



THE SECRETARY OF THE NAVY
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SECNAVINST 6120.3
BUMED-M3

September 14, 2007

SECNAV INSTRUCTION 6120.3

From: Secretary of the Navy

Subj: PERIODIC HEALTH ASSESSMENT FOR INDIVIDUAL MEDICAL
READINESS

Ref: (a) DoD Instruction 6025.19, Individual Medical Readiness (IMR), January 3, 2006
(b) ASD(HA) Policy Memorandum 06-006, February 16, 2006
(c) NAVMED P-117, Manual of the Medical Department
(d) The Guide to Clinical Preventive Services, 2006 Recommendations of the U.S. Preventive Services Task Force
(e) BUMEDINST 6230.15A
(f) SECNAVINST 6230.4
(g) JCS Memorandum, "Updated Procedures for Deployment Health Surveillance and Readiness," February 1, 2002 (MCM-0006-02)
(h) SECNAVINST 5300.30D
(i) BUMEDINST 6224.8
(j) OPNAVINST 6110.1H
(k) ASD(HA) Policy Memorandum 99-009, February 9, 1999
(l) ASD(HA) Policy Memorandum 98-021, February 19, 1998
(m) OPNAVINST 5100.23G
(n) OPNAVINST 5100.19D
(o) Medical Surveillance Procedures Manual and Medical Matrix, NEHC-TM OM 6260
(p) USD(P&R) Memorandum, April 22, 2003
(q) ASD(HA) Policy Memorandum 05-011, March 10, 2005
(r) ASD(HA) Policy Memorandum 96-023, January 26, 1996
(s) NAVMEDCOMINST 6810.1
(t) OPNAVINST 6000.1B
(u) ASD(HA) Policy Memorandum 02-011, June 4, 2002

Encl: (1) Periodic Health Assessment (PHA)

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) is complete. Additionally, this policy establishes the annual Periodic Health Assessment (PHA) as the primary tool to consolidate evidence-

based clinical preventive services, occupational health and risk screening services, health record review, special duty physical examinations, and individualized counseling, testing, and preventive treatment contained in references (c) through (u).

2. Cancellation. OPNAVINST 6120.3.

3. Policy

a. Assessing IMR 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 ready to deploy.

b. IMR consists of six elements:

- (1) Individual Medical Equipment.
- (2) Immunizations.
- (3) Readiness Laboratory Studies.
- (4) Dental Readiness.
- (5) Deployment Limiting Conditions.
- (6) Periodic Health Assessment.

c. The PHA will be used to review, verify, and correct IMR deficiencies. It will also be used to verify compliance with various elements of Deployment Health to include Pre- and Post-Deployment Health Assessments and the Post-Deployment Health Reassessment. The PHA replaces the RC requirement for NAVMED 6120/3, Annual Certificate of Physical Condition, and the routine 5-year periodic physical examination for AC. This instruction consolidates the current screening, examinations, preventive services, treatment, deployment health screening requirements, and documentation requirements described in references (a) through (u) for AC and RC service members. Enclosure (1) provides specific information on PHA procedures and implementation.

d. Annually, all AC and RC service members will receive an individualized face-to-face assessment of their health status to include the PHA components outlined in enclosure (1). The PHA provides the opportunity to assess changes in health status, especially those that could impact a member's readiness to perform military duties. The appropriate performance of the PHA must factor in the member's age, gender, family history, occupation, deployment status, health status, and behavioral risk factors. The PHA is considered complete when all PHA components in enclosure (1) have been addressed, issues identified, and the service member has either completed or been given a plan for indicated referrals, counseling, and testing.

e. The PHA visit shall be documented in an approved electronic system (e.g., Armed Forces Health Longitudinal Technology Application (AHLTA), Dental Common Access System (DENCAS), Shipboard Non-Tactical Automated Data Processor (SNAP) Automated Medical System (SAMS), or Medical Readiness Reporting System (MRRS) and in the member's health record.

