equipment;
- (2) Immunizations;
- (3) Readiness Laboratory Studies;
- (4) Dental Readiness;
- (5) Deployment Limiting Conditions; and
- (6) PHA.

c. The PHA will be used to:

(1) Identify if AC and RC Service members are within the time frame for completion of required annual and deployment-related health assessments and complete any due or overdue assessments in accordance with references (a),(c), and (d).

(2) Conduct an annual person-to-person mental health assessment with a healthcare provider trained to perform mental health assessments, as outlined in reference (e). Licensed mental health professionals may conduct this assessment as prescribed by reference (d). The person-to-person assessment may be completed face-to-face, over the telephone, or through a video teleconference and must be conducted in a private setting.

(3) Identify if Service members require separation histories and physical examinations and complete when applicable.

(4) Provide a standardized tool based on prevention and evidence-based medical recommendations provided by the U.S. Preventive Services Task Force.

(5) Deliver guidance that includes appropriate preventive health education and screening for currency of occupational medical examinations and special duty physicals.

(6) Monitor the health of the force and identify duty-limiting and deployment-limiting conditions in accordance with references (f) and (g).

(7) Provide preventive health screening and determine if further health evaluation is indicated for Service members.

(8) Conduct a face-to-face encounter with a trained healthcare provider if clinically indicated in any part of the process, or requested by the Service member.

d. In accordance with reference (c), trained healthcare personnel will review the Service member's self-assessment, available health records, and other information from medical encounters since the Service member's last PHA. At any time during the PHA process, a face-to-face visit with a healthcare provider or other appropriate individual may be indicated and scheduled.

e. The PHA is considered complete when all PHA components in enclosure (3) have been carried out, any medical issues have been addressed by the healthcare provider, and the Service member has been notified (when applicable) of indicated referrals, counseling, and testing. Referrals, counseling, and testing do not need to be complete for the PHA to be considered complete and signed.

f. The PHA visit must be documented in an approved Service Treatment Record (STR) and approved Medical Readiness Reporting System (MRRS). The electronic PHA will generate a summary of the encounter for the provider to cut and paste or attach onto an electronic STR for documentation. The PHA completed electronically will update the MRRS automatically. PHA's completed on-board ships utilizing Theater Medical Information Program-Maritime will require manual updating. MRRS will then be updated when connectivity allows.

g. Units unable to comply with the deadline set by reference (a) for implementation may continue to use the legacy PHA format and form as described in the prior version of this

instruction. However, those units must include the DD 2978 (Mental Health Assessment) as part of their PHA in accordance with reference (e). Completion of the DD Form 2978 must be documented in the electronic STR along with the PHA. Once a solution that allows all ships and stations to effectively use the standardized PHA on DD Form 3024 Annual Periodic Health Assessment is developed and distributed, use of the legacy form and format will not be authorized.

## 5. Responsibilities

a. AC and RC Service Members. Responsible for completing the online self-assessment; notifying the medical department or representative responsible for completing their PHA, or their unit deployability coordinator, that the self-assessment has been submitted; completing any other due or overdue IMR requirements. Once the PHA has been reviewed and completed by a provider, the Service member is also responsible for completing all referrals entered during the PHA process. Newly accessioned AC Service members, both officers and enlisted, who have not completed initial active duty training and follow-on technical skills training will not require a PHA. However, other IMR requirements will remain unchanged and must be assessed, reviewed, and completed as required. Service members who have completed medical in-processing within the previous year will not require a PHA until 12 months post-accession unless they are in receipt of orders to an operational platform. Such members will receive a PHA within 90 days prior to reporting to an operational platform. [Note: The PHA is not a substitute for any potential suitability screening requirements]. All IMR data will be entered into an approved electronic data system, as well as in the Service member's STR.

b. Commanding Officers. Responsible for ensuring the personnel assigned to their units comply with the PHA requirements. The PHA is the fundamental method by which medical readiness and the health of each unit is measured. Command fitness leaders, health promotion personnel, and dental and Fleet liaison representatives should coordinate their tasks to assist individuals and commands in achieving and maintaining medical readiness. Additionally, it is recommended that commanding officers designate representatives in their command to ensure members are in compliance with the PHA. It is

strongly recommended that commands utilize their deployability coordinators for this role.

c. Cognizant Medical Department Representatives (MDR). Responsible for ensuring that health care personnel appropriately trained to perform the DoD PHA are available to offer access to medical services for the delivery of program requirements. MDR's are also responsible to ensure that PHA documentation is conducted in accordance with references (a) through (s). Further program responsibilities for the health care team performing PHAs are outlined in enclosure (2).

