

Defense Centers for Public Health – Portsmouth

<mark>CUI</mark>

Electronic Health Assessment User Guide Standard Operating Procedures

EpiData Center Department July 2024

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Introduction

Purpose

The DoD Deployment Health Assessment program ensures that all Service members are routinely monitored for both physical and mental health. The EpiData Center Department (EDC) Application Development and Data Systems Support (ADDSS) Division developed and maintains the Electronic Health Assessment (EHA) system, which assists in fulfilling this requirement. 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 EHA application. Once certified as complete, the assessments become a part of the Service member's medical record and are 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.

Roles and Responsibilities

User Roles

Upon logon, the user will choose their role between Periodic Health Assessment (PHA) and Electronic Deployment Health Assessment (EDHA). All users completing a periodic assessment should choose PHA User all users completing a deployment assessment should choose Deployer.

PHA Users

The PHA is open to any Navy, Marine Corps, or Coast Guard. Users will be able to see any PHA they have created, both certified and uncertified, as well as a Certification Metrics that shows the progress of certification on the PHA User homepage.

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. All EDHA Assessments the user has completed will be available from the EHDA home page.

Provider Accounts

MHA Provider

Mental Health Assessment (MHA) Providers review all members' mental health in conjunction with their recent deployment history and medical history. After reviewing the MHA through a





person-to-person meeting with the Service member, the MHA Provider will create referrals as well as set the recommended timeliness of the referral.

Because of the sensitive information in the assessment, MHA providers must be a Physician, Nurse Practitioner, Physician Assistant, Advanced Practice Nurse, Independent Duty Corpsman, Independent Duty Health Services Technician, Independent Duty Medical Technician, Special Forces Medical Sergeant, Clinical Psychologist, or Licensed Clinical Social Worker only. All MHA Providers must complete their MHA Training or equivalent PHA Training before they are granted the access to the role.

HCP

All PHA assessments must be certified by a HCP before they are complete. All surveys must be certified by both the Record Reviewer and the MHA Provider before they are populated in the Health Care Provider (HCP) Dashboard. The HCP reviews the notes and referrals recommended by the Record Reviewer and MHA Provider. Based on the HCP's review of the assessment through a person-to-person meeting with the Service member, the HCP will determine Individual Medical Readiness Disposition. Review by an HCP is the last step of certifying an assessment.

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.

Health Care Provider

All EDHA assessments must be certified by a Health Care Provider before they are complete. 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.

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.

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.

Additional Roles

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.

Record Reviewer

The role of Record Reviewer is used in order to review a Service member's medical records prior to certification by a Health Care Provider. This may be completed before a Service member's appointment and does not require face-to-face interaction. Record Reviewers will enter the Service member's most recent PHA and/or medical documentation as a preliminary review. Based on this preliminary review of the Service member's record, the Record Reviewer marks Provider Referrals and missing documentation which may be needed for completion of the PHA.

Logging On

Create a New Account Click "Create Account."





THE MEALTY DIA
Electronic Health Assessment
Sign in
CAC Login
Request Temporary CAC Exemption
Associate CAC with Account
Create account

Complete your credentials on the following page. All fields are required to register a new 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. Security question answers are case sensitive.

Once all fields are completed, click "Submit."

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 – Associate CAC

To logon to a new account, click "Associate CAC with Account."





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Electronic Health Assessment
Sign in
CAC Login
Request Temporary CAC Exemption
Associate CAC with Account
Create account

In the pop up window, enter the Username and password. Then click "Login." The user's CAC must be in the computer's CAC reader. Upon successful logon, the CAC will automatically associate with the account. To exit the window without associating a CAC, click "Cancel CAC Association."

Enter Password		
	Login	
	Forgot Password	

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

Requesting CAC Exemption

CAC Login is required to access EHA. Only user's personal accounts can be accessed by Username and password through a CAC exemption. CAC exemptions are only granted once per month. This exemption lasts 3 days. After this exemption, users will need to contact the <u>EHA Help Desk</u> to receive any subsequent CAC exemptions. To access a CAC exemption, click "Request Temporary CAC Exemption."







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



If you have forgotten your Username, please contact the EHA 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 either PHA or EDHA. Click "MY ACCOUNT" on the top toolbar.



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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 EHA Help Desk.

Resetting Secret Question

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



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>EHA Help Desk</u>.

Updating Name

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

To update your name within EDHA, click "My Account" on the top toolbar. Names cannot be changed in PHA.



Then click "Update My Profile."



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>EHA Help Desk</u>.

Disassociate CAC

If a CAC is associated with an account that is not the Service member, contact the <u>EHA Help</u> <u>Desk.</u> Do not change any profile information or start an assessment in another user's account.





Changing Site and Roles

To change between EHDA and PHA or to choose a different EHDA role. Click "Choose Site and Roles" on the top toolbar.



Signing Out

Before leaving the site, especially at a shared, ensure to click "Sign Off" on the top toolbar to ensure no one else can access your account.



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





Start a New Assessment

3 EDHA Global / Deployer Console	FOR OFFICIAL USE ONLY	MY ACCOUNT	HELP ABOUT SIGN OFF
ASSESSMENT CONTROLS	Welcome, Deployer		
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Not the completed between 30 days before and 30 days after return tion depolynment. Determining the depolynment of the depolyn			
	FOR OFFICIAL USE ONLY		

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.





O EDHA Global 7 Assessment	FOR OFFI	CIAL USE ONLY			HELF	ABOUT
PreDHA (DD Form 2795, June 2012) NE BRIJOWENT IRALTH ASSESSMENT	Demographics: Profile					
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n - n	Social Security Number:	Today's Date (dd/mmm/yyyy):				
Save Print Exit	Service Branch	O Male O Female	Component	Pay Grade		
Demographics: Profile	O Air Force O Army O Navy O Marine Correc		Active Duty National Guard Reserves Cluding Generoment Employee	OE1 O OE2 O OE3 O	01 OW1 02 OW2 03 OW3	
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Demographics: Deployment Information	O Other Detense Agency	ŝ		0 E9 0	09 010	
Health Assessment: General Health Information						
Health Assessment: Current and Past Health History - Part I						
Health Assessment: Current and Past Health History - Part II	11 1				>	»
	FOR OFFI	CIAL 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 🖊 Assessment	FOR OFFICIAL U	SE ONLY	HELP ABOUT			
PreDHA (DD Form 2795, June 2012) PRE DRUNNENT HEALTH ASSESSMENT	Demographics: Profile					
Time Left: 01:59:10 Reset Time	Last Name: First #	Name: Middle Initial:				
CONTROLS	Social Security Number: Today	y's Date (dd/mmm/yyyy):				
Save Print Exit	Date of Birth (dd/mmm/yyyy): Gende	er ale O Female				
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Demographics: Profile	Air Force Army Navy Marine Corns	Active Duty National Guard Reserves Original Covertament Employee	OE1 O1 OW1 OE2 O2 W2 OE3 O3 W3 OE4 OA OW4			
Demographics: Contact	Coast Guard Civilian Expeditionary Workforce (CE	w)	OE5 OO5 OW5 OE6 OO6			
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Health Assessment: General Health Information						
Health Assessment: Current and Past Health History - Part I						
Health Assessment: Current and Past Health History - Part II	4 4		44			
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FOR OFFICIAL USE ONLY						

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





EDHA Global / Assessment	FOR OFF	ICIAL USE ONLY				ABOUT
PreDHA (DD Form 2795, June 2012) Ne EQUIDINENT HEALTH ASSESSMENT	Demographics: Profile					
Time Left: 01:59:10 Best Time Contracts Save Print Exit	Last Name: Social Security Number: Date of Birth (dd/mmm/yyyy):	First Name: Today's Date (dd/mmm/yŋyy): Gender Male O Female	Middle Initial:			
Demographics: Profile	Service Branch Air Force Army Navy Marine Corps Cost Guard Utilian Expeditionary Workfi USPHS	srce (CEW)	Component Active Duty National Guard Reserves Civilian Government Employee	Pay Grade 0 E1 0 C 0 E2 0 C 0 E3 0 C 0 E4 0 C 0 E5 0 C 0 E6 0 C 0 E7 0 C	01 W1 02 W2 03 W3 04 W4 05 W5 06 07 Other	
Demographics: Deployment Information	Other Defense Agency L	ist:		0 EB 0 C 0 E9 0 C 0 C	08 09 010	
Health Assessment: General Health Information Health Assessment: Current and						
Past Health History - Part I Health Assessment: Current and Past Health History - Part II					>	>>>
	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



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.

