

COMDTINST M6150.3
DEC 23 2008

COMMANDANT INSTRUCTION M6150.3

Subj: COAST GUARD PERIODIC HEALTH ASSESSMENT (PHA)

Ref: (a) CG MEDICAL MANUAL, COMDTINST M6000.1(series)

1. PURPOSE. This Manual establishes policy, assigns responsibilities, and provides guidelines to ensure that the health and Individual Medical Readiness (IMR) of Coast Guard (CG) Active Duty (AD), Selected Reservists (SELRES) and Public Health Service (PHS) Officers detailed to the CG, herein after referred to as “CG members”, are completed as directed by ref (a). Additionally, this policy establishes the annual Periodic Health Assessment (PHA) as the primary tool to consolidate evidence-based clinical preventive services, occupational health risk screening services, health record review, special duty physical examinations, and individualized counseling, testing, and preventive treatment.
2. ACTION. Area, district, and sector commanders, commanders of maintenance and logistics commands, Commander Deployable Operations Group, commanding officers of headquarters units, assistant commandants for directorates, Judge Advocate General, and special staff offices at Headquarters shall ensure that the provisions of this Manual are followed. Internet release is authorized.
3. DIRECTIVES AFFECTED. Use of Preventive Medicine Stamp, COMDTINST 6200.11, is cancelled.
4. ENVIRONMENTAL ASPECT AND IMPACT CONSIDERATIONS. Environmental considerations were examined in developing this Manual and are incorporated herein
5. PROCEDURE. No paper distribution will be made of this Manual. Official distribution will be via the CG Directives System DVD. An electronic version will be located on

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the Information and Technology (CG-612) websites at <http://cgcentral.uscg.mil/> (once in CG Central, click on the resources tab then directives) and <http://www.uscg.mil/ccs/cit/cim/directives/welcome.htm>. This Manual will also be made available via the Commandant (CG-112) Publications and Directives website at <http://www.uscg.mil/hq/cg1/cg112/pubs.asp>.

6. POLICY.

- a. The National Defense Authorization Act (NDAA) Fiscal Year 2005 directed the Department of Defense (DOD) to develop a comprehensive plan to improve medical readiness of members of the Armed Forces through the creation of the Joint Medical Readiness Oversight Council (JMROC). At the direction of the JMROC, the Assistant Secretary of Defense for Health Affairs issued the PHA Policy for Active Duty (AD) and Selected Reserve (SELRES) members (HA-Policy 06-006). By mutual consent, and as a member of the JMROC, the CG is included in that directive. That directive mandates that all services perform a PHA on AD and SELRES members annually. The PHA focuses on the member's health status and IMR.
- b. Assessing IMR is a continuous process and must be monitored and reported on a regular basis to provide service leaders and operational commanders the ability to ensure a healthy and fit fighting force ready to deploy.
- c. IMR consists of six elements:
 - (1) Individual Medical Equipment (IME)
 - (2) Immunizations
 - (3) Readiness Laboratory Studies
 - (4) Dental Readiness
 - (5) Deployment Limiting Conditions (DLC)
 - (6) PHA
- d. The PHA is a multi-component process that will ensure CG members are ready for deployment, ensure IMR data is electronically recorded, and deliver evidence-based clinical preventive services. In addition to providing clinical preventive services, the PHA will address prevention of disease and injury by focusing on prevention strategies each member can incorporate into his/her lifestyle.
 - (1) The PHA will replace the routine five year physical examination. Every CG member will receive a PHA annually during the member's birth month period. For the purposes of this Instruction a member's birth month period is defined as the actual month of birth and the preceding two (2) months.
 - (2) Specialty exams (Department of Defense Medical Examination Review Board (DODMERB), Military Entrance Processing Station (MEPS), commissioning, appointment to Chief Warrant Officer (CWO), enlistment, retirement, confinement, release from active duty (RELAD), aviation, Landing Signal Officer (LSO), dive, and Medical Evaluation Board (MEB)) will still be required. For aviation

personnel the initial physical exam (which will count as the PHA) will consist of the DD 2808 /DD 2807-1 and completion of the Navy Fleet and Marine Corps Health Risk Assessment (HRA). The subsequent annual aviation physical exam will be the PHA. These two exams will alternate every other year until age 50 at which time the member will receive annual exams consisting of the DD 2808 /DD 2807-1 and completion of the HRA.