4. Action

a. AC and RC service members are responsible for scheduling the PHA and completing all referrals and IMR requirements. Newly accessioned AC service members, both officers and enlisted, who have not completed initial active duty for training and follow-on technical skills training will not require a PHA. However, IMR requirements will remain unchanged and shall 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 their subsequent birth month. All IMR data shall be entered into an approved electronic data system, as well as in the service member's health record.

b. Commanding Officers are responsible for ensuring the individual readiness of the personnel assigned to their units. The PHA is the fundamental method by which medical readiness and the health of each unit is measured. Commands will ensure annual PHA completion. 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.

5. Forms

a. The following form is available from the GSA Forms website, <http://www.gsa.gov/Portal/gsa/ep/formslibrary.do?formType=SF>. SF 600, Medical Record - Chronological Record of Medical Care.

b. The following forms are available from the Navy Forms OnLine website, <https://forms.daps.dla.mil>. On the site, select "Warehouse Forms" tab, then select "Order Forms" tab. Search by either form number or stock number.

(1) DD 2766, S/N 0102-LF-984-8400, Adult Preventive and Chronic Care Flowsheet. 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 AHLTA, MRRS, or SAMS.

(2) DD 2766C, S/N 0102-LF-984-9600, 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 medical record system such as AHLTA, MRRS, or SAMS.

c. The DD 2813, Active Duty/Reserve Forces Dental Examination is available on the DoD Forms Web site at: <http://www.dtic.mil/whs/directives/infomgt/forms/formsprogram.htm>.

d. The following forms are available on the NEHC website at: <https://www-nehc.med.navy.mil/edha/>.

(1) DD 2795, Pre-Deployment Health Assessment.

(2) DD 2796, Post-Deployment Health Assessment (PDHA).

(3) DD 2900, Post-Deployment Health Re-Assessment (PDHRA).

e. The following forms are available on the Navy Medicine website, <http://navymedicine.med.navy.mil/>. Select "Navy Medicine Directives" then the "Forms" tab. These forms are authorized for local reproduction.

(1) NAVMED 6120/3 (Rev. 6-91), Annual Certificate of Physical Condition.

(2) EZ 603.2 (trial), Dental Exam.

(3) NAVMED 6120/4 (6-2006), Periodic Health Assessment
(PHA).

A handwritten signature in black ink, appearing to read "D. C. Winter", written in a cursive style.

Donald C. Winter

Electronic only, via Department of the Navy Issuances website:
<http://doni.daps.dla.mil>

PERIODIC HEALTH ASSESSMENT (PHA)

The annual face-to-face assessment of a service member's health status provides an opportunity to review and validate individual medical readiness and correct any deficiencies. The following provides implementation guidance for conducting and documenting the PHA in approved electronic data systems and the Health Record (HREC).

1. Procedures

a. To facilitate a seamless and integrated process, it is strongly recommended that the service member's primary care manager (privileged provider) participate in the PHA process, especially for those service members with health issues. RC service members may use their civilian primary care manager for clinical preventive services and treatment of identified health risks and conditions unless the condition is service connected. RC service member visits will be coordinated by the Operational Support Center (OSC) Medical Department Representatives (MDRs) or Inspector-Instructor MDR and assessed by available provider assets. AC service members will have the PHA performed within 30 days of the individual's birth month (unless precluded by operational contingencies), to include assessment of recommended clinical preventive services, specialty physical examination(s), and dental examination. RC service members will have the PHA performed based on annual requirements due date. The date of the PHA visit will be entered in the appropriate electronic database. When feasible, the PHA will be accomplished in a single visit (one-stop shopping). The coordination of all health/medical components (such as dental examination, occupational health screening, vision readiness examination, specialty physical examination(s), and recommended clinical preventive services, (e.g., pap smear, mammography, etc.)) 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, it will be necessary to collaborate with various health service support personnel to promote ready access to care for service members. Special duty examinations, such as flight or diving duty physicals, and Occupational Health Surveillance exams shall 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. The health assessment process requires a review of data from a variety of sources including the Health Assessment Review Tool (HART), (once available on TRICARE On-Line), health record, electronic medical databases, medical history, and member interview. The purpose of the health data review is to identify any unresolved health issues, incomplete health care, IMR deficiencies, completion of deployment health requirements, or health risk factors. The reviewing approved health care 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 (IDC), physicians, nurse practitioners, and physician assistants. Service members will also be provided the following services that include, but are not limited to:

