

**Change 137**  
**Manual of the Medical Department**  
**U.S. Navy**  
**NAVMED P-117**

**15 October 2010**

To: Holders of the Manual of the Medical Department

1. **This Change** revises Chapter 15, articles 15-111 References and Resources and 15-112 Annual Health Assessment Recommendations for Active Duty Women.

2. **Summary of Changes**

a. Chapter 15, Article 15-111. Updated some of the references and resources listed.

b. Chapter 15, Article 15-112

(1) Recommend no changes to the current screening regimen for Chlamydia for all sexually active females aged 25 and younger, and other asymptomatic women at risk for infection.

(2) Recommend beginning cervical cytology at age 21, regardless of sexual history. Previously pap screening was to start 3 years after first intercourse, or age 21 whichever came first.

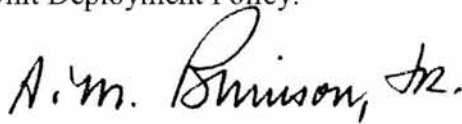
(3) Recommend screening women aged 21-29 every other year rather than yearly.

(4) Recommend screening women who have had cervical intraepithelial neoplasia (CIN) 2 (moderate dysplasia) or CIN 3 (severe dysplasia) for at least 20 years.

(5) Women who have been immunized against human papillomavirus (HPV)-16 and HPV-18 should be screened by the same standards as women who have not been vaccinated.

(6) Recommend routine biennial screening mammography for women aged 50-74. However, routine biennial screening mammography from aged 40-49 may be indicated based on health care provider discussions with the patient and based on risk factors.

(7) Servicewomen deploying on an Individual Augmentation or Overseas Contingency Operation will need to follow the Combatant Commander requirements which may differ depending on location and operational requirements. See the current modification to U.S. Central Command Individual Protection and Individual/Unit Deployment Policy.

  
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## Section V

# REFERENCES AND RESOURCES AND ANNUAL HEALTH ASSESSMENT RECOMMENDATIONS FOR ACTIVE DUTY WOMEN

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15-111 References and Resources	15-105
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## 15-111

### References and Resources

The following issues are not covered explicitly in this chapter, but are related to “physical standards” or “medical examinations” and therefore listed here for ease of reference. This list is not intended to be inclusive of all related topics. USMC Enlisted: MARCORSEPSMAN Chapters 1, 6, and 8.

Administrative Separation for Convenience of the Government, Personality Disorders - Navy Enlisted MILPERSMAN 1910-122; USMC Enlisted: MARCORSEPMAN Chapters 1 and 6.

Administrative Separation for Erroneous Enlistment - Navy Enlisted: MILPERSMAN 1910-130; USMC Enlisted: MARCORSEPMAN Chapters 1 and 6.

Administrative Separation for Defective Enlistment - Navy Enlisted: MILPERSMAN 1910-132; USMC Enlisted: MARCORSEPMAN Chapters 1 and 6.

Administrative Separation for Fraudulent Enlistment - Navy Enlisted: MILPERSMAN 1910-134; USMC Enlisted: MARCORSEPMAN Chapters 1 and 6.

Administrative Separation of Officers - Navy: MILPERSMAN 1920 series; USMC; Enlisted: MARCORSEPMAN Chapters 1 and 3.

Assignment Screening - BUMEDINST 1300.2 series and MILPERSMAN 1300-801.

Department of Defense Forms - <http://www.dtic.mil/whs/directives/infomgt/forms/formsprogram.htm>.

Department of Defense Directives and Instructions - <http://www.dtic.mil/whs/directives/>.

Department of Defense Medical Examination Review Board (DODMERB) - <https://dodmerb.tricare.osd.mil/>; NAVMEDCOMINST 6120.2 series.

Fitness for Duty Examinations - BUMEDINST 6120.20 series.

HIV Policy - DoD Instruction 6485.1; SECNAVINST 5300.30 series.

Limited Duty (LIMDU) - MILPERSMAN 1306-1200 (Enlisted); MILPERSMAN 1301-225 (Officers); Manual of the Medical Department (MANMED), Chapter 18.