- (3) The PHS requires periodic physical examinations. Therefore, PHS Officers detailed to the CG will be required to have a periodic physical examination every five years until age fifty (50) and then every three years thereafter until PHS updates existing policies.
 - (4) Overseas screenings will still be performed. However, if a member has completed a PHA within 90 days of his/her overseas screening appointment, the PHA may be substituted for the overseas examination. For this reason Medical Officers shall annotate on the PHA SF-600 whether the member is suitable for overseas assignment.
 - (5) Command Afloat examinations will not be substituted by the PHA. Command Afloat examinations require a face-to-face consultation with a Medical Officer, where available. In the event a Medical Officer is not available, the screening may be performed by a Health Services Technician who IS NOT in the chain of command of the examinee.
 - (6) Cadets will not be required to have a PHA during their tenure at the Academy, nor will recruits while attending Basic Training.
- e. The PHA will be used to review, verify, and correct IMR deficiencies. It will also be used to verify compliance with various elements of Deployment Health to include Pre- and Post-Deployment Health Assessments and the Post-Deployment Health Reassessment.
 - f. Annually, all CG members will receive an individualized face-to-face assessment of their health status to include the PHA components outlined in this policy. The PHA provides the opportunity to assess changes in health status, especially those that could impact a CG member's readiness to perform military duties. The appropriate performance of the PHA must factor in the member's age, gender, relevant family medical history, occupation, medical readiness, health status, and behavioral risk factors.
 - g. The PHA visit and all IMR data shall be documented in an approved electronic system (e.g., Armed Forces Health Longitudinal Technology Application (AHLTA), Composite Health Care System (CHCS), Dental Common Access System (DENCAS), or Medical Readiness Reporting System (MRRS) and in the member's health record (HR)).

7. RESPONSIBILITIES.

- a. CG members are responsible for scheduling the PHA, keeping the PHA appointment, and completing all referrals and IMR requirements. IMR requirements shall be reviewed and completed as required. CG members who have completed a MEPS physical within the previous year will not require a PHA until their subsequent birth month period as defined in paragraph 6.d.1. These responsibilities are discussed further in Chapter 1.A.1 and Enclosure (1).
- b. Commanding Officers are responsible for ensuring the individual readiness of the personnel assigned to their units. The PHA is the fundamental method by which medical readiness and the health of each unit member is measured. Commands shall ensure annual PHA completion. These responsibilities are discussed further in Chapter 1.A.
- c. Health promotion personnel and the health services community are expected to coordinate their tasks to assist individuals and commands in achieving and maintaining medical readiness. These responsibilities are discussed further in Chapter 1.A.2 and Enclosures (2) and (3).

8. FORMS/REPORTS. The electronic forms called for in this Instruction are available in the CG Electronic Forms library on the Standard Workstation on the Internet at <http://www.uscg.mil/forms/>, on the Intranet at <http://cgweb2.comdt.uscg.mil/CGFORMS/Welcome.htm>, and CG Central at <http://cgcentral.uscg.mil/>.

Mark J. Tedesco /s/
Director of Health, Safety, and Work-Life

- Enclosures: (1) USCG Step-by-Step Guide For Implementing the Periodic Health Assessment (PHA)
(2) US Coast Guard Health Risk Assessment (HRA) Administrator
(3) USCG Clinical Preventive Services (CPS) Guidance
(4) RHRP PHA Process Flowchart

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ENCLOSURES (1) USCG Step-by-Step Guide For Implementing the Periodic Health Assessment (PHA)
(2) USCG Health Risk Assessment (HRA) “Administrator”
(3) USCG Clinical Preventive Services Guidance
(4) RHRP Process Flowchart

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CHAPTER 1. PHA RESPONSIBILITIES

A. Responsibilities. It is the CG member's responsibility to make and keep the PHA appointment. Unit Commanding Officers are responsible for ensuring that their members comply with the PHA requirements. It is recommended that Commanding Officers designate representatives in their command to ensure members are in compliance with the PHA. It is the responsibility of the Chief Health Services Division (CHSD)/Senior Health Services Officer (SHSO) to ensure that all clinic staff members involved in the PHA process have met the necessary level of training required to competently perform the PHA and are familiar with the guidance outlined herein.