a. Height, Weight, and Body Mass Index (BMI) Calculation. Height, weight, and BMI will be measured, not self-reported.

b. Blood Pressure Measurement to screen for hypertension.

c. Visual Acuity will be assessed and documented during the annual PHA visit. Refer service member to optometry if distance or near binocular visual acuity is worse than 20/40 or the member complains of decreased visual acuity. These tests are performed either uncorrected or with habitual correction (glasses), if applicable. Service members who do not meet the 20/40 acuity standard shall obtain and wear required eyewear. RC service members will provide updated corrective lens prescription(s) from their civilian provider at least every 2 years for inclusion in their HREC.

(1) Distance binocular visual acuity testing procedure:

(a) Test is performed using a standard Snellen Acuity Chart calibrated for the testing distance.

(b) Test service member with both eyes open, either uncorrected or with habitual distance correction if applicable.

(c) Record the smallest line read without error and document whether glasses were worn during testing.

(2) Near binocular visual acuity testing procedure:

(a) Service members less than 45 years of age do not require near vision testing unless they report difficulties with near vision.

(b) Service members 45 years of age or older must be tested for reading acuity with the same glasses used during the distance acuity testing procedure.

(c) Reading acuity test is performed using a Near Acuity Card at an appropriate distance for the card being used (normally 16 inches) with both eyes open or a DoD approved vision tester or equivalent.

(d) Record the smallest line read without error.

(3) Contact lenses will **not** be worn while testing visual acuity. The only exceptions to this policy are mission essential contact lenses prescribed to the service member by the government and documented in the service member's HREC. Service members wearing mission essential contact lenses will have their visual acuity tested using the above procedures, once with their contact lenses in place and once with glasses after the contact lenses have been removed.

d. Individual Medical Equipment will be verified and documented during the PHA. Service members shall present to the PHA appointment with any required medical equipment.

(1) Two pairs of eyeglasses 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 (MCEP) device issued to the service member. MCEP spectacle with optical insert may be counted as one pair of spectacles to meet the requirement for two pair of eyeglasses.

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

(4) Medical warning tags are required for service members with documented allergies and permanent conditions which would delay treatment (in the absence of a health record), or render the routinely indicated course of treatment dangerous (e.g., diabetes, allergic reaction to drugs, or insect bites).

(5) Service members will be queried about other required personal medical equipment (e.g., hearing aids, dental orthodontic equipment, etc.).

e. Hearing. Will be assessed and documented. Refer service member for further evaluation if:

(1) There is not a DD 2215, Reference Audiogram (baseline hearing test) in the health record; or

(2) There is a complaint of tinnitus that has not been addressed; or

(3) There is a complaint of changes in hearing since the last hearing test; or

(4) There is no in-depth audiometric evaluation in the health record when existing hearing testing shows thresholds in either ear at 500 Hz, 1000 Hz and 2000 Hz that average 30 dB or greater or 45 dB or greater at 3000 Hz or 55 dB or greater at 4000 Hz; or

(5) Member is enrolled in the Hearing Conservation Program and there has not been a monitoring audiogram within the past 12 months.