3 EDHA Global 🖊 Assessment	FOR OFF	ICIAL 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				
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Health Assessment: Current and Past Health History - Part I						
Health Assessment: Current and Past Health History - Part II	11 1	_	_		>	>>>
	FOR OFF	ICIAL 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.

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Editing Previous Assessment

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





O EDHA Global / Deployer Console	FOR OFFICIAL USE ONLY	MY ACCOUNT HELP ABOUT SIGN OFF
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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.





O EDHA Global / Assessment	FOR OFF	ICIAL USE ONLY				ABOUT
PreDHA (DD Form 2795, June 2012) PRE DRI LOYMENT HEALTH ASSESSMENT	Demographics: Profile					
Time Left: 01:59:43 Rest.Time CONTROLS	Last Name: Social Security Number: Date of Birth (dd/mmm/yvyy):	First Name: Today's Date (dd/mmm/yyyy): Gender	Middle Initial:			
Second Se	Service Branch Air Force Air Many Navy Casts Guard Costs Guard	O Male O Female	Camponent Active Duty National Guard Reserves Civilian Government Employee	Pay Grade E1 01 E2 02 E3 03 E4 04 E5 05	W1 W2 W3 W4 W5	
Demographics: Deployment Information Health Assessment: General	O USPHS O Other Defense Agency	st:		CE7 C07 CE8 C08 CE9 C09 C010	O Other	
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."

6 EDHA Global / Deployer Console	FOR OFFICIAL USE ONLY	MY ACCOUNT HELP ABOUT SIGN OFF
ASSESSMEAT CONTROLS	Welcome, DEPLOYER	
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Post errorment reach tradicesent To be completed between 30 days before and 30 days after retear. Them depayment Occl estimates recent errorment POHRA (DD Form 2900) Post tencement reach the adapted	Deployment #3 PECINA Precina P	RAL DANNA DANNA DANNA ROTTARN NOTTARN HOTTARN
	FOR OFFICIAL USE ONLY	

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."





G EDHA Global / Deployer Console	FOR OFFICIAL USE ONLY	
ASSESSMENT CONTROLS	Welcome,	
Deployment Hoatth Associated (DHA) and Deployment Moral Health Associates (DMA) are regarded to ecoupleted at specific time frames prior to, at extern, and after a qualifying deployment. The labelin indicates the base to the second second second second second terms and the second second second second second terms and the second second second second second terms and the second second second second second terms and ter	Latest Deployment Depl	DIMHAS NOTTAKIN DITAKIN
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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."



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







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





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, date of birth, first name, middle name, and last name will appear under "SERVICE MEMBER INFO" in the left panel.

G EDHA Global		der Console FOR OFFICIAL USE ONLY	MY ACCOUNT HELP ABOUT SIGN OFF
S I Import SSN List Tim done with	SSN 1	Welcome, HEALTH CARE PROVIDER	
SSN: Name: DOB: Fm done with Previous Deployer) DEPLOYER	Review Assessments Referral Status	✓ Process AHLTA Reports
Asses Pre-DHA Post-DHA PDHRA	Uncertaine : Uncertaine : Uncertaine : Uncertaine : Uncertaine : Uncertaine :	Notices Starting on 15 January 2008, The Post Deployment Health Assessments (D Form 2796) and Reassessments (DD Form 2900) contain more specific questions regarding alcohol use, traumatic brain injuries (TBI), and poot traumatic stress disorder (TSI). Additional licitical information to assist previewer's window of the eDHA program. Please consult these guides as yr conduct your assessment.	Informational Links Alcohol 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.





⑥ EDHA Global / Health Care Provi	der Console FOR OFFICIAL USE ONLY	MY ACCOUNT HELP ABOUT SIGN OFF
SSN 1	Welcome, Health care provider	
SELECTED DEPLOYER SSN: Name: DOB: Fm done with this individual	Review Review Referral Status	Process 🗸 🗸
Previous Deployment ASSESSMENTS Pre-DHA UNCERTRICE I Post-DHA UNCERTRICE I PDHRA UNCERTRICE I PDHRA	Notices Stating on 15 January 2008, The Post Deployment Health Assessments (DD Form 2794) and Ressassments (DD Form 2900) contain more specific questions regarding alcohol use, traumatic brain tiquires (TBI), and post traumatic stress disorder (PTSD). Additional clinical information to assist traumatic stress disorder (PTSD). Additional clinical information to assist reviewers without of these forms are provided below and with the reviewers without of the eDHA program. Please consult these guides as you conduct your assessment.	Informational Links Alcohol Screening Guidance AUDIT-C Scoring Drinking Safety Handout TBI Clinical Guidance TBI Fact Sheet
	FOR OFFICIAL USE ONLY	

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."

	ider Console FOR OFFICIAL USE ONLY	MY ACCOUNT HELP ABOUT SIGN OFF
Add 55H + + Import 55H List 55H List Fm done with my current list	Welcome, Health care provider	
SELECTED DEPLOYER SSN: Name: DOB: Tm done with this individual Trevious Deployer Next Deployer	Review Review Referral Status	Process 🗸 🗸
ASSESSMENTS UNCERTINGS 0 Pre-DHA UNCERTINGS 0 Post-DHA UNCERTINGS 0 PDHRA UNCERTINGS 0	Notices Starting on 15 January 2008, The Post Deployment Health Assessments (DD Form 2796) and Reassessments (DD Form 2900) contain more specific questions regarding alcohol use, traumatic brain injuries (TBI), and post traumatic stress dirorder (PTSD). Additional clinical information to assist you 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 Alcohol Screening Guidance AUDIT-C Scoring Drinking Safety Handout TBI Clinical Guidance TBI Fact Sheet

CUI

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





🧿 EDHA Global 🖊	Health Care Prov	ider Console FOR OFFICIAL U	ISE ONLY	MY ACCOUNT HELP	ABOUT SIGN	OFF
Add SSN Import SSN List I'm done with m	4 2 + SSN List ay current list	Welcome, Health care provider				
SSN: Name: DOB: Trn done with th Previous Deployer	IN THE TRANSPORT	Review 🗸 🗸	Review Referral Status	Process AHLTA Rep	orts	•
ASSESSM Pre-DHA Post-DHA	KENTS UNCERTIFIED: 0 CERTIFIED: 0 CERTIFIED: 0	Notices Starting on 15 January 2008, The Por Form 2.796) and Reassessments (DD F questions regarding alcohol use, tra- traumatic stress disorder (PTSD). Ad	Informational Links Alcohol Screening Guidance AUDIT-C Scoring			
PDHRA		you in your review of these forms an reviewers window of the end program conduct your assessment.	e provided below and with the arm. Please consult these guides as you	Urinking Safety Hand TBI Clinical Guidance TBI Fact Sheet	<u>eut</u>	

View Referral Status

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

G EDHA Global / Health Care Provider	Console FOR OFFICIAL U	SE ONLY	MY ACCOUNT HELP ABOUT SIGN OFF
Add SSN 4	teview 🗸 🗸	Review Referral Status	Process AHLTA Reports
Import SSN List SSN List Fm done with my current list	Review Referral S	tatus - Pre-DH	A
SELECTED DEPLOYER			
SSN: Name: DOB:	1. DATE COMPLETED: 03/Jan/2013	DATE CERTIFIED: 03/Jan/2013	REFERALS: Assigned: 1 View Completed: 0 View
I'm done with this individual			
Previous Deployer Next Deployer ASSESSMENTS	2. DATE COMPLETED: 14/Jan/2011	DATE CERTIFIED: 01/May/2012	REFERALS: Assigned: 0 Completed: 1 Not Indicated: 0
Pre-DHA DIACARTIPIES 22 CERTIFIES: 28			
Post-DHA UNCERTIFIE: 17 CERTIFIE: 26	B. DATE COMPLETED: 04/Oct/2013	DATE CERTIFIED: 24/Jan/2017	REFERRALS: Assigned: 1 Completed: 0 Not Indicated: 0
PDHRA UNCERTIFIED 24 CERTIFIED 48			Not indicated. 0
	4. DATE COMPLETED: 11/Jun/2010	DATE CERTIPIED: 30/Apr/2012	REFERALS: Assigned: 0 Completed: 1 Not Indicated: 0
	5 DATE COMPLETED:	DATE CERTIFIED:	REFERRALS
	30/Apr/2012	30/Apr/2012	Assigned: 0 Completed: 1 Not Indicated: 0
	FOR OFFICIAL U	SE ONLY	

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."