6. Records Management

a. Records created as a result of this instruction, regardless of format or media, must be maintained and dispositioned according to the records disposition schedules found on the Directives and Records Management Division (DRMD) portal page:

<https://portal.secnav.navy.mil/orgs/DUSNM/DONAA/DRM/SitePages/Home.aspx/>

b. For questions concerning the management of records related to this instruction or the records disposition schedules, please contact your local Records Manager or the DRMD program office.

7. Forms. See enclosure (3).

8. Reports. The reporting requirement contained in enclosure (2), paragraph 6 is exempt from information collection control, per reference (u), Part IV, paragraph 7n.



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**REFERENCES**

- (a) DoD Instruction 6200.06 of 8 September 2016
- (b) DoD Instruction 6025.19 of 9 June 2014
- (c) DoD Instruction 6490.03 of 11 August 2006
- (d) DoD Instruction 6490.12 of 26 February 2013
- (e) 10 U.S.C. §1074n
- (f) DoD Instruction 1332.18 of 5 August 2014
- (g) DoD Instruction 6490.07 of 5 February 2010
- (h) BUMEDINST 6230.15B, Immunizations and Chemoprophylaxis for Prevention of Infectious Diseases, 7 October 2013
- (i) NAVMED P-117, Manual of the Medical Department
- (j) DHA Procedural Instruction 6200.06, Periodic Health Assessment Program, 9 May 2017
- (k) OPNAVINST 6110.1J, Physical Readiness Program, 11 July 2011
- (l) OPNAVINST 5100.23G, Navy Safety and Occupational Health Program Manual, 30 December 2005
- (m) OPNAVINST 5100.19E, Navy Safety and Occupational Health (SOH) Program Manual for Forces Afloat, 30 May 2007
- (n) OPNAVINST 6100.3A, Deployment Health Assessment Process, 10 November 2014
- (o) SECNAVINST 6810.1
- (p) OPNAVINST 6000.1D, Navy Guidelines Concerning Pregnancy and Parenthood, 12 March 2018
- (q) DoD Instruction 6485.01 of 7 June 2013
- (r) DoD Instruction 1332.45 of 30 July 2018
- (s) DoD Instruction 6025.18 of 13 March 2019
- (t) SECNAVINST 5200.35F
- (u) SECNAV M-5214.1

**PERIODIC HEALTH ASSESSMENT GUIDANCE**

1. Procedures

a. The PHA may occur in a variety of locations such as military clinics, ships underway, or Reserve facilities. In many of these locations, the member's primary care manager (PCM) may conduct the PHA. In circumstances where the PCM does not conduct the PHA, all non-emergent referrals should be directed back to the PCM for proper care coordination. RC Service member visits will be coordinated by the Navy Operational Support Center (NAVOPSPTCEN) MDR or inspector-instructor MDR and assessed by available provider assets. Service members will have the PHA performed annually, to include assessment of recommended clinical preventive services, specialty physical examination(s), mental health assessment, and dental examination. The PHA is due 12 months from the previously completed PHA. Any PHA not conducted within 90 days following the annual due date will be considered overdue. The date the PHA visit was completed will be entered in the appropriate electronic database such as MRRS, Theater Medical Information Program-Maritime). If the PHA is completed electronically, completion data will be automatically transmitted to MRRS. It is not required to complete any potential referrals generated by the PHA in order for the PHA to be considered complete. The electronic nature of the PHA does allow for the PHA portion to be conducted without requiring the member to come to the clinic, presuming the member has no significant health needs or concerns. However, when required and when feasible, clinical PHA and other IMR components will be accomplished in a single visit. The coordination of all health and medical components (examples: dental examination and recommended clinical preventive services such as cervical cancer screening) into one visit ensures a comprehensive medical assessment, while minimizing time away from duty for the Service member.