Note: Appropriate referral may be to the service member's primary care manager (PCM), to occupational medicine, or to audiology depending on the nature of the hearing issue and the availability of specialty care.

f. Immunization Status will be reviewed and updated to ensure all required immunizations are current for the next year, such that medical readiness is maintained until the next annual review. Overdue immunizations will be administered during the PHA. Do not administer an initial series immunization earlier than the prescribed interval. Service members must have the following immunizations to be deployment ready or have the appropriate medical and/or administrative exemption documented in the health record: Hepatitis A (completed series); Hepatitis B (if series has begun); inactivated polio vaccine (IPV); tetanus/diphtheria/pertussis (Tdap); Measles, Mumps, and Rubella (MMR); and annual Influenza. Service members may require additional immunizations based on geographic, occupational, or Immediate Superior In Command (ISIC) specific requirements.

g. Tuberculosis (TB) Surveillance/Screening. Tuberculin Skin Test (TST) or other testing for latent tuberculosis or documentation of completion of appropriate chemoprophylaxis for known latent TB infection will be included in the PHA as directed by reference (i) and annually for deployable forces. If the TST or screening is due or due within the ensuing 11 months, it will be completed at the time of the PHA.

h. Laboratory Studies will be reviewed to ensure all required laboratory studies are current. If laboratory studies are due or due within the ensuing 11 months, they will be drawn 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 per "The Guide to Clinical Preventive Services," U.S. Preventive Services Task Force, available at: <http://www.ahrq.gov/clinic/prevenix.htm>. 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 Rh factor, G6PD status (normal/abnormal), deoxyribonucleic acid (DNA) specimen (verified receipt at Armed Forces Institute of Pathology repository), and a current Human Immunodeficiency Virus (HIV) antibody specimen. AC personnel shall be HIV tested every two years, unless clinically indicated. RC personnel shall be HIV tested at the time of

activation when called to active duty for more than 30 days and if they have not received an HIV test within the last two years.

i. Annual Dental Examination. To maximize dental health, an annual dental prophylaxis should be provided to AC service members and should be completed at the time of the annual dental examination when feasible. 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. The exam may be provided by a civilian dentist using DD 2813, but a military dental officer is required to examine the service member at least once over a 3-year period. RC service members may when in any duty status, even a non-paid Inactive Duty Training (IDT) is sufficient.

(1) Dental Readiness. The service member's dental classification will 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 Dental Common Access System (DENCAS), Shipboard Non-Tactical Automated Data Processor (SNAP) Automated Medical System (SAMS), or the Medical Readiness Reporting System (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 compromises unit combat effectiveness, is considered at increased risk to experience a dental emergency, and is normally not regarded to be worldwide deployable. 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.

j. Deployment Health Assessment and Readiness. Both AC and RC service members will be assessed according to the parameters of health and medical mobilization readiness.

(1) If deployed or redeployed during the prior year, verify copies of the DD 2795, Pre-Deployment Health Assessment (if required due to Combatant Commander (COCOM) ordered land-based deployment of more than 30 days into a theater with no permanent MTF), DD 2795, Post-Deployment Health Assessment (PDHA) and DD 2900, Post-Deployment Health Reassessment (PDHRA) are in the HREC. If absent, ensure that 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 primary care manager or primary care team. Unresolved deployment health issues for RC members will be referred to the Navy Operational Support Center (NOSC) Medical Department Representative (MDR) to coordinate with NIRM Line of Duty (LOD) program.

(2) Deployment Limiting Conditions. Assessment for future deployability will include a review of the medical history and administrative issues (e.g., pregnancy requirements, medical or dental problems ensuring any potential future deployability issues or health concerns are addressed). To be deployment ready, service members should not be on limited duty, undergoing a physical evaluation board, pregnant, or in the postpartum period. For RC service members, those members who are pregnant/postpartum, Temporarily Not Physically Qualified (TNPQ), Temporarily Not Dentally Qualified (TNDQ), undergoing Medical Retention Review (MRR), or under a Line of Duty (LOD) are considered not deployable. Manpower Availability Status (MAS)/Individual Mobilization Status (IMS) codes should reflect the service member's status.

