BUMED NOTICE 6120

From: Chief, Bureau of Medicine and Surgery

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

Ref: (a) SECNAVINST 6120.3A
     (b) BUMEDINST 6110.14
     (c) OASN (M&RA) memo of 23 Apr 20 (NOTAL)
     (d) BUMEDINST 1300.3A
     (e) SECNAVINST 1850.4F
     (f) SECNAV M-1850.1
     (g) DoD Instruction 1332.18 of 5 August 2014

1. Purpose. Navy Medicine has taken a lead role responding to the Coronavirus Disease 2019 (COVID-19) pandemic, limiting healthcare access and available assets to maintain force medical readiness. Navy Medicine Readiness and Training Commands (NAVMEDREADTRNCMD) and Units should prioritize remaining medical assets. The focus of efforts must pivot to meet the operational needs for deployment and readiness as well as supporting accession pipelines to attain target end strength. This action conserves critical healthcare resources and minimizes beneficiary risk during this public health emergency.

2. Scope and Applicability. This notice is applicable to all healthcare providers under the NAVMEDREADTRNCMDs delivering care to Sailors or Marines. This notice is effective immediately and will remain in place until specifically rescinded.

3. Background. The public health response to COVID-19 includes social distancing and movement restrictions. Furthermore, the Navy has mobilized medical platforms to provide national assistance. This has resulted in significantly curtailed access to medical examinations. Military Departments may have medical assessments that are deemed mission essential to preserve force medical readiness. Unless superseded by higher authority guidance, Chief, Bureau of Medicine and Surgery (BUMED) must identify, prioritize, and establish the minimal requirements for completion of critical readiness assessments. Regardless of priority, all assessments and examinations must be deferred to the maximal extent required in order to support local and deployment COVID-19 responses.
4. **Prioritization of Readiness Evaluations**

   a. When readiness evaluations are completed, telehealth should be utilized to the maximum extent possible. NAVMEDREADTRNCMDs may authorize physical exams or treatment on a case-by-case basis after considering the impact on safety and logistics.

   b. Per references (a) and (b), the due date for the annual periodic health assessment (PHA) and annual dental exams are due 365 days from the last recorded assessment or exam. The due date for both are extended by 120 days, totaling 485 days before the next PHA or dental exam is required. A due date of 365 days will resume for the following years’ annual requirement. The medical readiness reporting system (MRRS) will be updated to reflect these changes.

   c. The medical readiness requirements listed in this paragraph should be delayed due to the COVID-19 response: Temporary Disability Retired List (TDRL) exams where the member’s TDRL expiration date is greater than 6 months, routine PHAs, preventive medicine exams, routine well-woman exams, routine dental exams, and general physicals. Special Duty exams (e.g., flight, dive, etc.) are addressed by reference (c).

   d. Smallpox vaccine should not be administered to any personnel until recommended by BUMED. All other immunizations administered at initial training sites and for pre-deploying personnel will continue. All immunizations indicated for outside the continental United States travel or residence will continue (examples include, but are not limited to, Japanese Encephalitis vaccine, Typhoid vaccine, Meningococcal vaccine, and Yellow Fever vaccine). Immunization for rabies post-exposure prophylaxis, when clinically indicated, should never be deferred. Immunization with seasonal influenza vaccines will continue. All other routine or recommended immunizations for Service members will be deferred, based on pandemic restrictions.

   e. Although all mandated medical and dental evaluations promote readiness, prioritization of readiness evaluations from highest-to-lowest is as provided: Pre-deployment requirements for those being mobilized, TDRL exams where the member’s TDRL expiration date is less than 6 months, post-deployment health assessment and reassessment suitability exams (ship or overseas) for critical billets that will execute reassignment during the COVID-19 response, separation history and physical exams that cannot be delayed, Medical Evaluation Boards (MEB) for temporary limited duty, enlisted-to-officer commissioning that cannot be delayed due to board or academic deadlines, and MEBs for the Disability Evaluation System.

   f. Pre-deployment medical and dental requirements should be completed per reference (d) to ensure that Service members are fully medically ready for expeditionary assignments. Both the continental United States and outside the continental United States COVID-19 response missions will be considered deployments, and thus the NAVMED 1300/4 Expeditionary Medical and Dental Screening for Individual Augmentee (IA) and Support Assignments to Overseas Contingency Operations (OCO); DD Form 2807-1 Report of Medical History; DD Form 2795 Pre-deployment Health Assessment; and the administrative portion of the NAVPERS 1300/22 Expeditionary Checklist must be completed.
5. **TDRL Assessments**

   a. Service members who the Physical Evaluation Board (PEB) has determined to be unfit for continued naval service with a disability rating by the Department of Veterans Affairs as 30 percent or greater are eligible for disability retirement. A Service member whose condition is not stable may be placed on the TDRL for up to 3 years if placed into the program after January 1, 2017 or 5 years if placed into the program prior to January 1, 2017. Per references (e) through (g), TDRL is designed to enable all eligible Service members with a rated disability the opportunity to receive retirement benefits including medical coverage for Service members and dependents and a monthly stipend until medical conditions can become stabilized or corrected. Conversion from the TDRL to the Permanent Disability Retired List is not automatic. The PEB is required by statute and policy to review exams concerning the condition(s) for which Service members were placed on the TDRL in order to assign a final disability percentage per the Department of Veterans Affairs Schedule for Rating Disabilities. If there are no exams, Defense Finance and Accounting Services automatically terminates benefits, to include healthcare eligibility, at the end of the TDRL tenure.

   b. During restriction of movements associated with COVID-19, the PEB will accept TDRL re-evaluations completed virtually for conditions not requiring physical examinations. The PEB will identify those conditions that require a physical examination and determine how to address those requirements on a case-by-case basis.

   c. Use form contained in subparagraph 9a(1) to complete TDRL re-evaluations, including documenting any limitations regarding physical examinations. Providers may document in the electronic health record provided they address the form’s questions for the applicable condition and general information required for all TDRL assessments.

6. **Separation Health Physical Exam.** For Separation Health Physical Examinations (SHPE) that cannot be delayed, complete the SHPE virtually using DD Form 2807-1 without the accompanying DD Form 2808 Report of Medical Exam. Physical exams, reference audiograms, and final dental exams will be deferred to either the Department of Veterans Affairs or Military Health System once routine care resumes. Service members completing their SHPE must also complete the online DD Form 2978 Deployment Mental Health Assessment within 6 months of their separation or retirement date. This is normally completed as part of the PHA or post-deployment health reassessment. Service members who do not have a valid mental health assessment exam date within 6 months from their separation date are required to complete a DD Form 2978 on the electronic deployment health assessment Web site at [https://data.nmcphe.med.navy.mil/edha/](https://data.nmcphe.med.navy.mil/edha/), using the “Deployer” option, then selecting “Report a New Standalone DHMA.”

7. **Point of Contact.** Questions may be directed to Force Medical Readiness (BUMED-M34) group e-mail at usn.ncr.bumedfchva.list.m34@mail.mil.
8. Records Management

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

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

9. Forms

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

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

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

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

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

(2) DD Form 2808 Report of Medical Exam

(3) DD Form 2978 Deployment Mental Health Assessment

c. NAVPERS 1300/22 Expeditionary Checklist is available at https://forms.documentservices.dla.mil/order/.

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