b. To create a streamlined and efficient process promoting ready access to care for Service members, it is necessary to collaborate with various health service support personnel. Special duty examinations, such as flight or diving duty physicals, and occupational health surveillance exams will be expanded to include any additional elements necessary to satisfy the requirements of the PHA. Cooperative efforts between personnel assigned to the commands providing the health services

and the line commands employing the Service members will be necessary to ensure successful compliance with the PHA process.

2. PHA Components. There are four basic steps of the PHA: the member self-assessment, the record review, the mental health assessment, and the provider review. The health assessment process requires a review of data from a variety of sources including: medical treatment record, electronic medical databases, medical history, and member self-assessment. The purpose of the health data review is to identify any unresolved health issues, incomplete health care, IMR deficiencies, incomplete deployment health requirements, or health risk factors. The approved reviewing healthcare provider will make recommendations to resolve any issues and reinforce healthy lifestyle behaviors as part of the continuing plan of care. For purposes of the PHA, approved providers include: Independent Duty Corpsmen, physicians, nurse practitioners, and physician assistants. Service members will also be provided the following services including, but not limited to:

a. Height and Weight Verification. Height and weight will be taken from the most recent entry in the medical record, if the PHA is not done face-to-face. If a Service member has not been seen in the year since the previous PHA, the reviewing provider must base a request for the Service member to be seen for an updated measurement on any clinical concerns.

b. Blood Pressure Measurement Verification. Blood pressure will be taken from the most recent entry into the medical treatment record, if the PHA is not done face-to-face. If a Service member has not been seen in the year since the previous PHA, the reviewing provider must follow the United States Preventive Services Task Force guidelines found at the links provided in paragraph 5. of this enclosure to determine if the Service member requires a new blood pressure measurement, or based on any clinical concerns.

c. Individual Medical Equipment. Will be verified and documented during the PHA. Examples of medical equipment include:

(1) Two pairs of eyeglasses. These are required for Service members who require vision correction.



(2) Ballistic Protection Optical Inserts. Service members subject to deployment who require vision correction will possess the appropriate optical insert compatible with the military combat eye protection device issued to the Service member. Military combat eye protection spectacle with optical insert may be counted as one pair of spectacles to meet the requirement for two pair of eyeglasses.

(3) Protective Mask Inserts (PMI) or Gas Mask Inserts (GMI). Service members subject to deployment who require vision correction will possess the appropriate optical inserts compatible with the protective mask to be used. RC Service members assigned to deployable operational units will have PMI or GMI while in a Selective Reserve status. All other RC Service members will receive PMI or GMI when notified of deployment.

(4) Medical Warning Tags. These are required for Service members with documented allergies or permanent conditions which would delay treatment (in the absence of a health record), or render the routinely indicated course of treatment dangerous (examples: diabetes, allergic reaction to drugs, or insect bites).

(5) Required Personal Medical Equipment. Service members must be queried about the use of other required personal medical equipment such as hearing aids and dental orthodontic equipment.

d. Immunization Status. Status must be reviewed and updated to ensure all required immunizations are current in accordance with reference (h). Initial series immunizations may not be obtained earlier than the prescribed interval. However, overdue immunizations must be ordered during the PHA. Service members must have the following immunizations, proof of immunity, or have the appropriate exemption documented in the health record to be deployment ready: Hepatitis A (completed series); Hepatitis B (if series has begun); inactivated Polio vaccine; Tetanus, Diphtheria, and Pertussis; Measles, Mumps, and Rubella; Rh Varicella; and annual Influenza. Service members may require additional immunizations based on geographic, occupational, or immediate superior in command-specific requirements.

e. Laboratory Studies. Must be reviewed to ensure all required laboratory studies are current. If laboratory studies are due they will be ordered during the PHA visit. RC Service members will be advised to see their civilian provider for any laboratory studies, other than readiness laboratory studies.