EDHA Global / Health Care Prov								
Review and Update Referral Status							1	•
View Pre-DHA (DD Form 2795,	June 2012)	COMPLETED CERTIN 03/Jan/2013 03/Ja	FIED 55N in/2013 741852963	NAME Taker test				
Below is the status of all referral(s) associ Remember to Save before leaving this pag	ated with the selected e, or your changes wil	d assessment. I not be preserved.			Save M	y Changes	Cancel	
QUISTION 12a. Primary Care, Family Practice, Internal Medicine	SELECTED OPTION: Within 24 hours	STATUS: Assigned Completed No Longer Indicate	COMMENT:					
					Save M	y Changes	Dancel	
								U
								U
				Martin	lineted 0			
		FOR OFFICIAL USE	EONLY	Not inc	icatede (

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.

O EDHA Global / Health Care Provider Console FOR OFFICIAL USE ONLY NY ACCOUNT HELP ABOUT SIGN OFF					
SSN 1 Add SSN +	Review Assessments	✓ Review Referral	Status Process AHLTA Repo	orts 🗸	
Import SSN List SSN List I'm done with my current list	Review Asse	ssments - Pre-	DHA		
SELECTED DEPLOYER					
SSN: Name: DOB:	1. STATUS: Reported	DATE COMPLETED: 27/Feb/2017		Edit	
I'm done with this individual					
Previous Deployer Next Deployer	2. STATUS: Certified	23/Jul/2014	LOCATION:	View	
ASSESSMENTS					
Pre-DHA UNCERTIFIED: 1					
Post-DHA UNCERTIFIED: 0					
PDHRA UNCERTIFIE O		-			
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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.





O EDHA Global 7 Assessment	sessment FOR OFFICIAL USE ONLY			
PreDHA (DD Form 2795, June 2012)	Health Assessment: General H	Health Concerns and H	earing Concerns	
SSN: <u>View Demographics</u> Time Left: 01:59:14 <u>Reset Time</u>	Deployer is deploying to N/A . Has deployed N/A times before.			
CONTROLS	Last returned N/A			
E D D Save Print Exit A O	1. Address concerns identified on depli (Click here to view Deployer respons (Click here to view Deployer respons	over questions 1 through 8. te(s)) for Q1 through Q5 te(s)) for Q6 through Q8		
BECIR (0) NMPS	Deployer	Not asswered	Deployer's Response	Provider Comments (if indicated)
SEGMENTS	Self health rating	O Deployer indicated concern or yes	0	×
Show All F 7 Health Assessment: General	MEB or PEB	Not answered Deployer indicated concern or yes	0	0
Health Concerns and Hearing Concerns	Medical, dental, or mental health concern	Not answered Deployer indicated concern or yes	Û	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	Ĵ
Health Assessment: Depression Assessment	Medications	Not answered Deployer indicated concern or yes	0	
Health Assessment: Life Stressor	History of mental health care	Not answered Deployer indicated concern or yes	C C	Ĉ
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	FOR OFFICIA	L USE ONLY		

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

G EDHA Global / Assessment	FOR OFFICIA	L USE ONLY		HELP ABOUT
PreDHA (DD Form 2795, June 2012) PRE DPJ OWENT HEALTH ASSISSMENT	Health Assessment: General I	Health Concerns and F	learing Concerns	
SSN: <u>View Demographies</u> Time Left: 01:59:14 <u>Roset 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	loyer questions 1 through 8. se(s)) for Q1 through Q5 se(s)) for Q6 through Q8		
	Deployer	Question	Deployer's Response	Provider Comments (if indicated)
SEGMENTS	Self health rating	Deployer indicated concern or yes	0	
Show All Health Assessment: General	MEB or PEB	Not answered Deployer indicated concern or yes	<u> </u>	
Health Concerns and Hearing Concerns	Medical, dental, or mental health concern	Not answered Deployer indicated concern or yes	Û	
Health Assessment: Alcohol Related Assessment	Pregnancy	Not answered Deployer indicated concern or yes		
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	0	0
Health Assessment: Life Stressor and Suicide Risk Asessment	History of mental health care	Not answered Deployer indicated concern or yes	Ĵ	
ļ	FOR OFFICIA	IL USE ONLY		>

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.

O EDHA Global / Assessment	FOR OFFICIA	HELP ABOUT						
PreDHA (DD Form 2795, June 2012) He servicement Hautin Association SSN: <u>Year Prenographics</u> Time Left: 01:59:14 <u>Reset Time</u>	Health Assessment: General I Deployer is deploying to N/A . Has deployed N/A times before.	lealth Concerns and F	learing Concerns	i i i i i i i i i i i i i i i i i i i				
CONTROLS	Address concerns identified on deployer questions 1 through 8. (Click here to view Deployer response(i)) for 0.1 through 0.3 (Click here to view Deployer response(ii) for 0.6 through 0.8							
BECIR (0) NMPS	Deployer	Not answered	Deployer's Response	Provider Comments (ir indicated)				
SEGMENTS	Self health rating	O Deployer indicated concern or yes		· · · · · · · · · · · · · · · · · · ·				
Show All	MEB or PEB	Not answered Deployer indicated concern or yes	0	0				
Health Concerns and Hearing Concerns	Medical, dental, or mental health concern	Not answered Deployer indicated concern or yes	0	C C				
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				
Health Assessment: Depression Assessment	Medications	Not answered Deployer indicated concern or yes	0	^				
Health Assessment: Life Stressor and Suicide Risk Asessment	History of mental health care	Not answered Deployer indicated concern or yes	<u></u>	Ĵ				
	FOR OFFICIA	L USE ONLY						

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

6 EDHA Global / Assessment	FOR OF	FICIAL USE ONLY		HELP ABOUT			
PreDHA (DD Form 2795, June 2012)	Health Assessment: Gene	ral Health Concern	s and Hearing Concerns				
SSN: <u>View Demographics</u> Time Left: 01:53:28 <u>Reset Time</u>	Deployer is deploying to digdg . Has deployed 6 times before.						
CONTROLS	Last returned Jan 2017 1. Address concerns identified or (Click here to view Deployer re (Click here to view Deployer re	1 deployer questions 1 throu (sponse(s)) for Q1 through Q (sponse(s)) for Q6 through Q	gh 8. 15 18				
	Deployer	Question	Deployer's Response	Provider Comments (if Indicated)			
SEGMENTS	Self health rating	 Not answered Deployer indicated concern or yes 	Deployer's Response: Poor	Provised			
Health Assessment: General Health Concerns and Hearing	MEB or PEB	Not answered Deployer indicated concern or yes	Deployer's Response: sdfdfsd	*Required			
Concerns HVXL0	Medical, dental, or mental health concern	Not answered Deployer indicated concern or yes	Deployer's Response: dfsfsdfsf	*Required			
Health Assessment: Alcohol Related Assessment	Pregnancy	Not answered Deployer indicated concern or yes					
Health Assessment: PTSD Assessment	Head injury	O Not answered O Deployer indicated concern or yes	Deployer's Response: N/A	0			
Health Assessment: Depression	K Medications	O Not answered O Deployer Indicated	Deployet's Response: N/A	> >			

AHLTA Reports

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





G EDHA Global /	Health Care Provi	der Consol	e FOR	OFFICIAL USE ONLY		MY ACCOUNT HELP ABOUT SIG	on off
Add SSN	H 3	Review Assessn	nents	✓ Review Referral	Status 💙	Process AHLTA Reports	>
Import SSN List	SSN List ny current list	Proc	ess AHL	TA Reports - F	Pre-DHA		Î
	DEPLOYER						
SSN: Name: DOB:		No data	loaded.	AHLTA	Responses		
I'm done with t	this individual						
Previous Deployer	Next Deployer						
ASSESS	MENTS						
Pre-DHA -	UNCERTIFIED: 0 CERTIFIED: 2	1 .	STATUS: Certified	DATE COMPLETED: 05/Mar/2009	LOCATION: N/A	Get Responses	
	UNCERTIFIED: 1 CERTIFIED: 0						
PDHRA	UNCERTIFIED: 1 CERTIFIED: 0	2 .	status: Reported	DATE COMPLETED: 10/Dec/2012	ship	Get Responses	
		3.	STATUS: Certified	DATE COMPLETED: 17/May/2012	LOCATION: N/A	Get Responses	
			FOR	OFFICIAL USE ONLY			

Click "Get Responses" next to the desired assessment.