k. Occupational Medicine Certification and Surveillance. Collaboration with the local occupational health clinic is required to ensure that service members are up-to-date with job-specific requirements. Ensure pertinent screening is documented within the HREC and updated on the DD 2766, Adult Preventive and Chronic Care Flow Sheet, by staff familiar with the occupational medicine program. RC service members will receive specific occupational medicine screenings upon accession to active duty.

l. Cardiovascular Risk Factors Screening. Risk factors such as age, gender, family history, elevated blood pressure, abnormal lipid profile, heart disease, smoking, and diabetes

will be assessed. The Framingham Risk Score is the preferred method to measure cardiovascular risks and can be found on the Navy Environmental Health Center (NEHC) PHA website.

m. Female-Specific Health Screening. Per the Manual of the Medical Department (Article 15-112), reference (c), and "The Guide to Clinical Preventive Services," U.S. Preventive Services Task Force, reference (d), available at: <http://www.ahrq.gov/clinic/prevenix.htm>. RC service members are advised to see their civilian provider to complete female-specific health screening. RC members are required to provide documentation of screening results for inclusion in the HREC if there is a deployment limiting condition.

n. Colorectal Cancer Screening. Per "The Guide to Clinical Preventive Services," U.S. Preventive Services Task Force, available at: <http://www.ahrq.gov/clinic/prevenix.htm>. RC service members will be advised to see their civilian provider for colorectal cancer screening.

o. Health Risk Assessment and Counseling. Counseling is a joint effort among all members of the health care team and is reliant upon a health risk assessment and patient interview. Service members will complete a Health Assessment Review Tool (HART) with results serving as the basis for health risk prevention counseling. Until HART is available on TRICARE OnLine, members may use other Health Risk Assessment tools such as the Fleet and Marine Corps Health Risk Assessment, available at: <http://164.167.141.46/pls/newhra/hra>. Documentation of counseling (date, age, and topic abbreviation code) is placed and initialed in the appropriate block of DD 2766.

(1) Health promotion and clinical preventive services screening recommendations and counseling. Per "The Guide to Clinical Preventive Services," U.S. Preventive Services Task Force, available at: <http://www.ahrq.gov/clinic/prevenix.htm> shall include information on diet and exercise, dental health, tobacco, alcohol and substance abuse, solar injury protection (skin cancer prevention), heat and cold injury prevention, physical and/or sexual abuse, injury prevention, stress management, and suicide and violence prevention as appropriate. Counseling will be targeted to individual, occupational, and environmental risk factors and behaviors identified in the health risk assessment tool. Health prevention/promotion material

is available on the NEHC website at: <http://www-nehc.med.navy.mil/hp/index.htm>.

(2) Family planning, emergency contraception, birth control options (its efficacies and ability to protect against sexually transmitted infection), HIV infection, and prevention information. Risk reduction strategies and counseling are required to be performed annually and documented on the DD 2766 per reference (c).

(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 will be documented on the DD 2766. 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 that they should always have at least a 90-day supply of prescription medication, including birth control pills, when they deploy and have arrangements made through the mail order pharmacy.

p. Physical Fitness Assessment. Physical fitness is a readiness issue. A current PHA completed within the preceding 12 months is required to participate in the Navy semiannual PFA. The PHA is in addition to and does not replace the requirement for a Physical Activity Risk Factor Questionnaire (PARFQ). Document disposition of the medical evaluation on the DD 2766, Readiness Section, Fitness subsection. If a PFA medical waiver is required, the privileged provider will so document and complete an SF 600. Medical waiver forms are available through the Physical Readiness Information Management System (PRIMS).

3. Responsibilities. It is the individual service member's responsibility to make and keep the PHA appointment. Unit Commanding Officers are responsible for ensuring that their service members comply with the PHA requirements. It is recommended that Commanding Officers designate representatives in their command to ensure members are in compliance with the PHA. It is each medical command's responsibility to ensure that all members involved in the PHA have met the necessary level of training required to competently perform the PHA and are familiar with the guidance outlined herein.

a. Any member of the health care 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 HREC/Dental Record (DREC) review to identify deficiencies.