(1) Lipid Screening. Performed in accordance with the United States Preventive Task Force guidelines found at the links provided in paragraph 5. of this enclosure. RC Service members will be advised to see their civilian provider for lipid screening.

(2) Readiness Laboratory Studies. The basic laboratory studies required for an individual to be deployable are blood type and Rhesus (Rh) factor, Glucose-6-phosphate-dehydrogenase deficiency status (normal or abnormal), deoxyribonucleic acid specimen (verified receipt at Armed Forces Institute of Pathology Repository), and a current human immunodeficiency virus (HIV) antibody specimen. HIV testing is done as directed by reference (1). AC personnel must be HIV tested every two years, unless clinically indicated to test sooner. RC personnel must be HIV tested every two years, or at the time of activation when called to active duty for more than 30 days, if the expiration falls within the period of active duty.

f. Annual Dental Examination. AC and RC Service members must be in compliance with the requirement for an annual T-2 dental examination and be classified as dental Class 1 or 2. For RC Service members, the exam may be provided by a civilian dentist using DD Form 2813, but a military dental officer is required to examine the Service member at least once over a three-year period. RC Service members may be seen by a military dental officer in any duty status, including non-paid inactive duty training status. To maximize dental health, an annual dental cleaning should be provided to AC Service members and may be completed at the time of the annual dental examination when feasible.

(1) Dental Readiness. The Service member's dental classification must be recorded at the annual dental examination, which will be synchronized, when feasible, with and documented as part of the annual PHA. The Service member's dental readiness classification will be obtained from the Corporate Dental System, Dental Common Access System (DENCAS), SNAP, SAMS, or MRRS.

(2) Dental Classification. A Service member who is dental Class 1 or 2 is considered worldwide deployable. A Service member who is dental Class 3 or 4, while still considered deployable in accordance with reference (r), compromises unit combat effectiveness and is considered at increased risk to experience a dental emergency. It is expected that deploying Service members will remain current in dental Class 1 or 2 throughout the projected duration of their deployment. Service members who are deploying with operational units without organic dental assets are expected to have a current annual type 2 dental examination that projects their dental risk status (dental classification) through the anticipated duration of their deployment and, therefore, should not become dental Class 4 during that time.

g. Deployment Health Assessment and Readiness. Both AC and RC Service members will be assessed accordingly for their health and medical mobilization readiness in accordance with reference (r).

(1) If deployed or redeployed during the prior year, verify copies of the DD Form 2795 Pre-Deployment Health Assessment. If required due to a Combatant Commander order or a land-based deployment of more than 30 days into a theater with no permanent medical treatment facility, verify that the DD Form 2796 Post-Deployment Health Assessment and DD Form 2900, Post-Deployment Health Reassessment are in the STR. If absent, ensure assessments were conducted and if not completed, have member complete forms, review, and submit at the time of the PHA. If there are any unresolved deployment-related issues, they will be addressed through the appropriate channels and tracked to conclusion by the Service member's PCM or primary care team. Unresolved deployment health issues for RC members will be referred to the NAVOPSPTCEN MDR to coordinate with Navy Personnel Command (PERS-95) line of duty-healthcare program.

(2) Deployment Limiting Conditions. An assessment for future deployability will include a review of the medical history (e.g., pregnancy, medical, or dental problems) and administrative issues (e.g., postpartum deferment status), ensuring any potential deployability issues or health concerns are addressed. In accordance with references (b), (g), and (r), to be deployment-ready, Service members are not to be on limited duty, undergoing a physical evaluation board, pregnant or in the

12 month postpartum operational deferment window. For RC Service members, those members who are pregnant or postpartum, temporarily not physically qualified, temporarily not dentally qualified, undergoing medical retention review, or under a line of duty status are considered not deployable. Manpower availability status codes or individual mobilization status codes must reflect the Service member's status.