G EDHA Global /	O EDHA Global / Health Care Provider Console FOR OFFICIAL USE ONLY WY ACCOUNT HELP ABOUT SKON OFF									
Add SSN	N 3	Review Assessn	nents	✓ Review Referr	/ al Status	Process AHLTA Reports	*			
Import SSN List I'm done with i	SSN List my current list	Process AHLTA Reports - Pre-DHA								
SELECTED	DEPLOYER						-			
SSN: Name: DOB: Fin done with	this individual	No data	i loaded.	AHL	TA Responses					
Previous Deployer	Next Deployer									
F Pre-DHA		1.	STATUS: Certified	DATE COMPLETED: 05/Mar/2009	LOCATION:	Get Responses				
Post-DHA	UNCERTIFIED: 1 CERTIFIED: 0									
PDHRA	UNCERTIFIED: 1 CERTIFIED: 0	2.	STATUS: Reported	DATE COMPLETED: 10/Dec/2012	ship	Get Responses				
		3.	STATUS: Certified	DATE COMPLETED: 17/May/2012	LOCATION: N/A	Get Responses				
			FOR	OFFICIAL USE ONLY						

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





EDHA Global / Health Care Pro	vider Console FOR OFFICIAL USE ONLY ANY ACCOUNT HELP ABOUT SIGN OFF
Add SSN +	Review Review Process AllLTA Reports
Import SSN List SSN List	Process AHLTA Reports - Pre-DHA
SSN: Name: DOB:	AHLTA Responses
I'm done with this individual Previous Deployer Next Deployer	Last Name, First Name, MI: 55H: Gender:
ASSESSMENTS Pre-DHA UNCERTIFIED: 0 CRITINED: 2	Service Branch: Coast Gaard Component: Reserves Pay Grade: Q2
Post-DHA UNCERTIFIED: 0 PDHRA UNCERTIFIED: 0	Location or Operation: Africa Deployment Location (F INIOVINI) (CITY, TOVINI, or BASE): List country (F INIOVINI): More of Country
	Click select AHLTA Responses then click CirliC 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.

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.





G EDHA Global / Health	Care Provider Console FOR OFFICIA	L USE ONLY	MY ACCOUNT HELP ABOUT SIGN OFF			
55N Import 55N List 55N I Fm done with my current list	Welcome, HELLTH CARE PROVIDER					
SELECTED DEPLOYER SSN: Name: D08: I'm done with this individual	Review Assessments	Review Referral Status	Process 🗸 🗸			
Previous Deployer Next D ASSESSMENTS Pre-DHA I	Notices Starting on 15 January 2008, The	Notices Starting on 15 January 2008, The Post Deployment Health Assessments (DD Form 2796) and Reassessments (DD Form 2900) contain more specific questions regarding alcohol use, traumatic brain injuriers (TB), and post traumatic stress disorder (PTSD). Additional clinical information to assist you in your review of these forms are provided below and with the reviewer's window of the dDiA program. Please consult these guides as you conduct your assessment.				
Post-DHA U	ACCOMPANY STATES AND					
			TBI Fact Sheet			
	FOR OFFICIA	L 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.



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

CUI

Viewing and Printing Assessment

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





O EDHA Global / Health Care Provider Console FOR OFFICIAL USE ONLY NY ACCOUNT HELP ADOUT SIGN OFF							
SSN Add SSN	1 Review + Assessn	nents	✓ Review Referral St	atus 💙	Process 🗸 🗸		
Import SSN List SSN	List						
I'm done with my current li	Revi	ew Assess	ments - Pre-D	HA			
SELECTED DEPLOYER							
SSN: Name: DOB:	1.	status: Reported	DATE COMPLETED: 27/Feb/2017	LOCATION:	Edit		
I'm done with this individu	at						
Previous Deployer Next I	Deployer 2.	STATUS: Certified	23/Jul/2014	LOCATION:	View		
ASSESSMENTS							
F Pre-DHA L							
Post-DHA	UNCERTIFIED: 1 CERTIFIES: 0						
PDHRA	UNICETIFICE I						
		FOR OF	FICIAL USE ONLY				

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

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

		FOR OFFICIAL USE ONLY					
Health Assessment: Gene	ral Health Concern	s and Hearing Concerns					
Deployer is deploying to dfgdg . Has deployed 6 times before.							
Last returned Jan 2017							
1. Address concerns identified or (Click here to view Deployer re (Click here to view Deployer re	n deployer questions 1 throu (sponse(s)) for Q1 through Q (sponse(s)) for Q6 through Q	gh 8. 5					
Deployer	Question	Deployer's Response	Provider Comments (if Indicated)				
Self health rating	Not answered Opployer indicated	Deployer's Response: Poor	0				
MEB or PEB	Not answered Deployer indicated concern or yes	Deployer's Response: sdfdfsd	*Required				
Medical, dental, or mental health concern	Not answered Deployer indicated concern or yes	Deployer's Response: dfsfsdfsf	*Required				
Pregnancy	 Not answered Deployer indicated concern or yes 		0				
Head injury	O Not answered O Deployer indicated concern or yes	Deployer's Response: N/A					
Kedications	O Not answered O Deployer Indicated	Deployer's Response: N/A	> »				
	Deployer is deploying to digit Has deployed 6 times before. Last returned Jan 2017 1. Address concerns identified of (Click here to view Deployer Click here to view Deployer Self health rating MEB or PEB Medical, dental, or mental health concern. Pregnancy Head injury Webications	Deployer is deploying to digity. Has deployed 6 times before. Let returned Jan 2017 Addesses concerns detailed on deployer questions 1 brough O (Click here to view Deployer response(!)) for O1 through O (Click here to view Deployer response(!)) for O1 through O (Click here to view Deployer response(!)) for O1 through O (Click here to view Deployer response(!)) for O1 through O (Click here to view Deployer response(!)) for O1 through O (Click here to view Deployer response(!)) for O1 through O (Click here to view Deployer response(!)) for O1 through O (Click here to view Deployer response(!)) for O1 through O (Click here to view Deployer response(!)) for O1 through O (Click here to view Deployer response(!)) for O1 through O (Click here to view Deployer indicated concern or yes MEB or PEB Medical, dental, or mental MEB or PEB	Deployer is deploying to digg Last extremed are constructed as the construction of the construction				

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





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PreDHA (0D Form 2795, June 2012) be properties any advanced									
SSN: <u>Vlow Demographics</u> Time Left: 01:59:14 <u>Reset Time</u>	Deployer is deploying to N/A . Has deployed N/A times before.	Deployer is deploying to N/A . Has deployed N/A times before.							
CONTROLS	Last returned N/A Address concerns identified on deployer questions 1 through 8. (Cick here to view Deployer response()) for Q1 through Q5 (Cick here to view Deployer response()) for Q6 through Q8								
	Deployer	Question	Deployer's Response	Provider Comments (if indicated)					
BECIR (0) NMPS SEGMENTS	Self health rating	Not answered Deployer indicated concern or yes	0	0					
Show All F Health Assessment: General	MEB or PEB	Not answered Deployer indicated concern or yes	·	Û					
Health Concerns and Hearing Concerns	Medical, dental, or mental health concern	Not answered Deployer indicated concern or yes	0	C C					
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	0	0					
Health Assessment: Life Stressor	History of mental health care	Not answered Deployer indicated concern or yes	Û						
, «									
		·							
	FOR OFFICIA	LUSE ONLY							