(4) Create an itemized list of the above defined PHA components that are necessary to complete the PHA. This list can be provided to the service member upon check-in.

(5) Input data into an approved electronic database, including the date of the PHA visit, after demonstrating a sufficient understanding of procedures necessary to enter data into the electronic database(s).

b. Hospital Corpsmen or above may perform the following:

(1) Blood pressure measurement.

(2) Height, weight, and Body Mass Index (BMI).

(3) Visual acuity testing.

(4) Immunizations.

(5) Phlebotomy.

(6) Administer the HART.

(7) Health risk prevention, health promotion, and clinical preventive services counseling.

(8) Document consistent with paragraph 4 below.

c. Approved providers will:

(1) Perform a final review and signature on all PHAs and applicable documentation. Make a recommendation to resolve any health-related issues and reinforce healthy lifestyle behaviors.

(2) Perform the PHA on all service members who identify health issues and document the clinical encounter consistent with paragraph 4 below.

(3) Track to conclusion any unresolved deployment-related health issues.

(4) Make and document appropriate referrals as needed.

d. Dentist. U.S. military dental officers, U.S. Military government contract, and Government Service (GS) dentists are the only dental health care 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 may have the annual dental examination provided by a licensed civilian dentist. During any 3-year period, a civilian dentist may provide two annual dental examinations. A U.S. military dental officer, U.S. government contract, or GS dentists must perform one of the annual examinations during this same 3-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 4c below.

4. Documentation. Completion and ongoing maintenance of the DD 2766 is the responsibility of the entire health care team.

a. The DD 2766 provides immediate visibility of current health status and future screening requirements. Until the fully functional version of the AHLTA DD 2766 is fielded, commands are required to complete and maintain a hard copy DD 2766 in the outpatient medical record. The hard copy DD 2766 and DD 2766C may be electronically generated or the card stock format ordered through Navy Forms OnLine at: <http://forms.daps.dla.mil> using stock number (S/N) 0102-LF-984-8400 for the DD 2766 and S/N 0102-LF-984-9600 for the DD 2766C. The MRRS generated DD 2766 is available electronically from MRRS.

b. NAVMED 6120/4 (6-2006), Periodic Health Assessment will be generated to document the clinical encounter.

This form is available on the Navy Medicine website at: <http://navymedicine.med.navy.mil/>, select "Navy Medicine Directives" then the "Forms" tab. This form is authorized for local reproduction.

c. The dental examination will be documented in the dental record using the EZ 603.2 (trial) form, DD 2813, the Active Duty/Reserve Forces Dental Examination, or other authorized Bureau of Medicine and Surgery 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: MRRS, SNAP SAMS, DENCAS, and AHLTA.

5. Resources. The NEHC PHA website provides tools to support implementation of the PHA including generic Standard Operating Procedures (SOPs), coding guidance, NAVMED 6120/4, Framingham Cardiovascular Risk Assessment, Fleet and Marine Corps Health Risk Assessment (HRA), United States Preventive Services Task Force (USPSTF) clinical preventive services recommendations, a PHA flow chart, etc. at: <http://www-nehc.med.navy.mil/hp/cps/pha.htm>. The HART is available from the Space and Naval Warfare Systems Command (SPAWARS) at: <https://chcswebsrvr.spawar.navy.mil/> or e-mail the Problem-Knowledge Couplers (PKC) Corporation point of contact: Ollie Gray at: atobg@pkc.com, or call (703) 998-8400 ext. 207. The USPSTF recommendations are available at: <http://www.ahrq.gov/clinic/prevenix.htm>. All records generated as a result of this instruction shall be disposed of following SECNAVINST 5210.1.