h. Occupational Medicine Certification and Surveillance. Collaboration with the local occupational health clinic is required to ensure Service members are up-to-date with job-specific exams. Service members indicating a requirement for occupational medicine exams on the PHA will be referred to occupational medicine; if they are current or do not require an occupational medicine exam, no referral is required. Non-occupational medicine providers can perform Occupational Medicine Certification and Surveillance exams if they have the appropriate knowledge, training, familiarity with exam requirements, and privileges, and must consult occupational medicine providers with questions regarding these exams. RC Service members will receive specific occupational medicine screenings upon accession to active duty.

i. Female-Specific Health Screening. Must be conducted in accordance with reference (i), and following the "A" and "B" grade recommendations from the United States Preventive Services Task Force, available at the links provided in paragraph 5 of this enclosure. AC Service members will be screened by their appointed healthcare provider. RC Service members are advised to see their civilian provider to complete female-specific health screenings. RC members are required to provide documentation of screening results for inclusion in the STR if there is a deployment limiting condition.

j. Colorectal Cancer Screening. Must be conducted following the "A" and "B" grade recommendations from the United States Preventive Service Task Force. RC Service members will be advised to see their civilian provider for colorectal cancer screening.

k. Health Risk Assessment and Counseling. Counseling for those Service members at risk is a joint effort among all members of the healthcare team and is reliant upon a health risk

assessment and (when applicable) patient interview. Education is automatically provided by the periodic health assessment software depending on the member's responses. Depending on the member's risk, more specific interventions may be required. The Health Risk Assessment tools from the Fleet and Marine Corps Health Risk Assessment is also available for use by the Service member and healthcare team at:

<https://www.med.navy.mil/sites/nmcphc/health-promotion/Pages/hra.aspx>

(1) Health Promotion and Clinical Preventive Services Screening Recommendations and Counseling. Will be delivered following the "A" and "B" grade recommendations from the United States Preventive Services Task Force, available at the links provided in paragraph 5 of this enclosure and must include information on diet and exercise, oral health, tobacco, alcohol and substance abuse, contraception and family planning, injury prevention, stress management, and suicide and violence prevention as appropriate. Counseling, when needed beyond the education already provided by the PHA itself, will be targeted to individual, occupational, and environmental risk factors and behaviors identified in the member self-assessment and record review. Health prevention and health promotion materials are available on the NAVMCPUBHLTHCEN Web site at:

<https://www.med.navy.mil/sites/nmcphc/health-promotion/Pages/default.aspx>. Transgender Service member cancer screening should be consistent with the recommendations for the Service member's biological sex.

(2) Family Planning Counseling. Family planning counseling must include comprehensive information regarding contraceptive methods and indications (to include efficacy for pregnancy prevention and ability to protect against sexually transmitted infection and HIV infection); menstrual suppression; potential side effects and limitations (e.g., in a deployed environment); and emergency contraception. Risk reduction strategies and counseling are required to be performed annually and documented in the electronic medical record, or on the DD Form 2766 if not using an electronic medical record, in accordance with reference (d).

(3) Medication and Supplement Use. Assessment and review must be conducted of all prescribed and over-the-counter

medication, nutritional supplements, ergogenic aids, and herbal agents. These must be documented in the electronic medical record. The DD Form 2766 must be updated if an electronic medical record is not being used. Important topics to discuss include safety issues, drug interactions (drug-drug, drug-herb, etc.), and impact on overall health. Ensure the Service member is aware they should always have at least a 180-day supply of prescription medication, including birth control pills, when they deploy and have arrangements made through the mail-order pharmacy. Note: All controlled substances with the potential for diversion and abuse, and antipsychotics (to include quetiapine) are limited to a 90-day supply with no refills. Deployment prescription program via mail-order pharmacy information for providers and deployed Service members is available at <https://health.mil/Military-Health-Topics/Access-Cost-Quality-and-Safety/Access-to-Healthcare/Pharmacy-Program/Deployment-Prescription-Program/>.