1. Member responsibilities:

- a. Make a PHA appointment during birth month period as defined in paragraph 6.d.1. CG AD and CG SELRES who do not receive their primary care at CG clinics (e.g. Tricare Prime Remote members or CG AD and CG SELRES that receive their primary care at DOD Medical Treatment Facilities) must call the Reserve Health Readiness Program (RHRP) to make their appointment (Enclosure 4). SELRES members in a weekend drilling status or on orders for 30 days or less must contact the RHRP contractor to schedule their PHA. Members using the RHRP program must show up to their scheduled appointment. All "no show" appointments will be reported to the member's Commanding Officer.
- b. Complete the HRA prior to the PHA appointment (Enclosure 1).
- c. Bring a copy of the HRA (data report) and IME, if required, to the PHA appointment.
- d. Bring two pairs of glasses to the PHA appointment (if you require vision correction).
- e. Ensure completion of all follow-up appointments.
- f. Complete all deployment health assessments if required.

2. Qualified Health Services Technicians, Medical Assistants, Nurses, Medical Officers and civilian providers may perform the following elements of the PHA:

- a. Perform HR/Dental Record (DR) review to identify deficiencies.
- b. Input data into an approved electronic database (PGUI, MRRS, DENCAS).
- c. Blood pressure measurement.
- d. Height, weight, and Body Mass Index (BMI).
- e. Visual acuity testing (Snellen chart or AFVT).
- f. Hearing (Finger Rub).
- g. Immunizations.
- h. Phlebotomy for required readiness labs and CPS (with Medical Officer approval).
- i. Review the HRA and forward ALL PHAs to the Medical Officer/Civilian Provider for review/signature.

- j. Provide basic health risk prevention, health promotion, and CPS counseling.
 - k. Refer high-risk HRA to Medical Officer for intervention on high risk related issues. For additional resources, the Medical Officer may in turn refer to Unit Health Promotion Coordinator (UHPC), Regional Health Promotion Manager (HPM), Command Drug and Alcohol Representative (CDAR), Substance Abuse Prevention Specialist (SAPS), or OMSEP Coordinator as indicated in Enclosure (1).
 - l. Verify documentation is consistent with paragraph 8 of this Instruction.
3. Medical Administrators/RHRP Managers:
 - a. Ensure readiness metrics are properly entered into MRRS.
 - b. Track to conclusion any unresolved PHA issues via established missed appointment tracking system (e.g. CHCS, RMS, referral management).
 - c. Serve as the HRA Administrator (Enclosure 2).
 4. Medical Officers/Civilian Providers:
 - a. Complete PHA for members who have been referred by the HS and provide face-to-face, patient-centered counseling for these members.
 - b. Perform CPS exams (Enclosure 3).
 - c. Review/sign all PHAs.
 - d. Make and document appropriate referrals as needed.
 - e. Verify documentation is consistent with paragraph 8 of this Instruction.
 5. Dental Officers/Civilian Dental Providers. Dental examinations can only be performed by authorized dentists in accordance with reference (a). When CG clinics or DOD dental treatment facilities cannot support the annual dental examination requirements, SELRES and remotely located Active Duty members may have the annual dental examination provided by a licensed civilian dentist in accordance with Chapter 3 Section C. of reference (a). Documentation of the dental examination will be recorded on the approved dental examination form (DD-2813 and SF-603) and shall include the patient's dental readiness classification. Authorized forms are listed in reference (a).
- B. Documentation. Completion and ongoing maintenance of the Adult Preventive and Chronic Care Flow Sheet, DD-2766, is the responsibility of the CHSD/SHSO.
1. The DD-2766 provides immediate visibility of current health status and future screening requirements (see Chapter 4 Section B of reference (a)). Hand entries must be completed for blocks 1, 2, 3, 4, and 6 of the DD-2766 by the Medical Officer/HS. MRRS will auto-populate blocks 8, 9, 10, and 11. Information contained in blocks 5 and 7 are identified and addressed in the Fleet HRA. Commands are required to complete and maintain a hard copy of the DD-2766 in the outpatient medical record until the fully functional version of the AHLTA DD-2766 is fielded. The hard copy DD-2766 may be ordered at: <http://www.dtic.mil/whs/directives/infomgt/forms/forminfo/forminfo2306.html> The MRRS generated DD-2766 is available electronically from MRRS.