Marine Corps Separations Manual (MARCORSEPMAN MCPO P1900.16F) - This is not available on the Web site.

Military Personnel Manual (MILPERSMAN) - <http://www.npc.navy.mil/ReferenceLibrary/MILPERSMAN/>.

Navy Medicine Forms - <http://www.med.navy.mil/directives/Pages/default.aspx>. Click on “Forms.”

Overseas Screening - BUMEDINST 1300.2 series; MILPERSMAN 1300-800.

Physical Disability/PEB - DoDDIR 1332.18 and DoD Instruction 1332.38; SECNAVINST 1850.4 series; Manual of the Medical Department (MANMED), Chapter 18.

Physical Readiness Program (PRT) - OPNAVINST 6110.1 series.

Pre-confinement examinations - SECNAVINST 1640.9 series.

Deployment Health Evaluations - DoD Instruction 6490.3, Pre-Deployment Assessment form DD 2795, Post-Deployment Assessment form DD 2796.

Preventive Health Assessment (PHA) - SECNAVINST 6120.3 series.

Reservists - Separation from Active Duty: MILPERSMAN 1916-010 and SECNAVINST 1770.3 series; Physical Risk Classification: MILPERSMAN 6110-020; Mobilization: OPNAVINST 3060.7 series and BUPERSINST 1001.39 series.

**15-112****Active Duty  
Women**

(1) **Purpose.** To provide annual health assessment recommendations for all female active duty members and reservists on active duty, hereafter identified as servicewomen. This can be performed in conjunction with the periodic health assessment or other annual health assessment.

(2) **General.** Policies and procedures for the medical care of non-active duty beneficiaries, including reservists are addressed in NAVMEDCOMINST 6320.3B.

(3) **Scope of Examination.** An annual health assessment is recommended for all Servicewomen. Annual health assessment examination recommendations for Servicewomen, include, but are not limited to, the following:

(a) Weight check to screen for obesity using body mass index (BMI) calculation (available at the following Web site: [www.nhlbisupport.com/bmi](http://www.nhlbisupport.com/bmi)).

(b) Blood pressure measurement.

(c) Chlamydia screening for all sexually active women aged 25 and younger, and other asymptomatic women at risk for infection. This screening can be performed using any Food and Drug Administration (FDA)-approved method.

(d) **Cervical Cancer Screening**

(1) **First screen.** Begin cervical cytology at age 21, (regardless of sexual history).

(2) **Women younger than age 30.** Cervical cytology screening every 2 years for women between the ages of 21 and 29 years of age.

(3) **Women age 30 and older screening.** Women aged 30 years and older who have had three consecutive cervical cytology test results that are negative for intraepithelial lesions and malignancy may be screened every 3 years. Women with the following risk factors may require more frequent cervical cytology screening:

(a) **Women who are infected with the human immunodeficiency virus (HIV)** should have cervical cytology screening twice in the first year after diagnosis, and annually thereafter.

(b) **Women who are immunosuppressed** should be screened annually.

(c) **Women who were exposed to diethylstilbestrol (DES) in utero** should be screened annually.

(d) **Women previously treated for cervical intraepithelial neoplasia (CIN) 2 (moderate dysplasia), CIN 3 (severe dysplasia or carcinoma-in-situ), or cancer** should continue to have annual screening for at least 20 years.

(e) **Women who have had a hysterectomy, but who have a history of CIN 2 or 3** should be screened annually until they have three consecutive, negative vaginal Pap tests. Then they can discontinue Pap screening.

(4) **Women who have had a total hysterectomy** for benign indications and no history of high grade CIN can discontinue Pap smear testing.

(5) **Women who have been immunized against human papillomavirus (HPV)-16 and HPV-18.** These women should be screened by the same regimen as non-immunized women.

(6) **Annual well-woman exam** is still appropriate even if cervical cytology is not performed at each visit.