l. Physical Fitness Assessment(PFA). Physical fitness is a readiness issue. A current PHA is required to participate in the Navy semiannual PFA in accordance with reference (j). The PHA is in addition to and does not replace the requirement for a Physical Activity Risk Factor Questionnaire (PARFQ). If a Service member identifies on the PHA that a PFA medical waiver had been previously required, the current status of the reason for the waiver must be assessed. Any issues not fully resolved must be addressed appropriately. If an additional PFA medical waiver is required, the Service member must be referred to a privileged provider designated as an authorized medical department representative to review PARFQs and recommend PFA waivers to document and complete a NAVMED 6110/4 Physical Fitness Assessment Medical Clearance/Waiver Form. Medical waiver forms are available through the Physical Readiness Information Management System.

m. Patient-Specific Education. When the Service member completes the online self-assessment, they will be automatically provided health education based on their specific responses. They may opt to read, print, or have this education e-mailed to them.

n. Suitability for Personnel Assigned to Special Duty. Assessment for personnel assigned to special duty (Naval Special Warfare, Aviation, Submarines, Nuclear Field, and Personnel

Reliability Program) is critical toward the operational readiness of an individual suitability to be assigned. Medical conditions that may potentially impact an individual's suitability must be referred to the appropriate specialist.

Clinically disqualifying conditions are discussed further in reference (i), Chapter 15.

3. PHA Health Care Team Responsibilities. It is each medical command's responsibility to ensure that all members involved in the delivery of medical and dental services for the PHA have met the necessary level of training required to competently perform their role in the program and are familiar with the guidance outlined herein.

a. Hospital Corpsmen, medical technicians, or higher level clinical skill may perform the following:

(1) Immunizations, once they have completed appropriate training in accordance with reference (h);

(2) Phlebotomy;

(3) Health risk prevention, health promotion, and clinical preventive services counseling; and

(4) Document the clinical encounter consistent with paragraph 4. of this enclosure.

b. Every member of the PHA healthcare team will:

(1) Complete the appropriate level of training for their role in completing the new DoD PHA.

(a) The following training is found on Swank HealthCare at <https://navy.reliashealth.com/> and are role dependent.

1. Record Reviewer Training course number: NMELTC FY17-RRT.

2. Mental Health Assessment Reviewer Training course number: NMETC-FY17-MHA.

3. PHA Provider Training course number: NMETC-FY17-PHA Training.

(b) The following trainings are completed through Joint Knowledge Online (JKO) and are role dependent. JKO can be accessed by going to <https://jkodirect.jten.mil/Atlas2/page/desktop/DesktopHome.jsf>.

1. Non-mental health providers who are performing the mental health assessment review must complete the JKO training for mental health assessments: course number DHA-US332, Department of Defense Mental Health Assessment Health Care Personnel Training.

2. Additional PHA training is also available on JKO. Course number: DHA-US066, Department of Defense Periodic Health Assessment Health Care Personnel Training.

(2) Submit an OPNAV 5239/14 System Authorization Access Request form to the NAVMCPUBHLTHCEN signed by their local supervisor in order to obtain access to the NAVMCPUBHLTHCEN servers. The OPNAV 5239/14 is located at the PHA Web site at [https://www.secnav.navy.mil/doni/\\_OPNAV\\_5239\\_14\\_7631.pdf](https://www.secnav.navy.mil/doni/_OPNAV_5239_14_7631.pdf).

c. Any member of the PHA healthcare team may perform the following elements of the PHA:

(1) Identify Service members who will require a PHA the following month;

(2) Send the list of identified Service members to the designated command representative responsible for monitoring PHA compliance;

(3) Perform STR and dental record review to identify deficiencies;

(4) Create an itemized list of the defined PHA components that are necessary to complete the PHA;

(5) Input data into an approved electronic database listed in paragraph 4d of this enclosure, including the date of the PHA visit, after demonstrating a sufficient understanding of



procedures necessary to enter data into the electronic database(s); and

(6) Become familiar with the new PHA by using a test site established by the NAVMCPUBHLTHCEN, located at: [https://data.nmcpbc.med.navy.mil/PHA\\_TEST/index.aspx](https://data.nmcpbc.med.navy.mil/PHA_TEST/index.aspx)

d. Approved Mental Health Providers

(1) For the purpose of this instruction, mental health providers are defined as psychiatrists, clinical psychologists, psychiatric nurse practitioners, and licensed clinical social workers. Although mental health providers may complete the mental health assessment review portion of the PHA, the PHA is a screening tool and not a psychological test. Therefore, the mental health assessment review portion of the PHA does not have to be completed by a mental health provider.