2. For reporting purposes the accession/commissioning physical will be recorded in both the physical exam and PHA blocks in MRRS.
 3. The dental examination shall be documented in the Dental Record.
 4. Medical Readiness data elements shall be entered into the appropriate electronic data system (e.g. MRRS, DENCAS, CHCS or AHLTA).
- C. Resources. The Operational Medicine website at <http://www.uscg.mil/hq/cg1/cg112/cg1121/default.asp> provides tools to support implementation of the PHA, including MRRS link, United States Preventive Services Task Force (USPSTF) CPS recommendations, and a link to the Fleet HRA.

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CHAPTER 2. PHA PROCEDURES

- A. Discussion. The annual face-to-face assessment of a CG member's health status provides an opportunity to review and validate IMR and correct any deficiencies. The following provides implementation guidance for conducting and documenting the PHA in approved electronic data systems and the HR.
- B. Procedures. CG AD, CG SELRES (on orders for 31 days or more), and PHS Officers who receive their primary care at CG clinics will have their PHA performed at their assigned CG clinic. CG AD and CG SELRES who receive their primary care at a DOD military treatment facility (MTF) and CG AD and CG SELRES who receive their primary care at a civilian health care facility will use the Reserve Health Readiness Program (RHRP) contracted providers for completion of their PHA (Enclosure 4).
1. In MRRS, the date of the PHA shall be the date the patient is evaluated at the clinic (CG or civilian) for their PHA appointment. When feasible the PHA will be accomplished in a single visit.
 2. Every CG member will receive a PHA annually during the member's birth month period as defined in paragraph 6.d.1.
 3. All CG AD and CG SELRES who do not receive their primary care at a CG clinic must perform the PHA process as outlined in Enclosure 4. SELRES members in a weekend drilling status or on orders for 30 days or less shall contact the RHRP contractor to schedule their PHA.
 4. OCONUS personnel, with the exception of Alaska, Hawaii, and Puerto Rico, are permitted to waive the PHA pending return to stateside for ninety (90) days. Personnel deployed on prolonged (e.g. six month) assignments are permitted to waive the PHA with Commanding Officer approval and subsequent notification to cognizant CG clinic.
- C. PHA Components. The PHA consists of five central components:
1. Health Assessment Survey.
 2. Clinical Preventive Services (CPS).
 3. IMR review and update.
 4. Occupational Medical Surveillance and Evaluation Program (OMSEP) review and update.
 5. Problem Based Examination for duty status determination.
- D. Health Assessment Survey.
1. The Navy Fleet and Marine Corps Health Risk Assessment (HRA) will be used as the health assessment survey until the Department of Defense fully implements the Health Assessment Review Tool (HART). Each CG member will access the HRA via the Navy and Marine Corps Public Health Center (NMCPHC) website located at <http://164.167.141.36/pls/newhra/hra> or through Navy Knowledge Online on the "Personal Development / Health and Wellness" page. Completion of the Fleet HRA is not

optional for CG members. Enclosure (1) provides additional guidance on completing the HRA.