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

6 EDHA Global / Assessment	FOR OF	HELP ABOUT		
PreDHA (DD Form 2795, June 2012) PRE DEPLOYMENT HEALTH ASSESSMENT	Health Assessment: Gene	ral Health Concern	s and Hearing Concerns	
SSN: <u>View Demographics</u> Time Left: 01:53:28 <u>Reset Time</u>	Deployer is deploying to dfgdg Has deployed 6 times before.			
Save Print Est	Address concerns identified or (Click here to view Deployer re (Click here to view Deployer re	n deployer questions 1 throu esponse(s)) for Q1 through Q esponse(s)) for Q6 through Q	gh 8. 5 8	Provider Comments (if
BECIR (0) NMPS	Deployer	Question	Deployer's Response	Indicated)
SEGMENTS	Self health rating	Not answered Deployer indicated concern or yes	Deployer's Response: Poor	C.
Health Assessment: General Health Concerns and Hearing	MEB or PEB	Not answered Deployer indicated concern or yes	Deployer's Response: sdfdfsd	*Required
Concerns INVALIO	Medical, dental, or mental health concern	 Not answered Deployer indicated concern or yes 	Deployer's Response: dfsfsdfsf	*Required
Health Assessment: Alcohol Related Assessment	Pregnancy	 Not answered Deployer indicated concern or yes 		0
Health Assessment: PTSD Assessment	Head injury	O Not answered O Deployer indicated concern or yes	Deployer's Response: N/A	Ĵ Ĉ
Health Assessment: Depression	11 1	O Not answered	Deployer's Response: N/A	> %

AHLTA Reports

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





G EDHA Global /	Health Care Provi	der Consol	e FOR	OFFICIAL USE ONLY		MY ACCOUNT HELP ABOUT SIG	on off
Add SSN	H 3	Review Assessn	nents	✓ Review Referral	Status 💙	Process AHLTA Reports	>
Import SSN List	SSN List ny current list	Proc	ess AHL	TA Reports - F	Pre-DHA		Î
	DEPLOYER						
SSN: Name: DOB:		No data	loaded.	AHLTA	Responses		
I'm done with t	this individual						
Previous Deployer	Next Deployer						
ASSESS	MENTS						
Pre-DHA -	UNCERTIFIED: 0 CERTIFIED: 2	1 .	STATUS: Certified	DATE COMPLETED: 05/Mar/2009	LOCATION: N/A	Get Responses	
	UNCERTIFIED: 1 CERTIFIED: 0						
PDHRA	UNCERTIFIED: 1 CERTIFIED: 0	2 .	status: Reported	DATE COMPLETED: 10/Dec/2012	ship	Get Responses	
		3.	STATUS: Certified	DATE COMPLETED: 17/May/2012	LOCATION: N/A	Get Responses	
			FOR	OFFICIAL USE ONLY			

Click "Get Responses" next to the desired assessment.

O EDHA Global / Health Care Provider Console FOR OFFICIAL USE ONLY NY ACCOUNT HELP ADOUT SOON OFF								BOUT SIGN OFF	
22 Add SSN	N 3	Review Assessn	nents	✓ Rev Ref	riew erral Status	~	Process AHLTA Report	ts 🗸	
Import SSN List	SSN List	Process AHLTA Reports - Pre-DHA							
SELECTED	DEPLOYER								
SSN: Name: DOB: I'm done with	this individual	No data	a loaded.	د 	AHLTA Responses				
Previous Deployer	Next Deployer								
Pre-DHA	UNCERTIFIED: 0	1.	STATUS: Certified	DATE COMPLETED	: LOCATION: 09 N/A		Ge	et	
Post-DHA	UNCERTIFIED: 1 CENTIFIED: 0								
PDHRA	UNCERTIFIED: 1 CERTIFIED: 0	2.	status: Reported	DATE COMPLETED 10/Dec/20	12 LOCATION:		Ge Respo	et onses	
		3.	STATUS: Certified	DATE COMPLETED 17/May/20	LOCATION: 12 N/A		Ge Respo	et onses	
			FOR	OFFICIAL USE ONLY					

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





❻ EDHA Global ∥ Heal		ider Console FOR OFFICI	L USE ONLY	MY ACCOUNT HELP	ABOUT SIGN OFF
Add SSN	ء +	Review Assessments	Review Referral Status	 Process AHLTA Report 	ts 🗸
Import SSN List	SSN List ent list	Process AHLTA I	Reports - Pre-DHA		Î
SSN: Name: DOB:	ER.	DD Form 2795, APR 2003	AHLTA Responses	9 9	
Fm done with this Indi Previous Deployer N	vidual lext Deployer	Last Name, First Name, MI: SSN: Gender: Male			Î
ASSESSMENTS Pre-DHA	r ; sermeduu L	Service Branch: Coast Guard Component: Reserves Pay Grade: O2			
Post-DHA PDHRA	UNCERTIFIED: 1 CERTIFIED: 0 UNCERTIFIED: 1 CERTIFIED: 0	Location of Operation: Africa Deployment Location (IF KHOW/N) (C List country (IF KHOW/N):	TY, TOWN, or BASE):		~
			Click select AHLTA Responses then click C	trl+C to copy.	
		FOR OFFICI	L USE ONLY		

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 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."







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."

Edit Existing User			
To update an existing account, edit the information you'd b	ike to modify then click Update Account Profile.		
Login Name/SSN:	New Password:	New Password	
Role: Deployer	Confirm Password:	Confirm Password	
First Name:	Secret Question an	nd Answer	
DOB:	Current Secret Question:	Name of your pet	
Service Branch: Marine Corps	Select a Secret Question:	* Please select	~
Locked:	Click an	d save to remove registered CAC	
		Retur	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.

Edit Existing User					×
To update an existing account Account Information Login NamerSSN: Rois: First Name: Last Name: Doi: Service Branch: Pay Grade: Locked:	;, edit the information you'd like to r	modify then click Update Account Profile. Password New Password: Confirm Password: Secret Question an Current Secret Question: Select a Secret Question: CAC Click an	Rew Password Confirm Password d Answer Name of your pac * Please select d seve to remove registered CAC	C C C C C C C C C C C C C C C C C C C	
			_		

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

Edit Existing User					×
To update an existing account, ed Account Information Login Name/SNI First Name Last Name Service Branch: Mark Pay Grade: ES Looked:	dit the information you'd like to modif Noyer ine Corps	In the click Update Account Profile. Password New Password Confire Password: Secret Question ar Current Secret Question: Select a Secret Question: CAC Click an	Rew Passoord Confirm Passoord od Answer Hame of your pet • Please solect d save to remove registered CAC	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."





dit Existing User			
o update an existing account, edit the information you'd like	e to modify then click Update Account Profile.		
Account Information	Password		
Login Name/SSN:	New Password:	New Password	
Role:	Confirm Password:	Confirm Password	
First Name:	Secret Question an	d Answer	
Last Name:	Secret Question a	u Allonei	
DOB:	Current Secret Question:	Name of your pet	
Service Branch: Marine Corps	select a secret Question:	Name of your high school	×
Pay Grade: E5	Secret Question Answer:	Answer 🤤	
Locked:	Confirm Answer:	Confirm Answer	
	CAC		
	Click an	i save to remove registered CAC	
		Patura	adata Assault Deal
		Recurn	pdate Account Pron

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.

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

Edit Existing User				×
Account Information	t, east the information you d like i	Password		
Login Name/55N:		New Password:	New Password	
Role:	Deployer	Confirm Password:	Confirm Password	
First Name: Last Name:	4	Secret Question an	nd Answer	
DOB:		Current Secret Question:	Name of your pet	
Service Branch:	Marine Corps	Select a Secret Question:	* Please select	~
Pay Grade:	E5	CAC		
Locked:		Click an	d save to remove registered CAC	
			Retur	Update Account Profile

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.