(e) **Breast Cancer Screening**

(1) **Women age 40-49.** Routine, biennial screening mammography is indicated based on health care provider discussions with the patient at the same periodicity taking into account a women's specific clinical situation, individual risk factors for breast cancer, and patient values regarding benefits and harms. Other periodicities for having a mammogram done in this age group based on United States Preventive Services Task Force (USPSTF) or other medical specialty society recommendations can be followed based on discussions between a women and her health care provider.

(2) **Women age 50 -74.** Routine, biennial screening mammography per USPSTF recommendations.

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*Note: Evidence is insufficient to assess the additional benefits and harms of either digital mammography or magnetic resonance imaging.*

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(f) **Other Screenings.** As indicated by USPSTF recommendations.

(4) Immunization status must be reviewed to ensure all required immunizations have been administered and are current. Overdue immunizations must be administered and the Servicewoman should be advised when forthcoming immunizations are due.

(5) Occupational risk and surveillance must be evaluated and reviewed for appropriate monitoring. Ensure pertinent screening is documented within the medical record and updated on the DD 2766.

(6) **Counseling Requirements.** Counseling is required to be performed annually and documented on the DD 2766. Counseling can be done in conjunction with the periodic health assessment. Counseling should be based on an individual's lifestyle, history, and take into account the Servicewoman's concerns, risks, and preferences. Elements include, but are not necessarily limited to the following:

(a) Unintended pregnancy prevention, family and career planning, and sexually transmitted disease (STD) prevention.

(1) Birth control options available, the efficacies, and the ability of different contraceptive methods to protect against STDs and HIV infection.

(2) Emergency contraception (including discussions that it is not a form of birth control), the efficacy and safety, and how it can be obtained.

(b) Health promotion and clinical preventive services counseling should be targeted to an individual's profile.

(1) Counseling may include information on proper exercise, sleep hygiene; prevention of cancer, heart disease, stroke, injury, heat/cold illness, depression, suicide, violence, etc.

(2) Nutrition counseling should include discussions regarding folic acid, calcium supplements, vitamin D supplements, cholesterol level, caloric intake, etc.

(3) Risk behaviors (i.e., tobacco, alcohol and drug use; multiple sexual partners, non-seat belt use, etc.).

(4) Prevention and risk reduction methods for physical, emotional, and sexual assault.

(7) **Exceptions to Examination Recommendations.** When a health care provider determines a Servicewoman does not require a portion of the annual health assessment examination, the provider shall discuss the basis for this determination and advise her of the timeframe for, and the content of, the next examination.

(a) **Exceptions and recommendations** should be documented in the electronic health record or the hard copy medical record on the SF 600.

(b) **Individual Augmentee (IA) or Overseas Contingency Operations Support Assignment.** Servicewomen deploying on an IA or GSA assignment will need to follow the Combatant Commander requirements which may differ depending on location and operational requirements. See the current modification to U.S. Central Command Individual Protection and Individual/Unit Deployment Policy.

#### (8) **Notification of Results**

(a) **Pap Smear Results.** Normal Pap smear results will be provided to the patient within 30 days and abnormal results will be provided to the patient as soon as possible.

#### (b) **Mammogram Results**

(1) Screening mammogram results will be provided to the patient within 30 days of the mammogram being performed.

(2) Diagnostic mammogram (e.g., for evaluation of a lump) results will be provided to the patient as soon as possible.

**(9) Responsibilities**

(a) Commanding officers are responsible for compliance with the elements of this article.

(b) Medical Department personnel are responsible for providing the required health assessment components of care.

(c) Servicewomen are responsible for making and keeping appointments for the recommended annual health assessment examination components.

**(10) Forms**

(a) SF 600 (06-1997), Medical Record - Chronological Record of Medical Care, is available electronically from the GSA Web site at: <http://www.gsa.gov/portal/forms/type/SF>.

(b) DD Form 2766 (MAR 1998), Adult Preventive and Chronic Care Flowsheet, is available in hard copy only. Copies can be ordered from Naval Forms Online at: <https://navalforms.daps.dla.mil/>.