(2) Prior to being approved to perform a person-to-person mental health assessment as part of the PHA, both mental health and non-mental health providers must complete the training module in Swank HealthCare on completing the mental health assessment portion of the PHA, as noted in paragraph 3b(1)(a) of this enclosure. No additional mental health assessment training is required for mental health providers. Non-mental health providers:

(a) Will complete the mental health assessment as directed by the training in paragraph 3b(1)(a) and 3b(1)(b) of this enclosure.

(b) Must make any recommended referrals for additional mental health screening or evaluation as needed.

e. Approved PHA Providers must:

(1) Complete the mental health assessment review, if not already completed by a mental health provider. The provider must complete the required mental health assessment training listed in paragraph 3b(1)(b) of this enclosure in order to be authorized to review the mental health assessment portion of the PHA;

(2) Perform a final review and provide a signature on all PHA's and applicable documentation and make recommendations

to resolve any health-related issues and reinforce healthy lifestyle behaviors;

(3) Perform the PHA on all Service members who identify health issues and document the clinical encounter consistent with paragraph 4. of this enclosure;

(4) Monitor any unresolved deployment-related health issues for the purposes of determining medical readiness;

(5) Make and appropriately document any referrals, as needed, should the PCM conduct the PHA. If a provider other than the PCM conducts the PHA, any referrals made should include a well-documented referral back to the PCM; and

(6) For the purpose of this instruction, a provider is defined as a physician, nurse practitioner, physician assistant, and Independent Duty Corpsman authorized by appropriate authority to provide care for patients.

f. Approved Dental Providers. U.S. military dental officers, U.S. military government contract, and government service (GS) dentists are the only dental healthcare providers privileged to perform the annual dental examination on AC members with the following exception: when AC or RC military dental officers are not reasonably available to support the annual dental examinations, RC and remotely located AC members may have the annual dental examination provided by a licensed civilian dentist. During any three-year period, a civilian dentist may provide two annual dental examinations. A U.S. military dental officer, U.S. government contractor, or civilian GS dentist must perform one of the annual examinations during this same three-year period. Documentation of the dental examination will be recorded on the approved dental examination form and include the patient's dental readiness classification. Authorized forms are listed in section 4.c. of this enclosure.

#### 4. Documentation

a. An encounter must be created in an approved electronic medical record to document the completion of the PHA for each Service member. In accordance with reference (a) and (s), the encounter will include the data collected from the PHA, which may be accomplished through copying the PHA into the encounter

or by saving an electronic copy of the PHA in an approved artifact and imaging storage program (e.g., Health Artifact and Image Management Solution). The encounter must be signed by the approved PHA provider once the final review is complete, all recommendations are documented, and any referrals initiated.

b. Completion and ongoing maintenance of the DD Form 2766 is the responsibility of the entire healthcare team. It requires active updating if not using AHLTA or Military Health System (MHS) Genesis; which will update the DD Form 2766 automatically. If an electronic medical record is not being used at the time of the PHA, then commands are required to complete and maintain a hard copy DD 2766 for inclusion in the hard copy medical record prior to deployment in accordance with reference (c). A DD Form 2766 is available electronically from MRRS, but only data stored within MRRS will automatically be transcribed. Additional information requires manual entry onto the form. The DD 2766 must be completed, updated, verified for accuracy, and placed in a Service member's hardcopy medical record prior to deployment, in accordance with reference (c).

c. The dental examination will be documented in the dental record using the NAVMED 6600/13, DD Form 2813 DoD Active Duty/Reserve/Guard/Civilian Forces Dental Examination, or other authorized Bureau of Medicine and Surgery (BUMED) or DoD dental examination forms after completion of a type 1 or 2 dental examination.

d. IMR data elements will be entered into an approved electronic data system, such as: MRRS, SNAP, SAMS, Theater Medical Information Program-Maritime, DENCAS, AHLTA, and MHS Genesis (when implemented).