EDHA Global / Local Ad	lministrator Console	FOR OFFICIAL USE ONLY		му ассонят авоит	SKH OF
Edit Existing User	unt, edit the information you'd like	to modify then click Update Account Profile.	_	×	1
Account Information Login NameSSI: Pirst Name: Last Name: DOB: Service Branch:	Deployer Marrine Corps	Password New Password: Confirm Password: Secret Question an Current Secret Question: Select a Secret Question: CAC	New Pessword Cordina Pessword d Answer Name of your pet * Pieces select	×	
Locked		Click an	d save to remove registered CAC	n Update Account Profile	

Create Deployer Account

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

Enter the Service member's DODID in the "Login Name (DODID)" field. In the drop down "Role" field, select "Deployer." The fields "SSN," "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.

PHA User Guide

Low Bandwidth

To access PHA with low bandwidth, click "Switch to Limited Bandwidth" on the PHA logon page.

CUI

Start a New Assessment

Once logged if you have additional access, click "My PHA" on the user homepage.



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Click "Start New Assessment" under the current year on the My PHA homepage.



A "Notice" window with the Privacy Act Statement will pop-up. Click "Acknowledge" after reading the statement. A "Welcome" window will pop-up. After you reading the contents, click "Let's Get Started."

All questions are required to complete the assessment. When a page is completely filled out, the "Incomplete" next to the page number will disappear.



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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.

PHA	Service Member	FOR OFFICIAL USE ONLY	O ABOUT SIGN OFF
9	Page 1 Incomplete	Please fill out the following items in order to complete your profile. Once completed, you will be (directed to the PHA.
08:21 RESET	Page 3	SMI 1. Last Name: "Required	
SAVE	Page 4		
0	Page 6	SMI 2. First Name: "Required	
PRINT	Page 7 Page 8	SMI	
CLOSE	Page 9	3. Middle Name: "Required	
-	Page 10	SMI	
GO TO REVIEW	Page 12	4 Today's Date: 29/Sep/2016	
	Page 13 Page 14	SMI 5. Date of Birth:	
	Page 15	15/Feb/1918	
	Page 16 Page 17	SMI 6. Confirm that your age is 99	
	Page 18		
	Page 19	5/41	
	Page 21	 Gender: ● Male 	~
	Page 22		$\langle \rangle$

The assessment cannot be submitted while there is an "Incomplete" page. The assessment can be saved and closed at any time.





Service Member		
Page 1 Incomplete	^	
Page 2		
Page 3		
Page 4		
Page 5		
Page 6		
Page 7		
Page 8		
Page 9		
Page 10		
	Service Member Page 1 Incomplete Page 2 Page 3 Page 4 Page 5 Page 6 Page 6 Page 7 Page 8 Page 9 Page 10	

After you have completely filled in your assessment, click "Go to Review."

If the assessment is incomplete, a pop-up window will state "Review Unavailable." When the assessment is completely filled out, a pop-up window will state "Proceed to Review?" Click "OK" to begin the assessment certification process by going to the review page.

The user will be directed to a review page of the assessment. At the top of the page, at the top of the page the options available are "Bottom," "Print," and "Close."

After reviewing the assessment, the user can submit the PHA by clicking the green button at the bottom of the page that says "Sign and Finish."

A window will pop-up that has the user confirm completion of the assessment. To confirm, click "Finish."

The user will be directed to an "Education Report." At the bottom of the Education Report, the user has the option to email or print the Education Report. Once finished, click the green button that says "Completed."

The user will be directed back to the Service Member Welcome page where the Certification Metrics will allow the user to see the progression of certification of each PHA assessment.

Timer

Each page of the assessment is automatically set with a 10 minute limit. The timer will refresh every time a user navigates from one page to another.

To extend the time allowed, click the timer icon on the side of the Assessment to reset the 10 minute timer if necessary.







Next Steps

After completing your PHA, contact your local 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 PHA homepage, select the year of the desired PHA.



All previous assessments will be visible. Select the blue check on the line of the desired assessment.







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

Editing Previous Assessment

Only non-certified assessments may be edited.

Select the year of the desired PHA on the My PHA homepage. All previous assessments will be visible.



Select the blue check or the empty circle above "SERVICE MEMBER" on the line of the desired assessment.



A "Notice" window with the Privacy Act Statement will pop-up. Click "Acknowledge" after reading the statement. A "Welcome" window will pop-up. After you reading the contents, click "Let's Get Started".

If the user has already submitted their survey, a "Notice: Auto-Save Disabled" pop-up will remind the user that they have previously submitted their survey. Click "OK" to proceed.

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





PHA	Service Member	
	Page 1 Incomplete	^
09:30	Page 2	
RESET	Page 3	
B	Page 4	
SAVE	Page 5	
	Page 6	
PRINT	Page 7	
	Page 8	
CLOSE	Page 9	
	Page 10	

Printing Assessment

Select the year of the desired PHA on the My PHA homepage. All previous assessments will be visible.



Select the blue check or the empty circle above "SERVICE MEMBER" on the line of the desired assessment.



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Click "PRINT" on the left panel.



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PHA	Service Member	
	Page 1 Incomplete	^
09:30	Page 2	
RESET	Page 3	
	Page 4	
SAVE	Page 5	
	Page 6	
PRINT	Page 7	
	Page 8	
CLOSE	Page 9	
	Page 10	

Certification Progress



As a user, a Service member has the ability to see the progression of each of their survey's certification. The Certification progression will be visible from the My PHA homepage. If the user has more than one role, click "My PHA" to view the My PHA homepage.

Each survey started will appear on a new line. As each role certifies the assessment, the circle above their name will be filled in and checked. If the circle is blank, that role has not completed the survey.

If the circle above "SERVICE MEMBER" is blank, the Service member has not signed and finished that assessment. The roles Record Reviewer, MHA Provider, and HCP cannot view or certify a Service Member's PHA until that PHA has been signed and finished by the user. When the user has completed an assessment, a blue circle and check mark will appear above "SERVICE MEMBER" indicated that their portion is completed.





Requesting Access as a Record Reviewer, MHA Provider, or HCP

In order to grant additional roles, the user must first have a PHA User account.

All users requesting Record Reviewer, MHA Provider, or HCP accounts, must provide a SAAR-N form with blocks 1-16b completed to the <u>PHA Help Desk</u> and complete training in JKO:

Requirements for Accounts:

- Record Reviewer Must have submitted a SAAR with signed permission from their Department Head and complete JKO training course number: JKO DHA-US066.
- MHA Provider Must be a Physician, Nurse Practitioner, Physician Assistant, Advanced Practice Nurse, Independent Duty Corpsman, Independent Duty Health Services Technician, Independent Duty Medical Technician, Special Forces Medical Sergeant, Clinical Psychologist, or Licensed Clinical Social Worker. Must have submitted a SAAR with signed permission from their Department Head. Must complete their MHA training on JKO training course number: DHA-US332.
- HCP 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 have submitted a SAAR with signed permission from their Department Head. Must complete their MHA training on JKO training course number: DHA-US066.

Record Reviewer Guide

Choosing Role

After logging on, choose "Record Reviewer" on the user homepage.



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If you have multiple additional roles, you will be able to toggle through your roles at the bottom of the page.

Finding a Service Member

Search for desired Service member by DOD ID or SSN by clicking the appropriate radio button next to "DOD ID" or "SSN." Then, enter the DOD ID or SSN in the field and click "Search."

Search for a service member to	get their Periodic Health Assessment.	
Search By:	● DOD ID ○ SSN	
DOD ID:	Enter DOD ID	Search
		Search for Records in other Services Systems (May increase search time)
		Search in: Air Force Only

If the Service member is in the Air Force of Army, click the check box "Search for Records in other Service Systems (May increase search time)." Then click the radio button for either "Air Force Only" or "Army Only."

to get their Periodic Health Assessment	
● DOD ID ○ SSN	
Enter DOD ID	Search
· · · · · · · · · · · · · · · · · · ·	Search for Records in other Services Systems (May increase search time)
	Search in: Air Force Only
	to get their Periodic Health Assessment ODD ID O SSN Enter DOD ID .





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



In the right panel under "LATEST ASSESSMENT," the Service member's most recent PHAs and Certification Metrics will be visible. If they have PHAs from previous years, toggle between years to the right of the Certification Metrics.

Search for a service member to get their lates	st periodic health assessment.
Search By:	Search
SERVICE MEMBER INFO	LATEST ASSESSMENT
DOD ID:	January 23, 2017 CERTIFIED SERVICE SERVICE PECORD MHA PROVIDER PROVID PROVIDER PROVIDER PROVIDER PROVIDER PROVIDER PROVIDER PR
SSN:	行
First Name:	
Middle Name:	
Last Name:	

If the Service member has not signed and completed their PHA, it will not be visible to the Record Reviewer.

Record Review

Record Reviewer should not be able to review their own assessment. The system will prevent this from occurring as this is against policy and will result on your account being locked.





To complete the Record Review section, click the empty circle over "RECORD REVIEWER."

Search for a service member to get their late	est periodic health assessment.
Search By: OD ID SSN	
DOD ID:	Search
SERVICE MEMBER INFO	LATEST ASSESSMENT
DOD ID:	January 23, 2017 CERTIFIED
SSN:	行
First Name:	
Middle Name:	
Last Name:	

Once you open an assessment to review, the assessment is locked to be reviewed by any other Record Reviewer. The Record Reviewer who originally opened the assessment must complete the review.

When all required questions are completed on a page, the "Incomplete" next to the page number will disappear.



CUI

Use the arrows at the bottom of the page to navigate through the assessment.





HA	Service Member		FOR OFFICIAL USE ONLY	0 ABOUT	SIGN OFF	Q
3	Page 1 Incomplete					_
8:21	Page 2		Please fill out the following items in order to complete your profile. Once completed, you will be directed to th	e PHA.		
ESET	Page 3	SMI 1	Last Name: Required			
5	Page 4					
VE	Page 5	SMI				
3	Page 6	2.	First Name: *Required			
NT	Page 7					
•	Page 8	SMI				
SE	Page 9	3.	Middle Name: *Required			
	Page 10					
2	Page 11		Today's Date:			
то	Page 12		29/Sep/2016			
	Page 13	SMI				
	Page 14	5.	Date of Birth:			
	Page 15		15/Feb/1918			
	Page 16	SMI				
	Page 17	6.	Confirm that your age is 99			
	Page 18		O Yes			
	Page 19		U No			
	Page 20	7 .	Gender:			
	Page 21		Male		-	_
	Page 22	(« <	O Feinale		6	2

The assessment cannot be submitted while there is an "Incomplete" page. The assessment can be saved and closed at any time.



After you have completely filled in the review portion, click "Go to Review."

If the assessment is incomplete, a pop-up window will state "Review Unavailable." When the assessment is completely filled out, a pop-up window will state "Proceed to Review?" Click "OK" to go to the review page.

At the top of the page, at the top of the page the options available are "Bottom," "Print," and "Close." Review the information on the review page. If all of the information is correct, click





the green button at the bottom of the page that says "Certify and Finish." If changes need to be made, click the "Close" button to return to the assessment.

A window will pop-up that has the user confirm completion of the assessment. To confirm, click "Finish."

If you have further access, a window will pop-up to continue certifying the assessment in your additional role.

Select "Return to Main" to return to the Record Reviewer homepage. Click "Stay on Review" to stay on this assessment review.

The Certification Metrics will now have a beige circle with a white check mark above "RECORD REVIEWER."

MHA Provider Guide

Choosing Role

After logging on, choose "MHA Provider" on the user homepage. If you have multiple additional roles, you will be able to toggle through your roles at the bottom of the page.



Finding a Service Member

Search for desired Service member by DOD ID or SSN by clicking the appropriate radio button next to "DOD ID" or "SSN." Then, enter the DOD ID or SSN in the field and click "Search."





Search for a service member to	o get their Periodic Health Assessment.		
Search By:			
DOD ID:	Enter DOD ID	Search	
		Search for Records increase search time	in other Services Systems (May e)
		Search in: Air Force Only () Army Only

If the Service member is in the Air Force of Army, click the check box "Search for Records in other Service Systems (May increase search time)." Then click the radio button for either "Air Force Only" or "Army Only."

Search for a service member to	o get their Periodic Health Assessment.	
Search By:	DOD ID () SSN	
DOD ID:	Enter DOD ID	Search
		Search for Records in other Services Systems (May increase search time)
		Search in: Air Force Only Army Only

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

Search for a service member to get their latest period	dic health assessment.	
Search By: ODD ID SSN		
DOD ID:	Search	
SERVICE MEMBER INFO	LATEST ASSESSI	MENT . 2017
DOD ID:	January 23, 2017 CERTIFIED SERVICE REV MEMBER REV	CORD LEWER PROVIDER HEALTH CARE
SSN:		
First Name:		
Middle Name:		
bast Name:		

In the right panel under "LATEST ASSESSMENT," the Service member's most recent PHAs and Certification Metrics will be visible. If they have PHAs from previous years, toggle between years to the right of the Certification Metrics.





Search for a service member to get their latest p	periodic health assessment.
Search By: O DOD ID SSN	
DOD ID:	Search
SERVICE MEMBER INFO	
DOD ID:	January 23, 2017
SSN:	
First Name:	
Middle Name:	
Last Name:	

If the Service member has not signed and completed their PHA, it will not be visible to the MHA Provider.

Certify Assessment

MHA Providers should not be able to review their own assessment. The system will prevent this from occurring as this is against policy and will result on your account being locked.

To certify a Service member's assessment, click the empty circle over "MHA PROVIDER."

Search for a service member to get their latest	periodic health assessment.
Search By: OD DD D O SSN	
DOD ID:	Search
	t 201
SERVICE MEMBER INFO	LATEST ASSESSMENT
DOD ID:	January 23, 2017 CERTIFIED
SSN:	
First Name:	
Middle Name:	
Last Name:	

Once you open an assessment to certify, the assessment is locked to be certified by any other MHA Provider. The MHA Provider who originally opened the assessment must complete the review.





When all required questions are completed on a page, the "Incomplete" next to the page number will disappear.



Use the arrows at the bottom of the page to navigate through the assessment.

PHA	Service Member	FOR OFFICIAL USE ONLY	O ABOUT SIGN OFF
0	Page 1 Incomplete		
08:21	Page 2	Please fill out the following items in order to complete your profile. Once completed, you w	vill be directed to the PHA.
RESET	Page 3	SMI 1. Lest Name: *Required	
B	Page 4		
SAVE	Page 5	SMI	
A	Page 6	2. First Name: *Required	
PRINT	Page 7		
F	Page 8	SMI	
CLOSE	Page 9	3. Middle Name: "Required	
	Page 10		
\odot	Page 11	SMI	
60 TO	Page 12	29/Sep/2016	
EVIEW	Page 13		
	Page 14	5. Date of Birth:	
	Page 15	15/Feb/1918	
	Page 16	SMI	
	Page 17	6. Confirm that your age is 99 . *Required	
	Page 18	⊖ Yes	
	Page 19	○ No	
	Page 20	SMI 7	
	Page 21	Gender: Male	
	Page 22	C C Female	6 »

The assessment cannot be submitted while there is an "Incomplete" page. The assessment can be saved and closed at any time.





PHA	Service Member	
	Page 1 Incomplete	^
09:30	Page 2	
RESET	Page 3	
B	Page 4	
SAVE	Page 5	
	Page 6	
PRINT	Page 7	
	Page 8	
CLOSE	Page 9	
	Page 10	

After you have completely filled in your review of the assessment, click "Go to Review."

If the assessment is incomplete, a pop-up window will state "Review Unavailable." When the assessment is completely filled out, a pop-up window will state "Proceed to Review?" Click "OK" to go to the review page.

At the top of the page, at the top of the page the options available are "Bottom," "Print," and "Close." Review the information on the review page. If all of the information is correct, click the green button at the bottom of the page that says "I certify this Mental Health Assessment process has been completed." If changes need to be made, click the "Close" button to return to the assessment.