5. Resources. The NAVMCPUBHLTHCEN PHA Web site provides tools to support implementation of the PHA including generic standard operating procedures, coding guidance, Framingham Cardiovascular Risk Assessment, Fleet and Marine Corps Health Risk Assessment, U.S. Preventive Services Task Force clinical preventive services recommendations, a PHA flowchart, etc., at <http://www.med.navy.mil/sites/nmcphc/health-promotion/Pages/periodic-health-assessment.aspx>. The latest U.S. Preventive Services Task Force recommendations are available at the U.S. Preventive Services Task Force Web site at

<https://www.uspreventiveservicestaskforce.org/Page/Name/home> and "The Guide to Clinical Preventive Services 2014" from U.S. Preventive Services Task Force can be found at <https://www.uspreventiveservicestaskforce.org/Home/GetFileByID/989>.

6. Manager's Internal Control Program. In accordance with reference (t), the establishment and use of internal controls and accounting procedures are mandated to ensure: effectiveness and efficiency of operations, reliability of financial reporting, and compliance with applicable laws and regulations. Additionally, as part of the annual Manager's Internal Control Program (MICP) report, the Office of the Chief of Naval Operations will provide the Assistant Secretary of the Navy for Manpower and Reserve Affairs (ASN (M&RA)) with copies of reports that are relevant to PHA program. The reports will include summary descriptions of internal controls used, their sufficiency, and any identified weaknesses or deficiencies.

**FORMS**

1. The approved, electronic, web-based version of the DD Form 3024 Periodic Health Assessment can be found on the Navy and Marine Corps Public Health Center (NAVMCPUBHLTHCEN) Web site, <https://data.nmcphc.med.navy.mil/pha/Index.aspx>. Staff wishing to train on the NAVMCPUBHLTHCEN site may train on the Web site listed below. Any data entered into the test site will not be saved, nor is prior permission required to access the site. The test Web site may be accessed at:  
[https://data.nmcphc.med.navy.mil/PHA\\_TEST/index.aspx](https://data.nmcphc.med.navy.mil/PHA_TEST/index.aspx).

2. NAVMED 6600/13 Oral Exam, stock number (S/N) 0105-LF-128-1500, is available for order at:  
<https://navalforms.documentservices.dla.mil/>. This card stock version is the authorized version of the NAVMED 6600/13 unless the command has transitioned to a version contained in an approved electronic STR.

3. The NAVMED 6110/4 Physical Fitness Assessment Medical Clearance and Waiver Form is available for download at:  
<http://www.med.navy.mil/directives/Pages/NAVMEDForms.aspx>.

4. The following DD forms are available from the Navy Forms Online Web site, <http://www.dtic.mil/whs/directives/forms/>:

a. DD Form 2766, Adult Preventive and Chronic Care Flowsheet, S/N 0102-LF-984-8400. This card stock version is the only authorized version of DD 2766 unless the command has moved to an electronic medical record system such as Armed Forces Health Longitudinal Technology Application (AHLTA), MRRS, Theater Medical Information Program-Maritime, or Shipboard Automated Medical System (SAMS).

b. DD Form 2766C, Adult Preventive and Chronic Care Flowsheet Continuation Page. This card stock version is the only authorized version of DD 2766C unless the command has moved to an electronic STR system such as AHLTA, MRRS, Theater Medical Information Program-Maritime, Shipboard Non-Tactical Automated Data Processor (SNAP), or SAMS.

c. DD Form 3024, Annual Periodic Health Assessment. This is for reference purposes as the PHA is to be conducted only in an electronic format.

- d. DD Form 2813, DoD Active Duty/Reserve/Guard/Civilian Forces Dental Examination.
  - e. DD Form 2795, Pre-Deployment Health Assessment.
  - f. DD Form 2796, Post-Deployment Health Assessment.
  - g. DD Form 2900, Post-Deployment Health Reassessment.
  - h. DD Form 2978, Deployment Mental Health Assessment.
5. The OPNAV 5239/14, System Authorization Access Request Navy is available at <https://forms.documentservices.dla.mil/order/>.