A window will pop-up that has the user confirm completion of the assessment. To confirm, click "Finish."

If you have further access, a window will pop-up to continue certifying the assessment in your additional role.

Select "Return to Main" to return to the HCP homepage. Click "Stay on Review" to stay on this assessment review.

The Certification Metrics will now have an orange circle with a white check mark above "MHA PROVIDER."





Health Care Provider (HCP) Guide

Choosing Role

After logging on, choose "HCP" on the user homepage. If you have multiple additional roles, you will be able to toggle through your roles at the bottom of the page.



Finding a Service Member

Search for desired Service member by DOD ID or SSN by clicking the appropriate radio button next to "DOD ID" or "SSN." Then, enter the DOD ID or SSN in the field and click "Search."

Search for a service member to	get their Periodic Health Assessment.		
Search By:	● DOD ID ○ SSN		
DOD ID:	Enter DOD ID	Search	
		Search for Reco increase search	ords in other Services Systems (May time)
		Search in: Air Force Only	O Army Only

If the Service member is in the Air Force of Army, click the check box "Search for Records in other Service Systems (May increase search time)." Then click the radio button for either "Air Force Only" or "Army Only."





Search for a service member t	o get their Periodic Health Assessment.	
Search By:	DOD ID SSN	
DOD ID:	Enter DOD ID	Search
		Search for Records in other Services Systems (May increase search time)
	[Search in: Air Force Only

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

Search for a service member to get their lates Search By:	t periodic health assessment.
DOD ID:	Search
	2017
SERVICE MEMBER INFO	LATEST ASSESSMENT
DOD ID:	January 23, 2017 CERTIFIED
SSN:	
First Name:]
Middle Name:	/
Bast Name:	

In the right panel under "LATEST ASSESSMENT," the Service member's most recent PHAs and Certification Metrics will be visible. If they have PHAs from previous years, toggle between years to the right of the Certification Metrics.

Search for a service member to get their latest p search By:	eriodic health assessment.
SERVICE MEMBER INFO	LATEST ASSESSMENT
DOD ID:	January 23, 2017 CERTIFIED
SSN:	<u> </u>
First Name:	
Middle Name:	
Last Name:	





If the Service member has not signed and completed their PHA, it will not be visible to the HCP.

Certify Assessment

HCPs should not be able to review their own assessment. The system will prevent this from occurring as this is against policy and will result on your account being locked.

The HCP certification cannot begin until the Record Reviewer and MHA Provider have both completed their section of the assessment.

To certify a Service member's assessment, click the empty circle over "HEALTH CARE PROVIDER."

Search for a service member to get their latest p	eriodic health assessment.
Search By: ODD ID SSN	
DOD ID:	Search
SERVICE MEMBER INFO	LATEST ASSESSMENT
DOD ID:	January 23, 2017 CERTIFIED
SSN:	行
First Name:	
Middle Name:	
Last Name:	

Once you open an assessment to certify, the assessment is locked to be certified by any other HPC. The HPC who originally opened the assessment must complete the certification.

When all required questions are completed on a page, the "Incomplete" next to the page number will disappear.



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Use the arrows at the bottom of the page to navigate through the assessment.

A	Service Member		FOR OFFICIAL USE ONLY	0 ABOUT	SIGN OFF	6
	Page 1 Incomplete					
21	Page 2		Please fill out the following items in order to complete your profile. Once completed, you will be directed t	o the PHA.		
ET	Page 3	SMI 1	Last Name: Ranufrod			
	Page 4					
E.	Page 5	CRAI				
	Page 6	2.	First Name: *Required			
т	Page 7					
	Page 8	SMI				
E	Page 9	3.	Middle Name: "Required			
	Page 10					
	Page 11	SMI	T. Hull David			
0	Page 12	4.	29/Sep/2016			
W	Page 13					
	Page 14	5.	Date of Birth:			
	Page 15		15/Feb/1918			
	Page 16	SMI				
	Page 17	6.	Confirm that your age is 99			
	Page 18		○ Yes			
	Page 19		O No			
	Page 20					
	Page 21	1.	@ Male			
	Page 22	a c	O Female		6	

The assessment cannot be submitted while there is an "Incomplete" page. The assessment can be saved and closed at any time.





Service Member		
Page 1 Incomplete	^	
Page 2		
Page 3		
Page 4		
Page 5		
Page 6		
Page 7		
Page 8		
Page 9		
Page 10		
	Service Member Page 1 Incomplete Page 2 Page 3 Page 4 Page 5 Page 6 Page 6 Page 7 Page 8 Page 9 Page 10	

After you have completely filled in your review of the assessment, click "Go to Review."

If the assessment is incomplete, a pop-up window will state "Review Unavailable." When the assessment is completely filled out, a pop-up window will state "Proceed to Review?" Click "OK" to go to the review page.

At the top of the page, at the top of the page the options available are "Bottom," "Print," and "Close." Review the information on the review page. If all of the information is correct, click the green button at the bottom of the page that says "I hereby certify that the Periodic Health Assessment has been completed." If changes need to be made, click the "Close" button to return to the assessment.

A window will pop-up that has the user confirm completion of the assessment. To confirm, click "Finish."

Select "Return to Main" to return to the HCP homepage. Click "Stay on Review" to stay on this assessment review.

The Certification Metrics will now have a check mark above "HEALTH CARE PROVIDER."

Copy and Paste to AHLTA

During Certification Process

Upon clicking "Finish" in the last section of certification, a pop-up window will give the option to copy and paste the information into AHLTA. To copy and paste, click "Copy/Paste to AHLTA."





How would you	like to proceed?		3
The assessment ha	as been certified.		
Would you like to re	eturn to the main HCP asses	ssment selection page	?
(Copy/Paste to AHLTA	Return to Main	Stay on Review

Any time after certification

Search for user following the steps in <u>Finding a Service Member</u>. Find the assessment by clicking the year the Service member completed their portion. All assessments completed in that year will be visible. If the assessment has been certified, click "Get AHLTA Responses" under the desired assessment.



Allowing the Copy/Paste Function

A pop-up window will ask to give the webpage access to your Clipboard. Click "Allow access."



A pop-up window will show all of the information to copy. Click "Copy to clipboard." The information is now saved in your Clipboard and can be pasted into AHLTA.





Copy/Paste to AHLTA	×
Hide questions without responses.	-
Annual Pendulc Health Assessment	
DD Form 3024, Apr 2016	
SMI1	
1. Last Name:	
SMI2	
2. First Name:	
SMI3 3. Middle Name:	
o, middle ndine.	
SMI4	
4. Today's Date:	
SMI5	
5. Date of Birth:	
SMI6	
6. Confirm that your age is:	
SMI7	
Copy to clipboard	
Print PHA DD Form 3024 to PDF	

Exit from the pop-up window when finished pasting into AHLTA by clicking the x in the upper right corner of the pop-up.

Copy/Paste to AHLTA	\bigotimes
☐ Hide questions without responses. Annual Periodic Health Assessment	^
DD Form 3024, Apr 2016	
SMI1 1. Last Name:	
SMI2 2. First Name:	
SMI3 3. Middle Name:	
SMI4 4. Today's Date:	
SMI5 5. Date of Birth:	
SMI6 6. Confirm that your age is:	
SMI7	~
Copy to clipboard	
Print PHA DD Form 3024 to PDF	

CUI

Logon to AHLTA to paste the copied assessment.





EHA Help Desk

EDHA Help Desk

Email <u>usn.hampton-roads.navmcpubhlthcenpors.list.nmcphc-edha@health.mil</u>

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PHA Help Desk

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Contact Us

Since 2006, the EpiData Center (EDC) has provided timely, actionable data surveillance and analysis for the Department of the Navy and Department of Defense in support of military health and readiness. The EDC's epidemiological and technical expertise informs a comprehensive, evidence-based suite of public health products regarding reportable and emerging infections, healthcare-associated infections, delivery of care challenges, patient safety, behavioral and operational health, exposure and injury analysis, and application development and data systems support.

For questions about this report or to inquire about project support, please contact the EDC at <u>usn.hampton-roads.navmcpubhlthcenpors.list.nmcphc-epi-plls@health.mil</u>.