2. Health Risk Assessment and Counseling. Counseling is a joint effort among all members of the health care community and is reliant upon a health risk assessment and patient interview. CG members will complete the HRA with results serving as the basis for health risk prevention counseling. Counseling shall be documented in the appropriate block of the DD 2766 and/or the PHA SF-600.
 - (a) Counseling may include information on diet and exercise, dental health, tobacco cessation, alcohol and substance abuse, solar injury protection (skin cancer prevention), heat and cold injury prevention, physical and/or sexual abuse prevention, injury prevention, stress management, seatbelt use, and suicide and violence prevention as appropriate. Counseling will be targeted to individual, occupational, and environmental risk factors and behaviors identified in the HRA.
 - (b) Family planning counseling. This counseling shall include birth control options, sexually transmitted infections (STI) prevention, Human Immunodeficiency Virus (HIV) infection and prevention information. Risk reduction strategies and counseling shall be performed annually and documented on the DD 2766 and/or the PHA SF-600.
 3. HRA Administrator. Each CG clinic and sickbay (including IDHS ashore/afloat) shall designate a representative to assist personnel with the completion of the Navy Fleet and Marine Corps HRA portion of the PHA.
 - (a) The HRA Administrator will inform personnel where to find the self-assessment tool, how to log on, how to print a personalized report, and instruct CG members to bring their report with them to the PHA appointment.
 - (b) The HRA Administrator will have access to their unit "Commanding Officer's HRA Reports" and provide HRA reports to the command routinely. The "Commanding Officer's HRA Report" provides a group report on lifestyle choices made by unit members which impact risk of disease and injury. Commands are encouraged to use this data to determine health promotion unit priorities, training activities, and environmental changes needed to better support the health of personnel. Designated staff from Headquarters (e.g. Work-Life, Operational Medicine), MLC(k), and Health Promotion Managers will have access to unit reports and consolidated reports. Enclosure (2) describes in detail how to access these reports.
- E. Clinical Preventive Services. Prior to the PHA appointment the HR and electronic medical databases will be reviewed by appropriate clinic personnel. The purpose of the health data review is to identify any unresolved health issues, incomplete health care, IMR deficiencies, completion of deployment health requirements, or health risk factors. For purposes of CPS counseling, approved providers include: Health Services Technicians (HS), Independent Duty Health Services Technicians (IDHS), registered nurses, nurse practitioners, physician assistants, and physicians. The approved health care provider will make recommendations to resolve any issues and reinforce healthy lifestyle behaviors as part of the continuing plan of care. CG members will also be provided the following services that include:
1. Height, weight, and Body Mass Index (BMI) will be measured, not self-reported. BMI is automatically calculated in the Provider Graphic User Interface (PGUI) and AHLTA.

2. Blood Pressure Measurement to screen for hypertension.
3. Visual Acuity will be assessed using a Snellen Chart or Armed Forces Vision Tester (AFVT). These tests are performed either uncorrected or with corrective lenses if required. Refer member to a Medical Officer for an optometry referral if distance or near binocular visual acuity is worse than 20/40 (with or without corrective lenses) or if the member complains of decreased visual acuity. Members who do not meet the 20/40 visual acuity standard shall obtain and wear required prescription eyewear. SELRES members will provide an updated corrective lens prescription from their civilian provider at least every 2 years for inclusion into their HR. Two pairs of corrective lenses are required for CG members who require vision correction (this will be documented in MRRS).
4. Hearing will be assessed and documented using the “finger rub” technique. This is a cursory examination to determine a gross hearing impairment. To perform the “finger rub”, the provider will simply rub his/her thumb and index finger together approximately three inches from the patient’s ear. If the patient denies hearing the “finger rub” he/she shall be referred to the Medical Officer for further evaluation. Clinics will not perform routine audiograms unless clinically indicated. If the member is enrolled in the HCP which requires an audiogram, perform it during the PHA visit or establish a future appointment.
5. CPS Examinations. CG Medical Officers or Civilian Providers are responsible for performing appropriate age and gender based CPS exams for CG members. Guidance for CPS exams can be found in Enclosure (3).
6. Lipid screening shall be performed as per the CPS requirements which are listed in Enclosure (3).
7. Medication and supplement use. Assessment and review must be conducted of all prescribed and over-the-counter medications, nutritional supplements, ergogenic aids, and herbal agents. These will be documented on the DD 2766 and/or the PHA SF-600. Important topics to discuss include safety issues, drug interactions (drug-drug, drug-herb, etc.), and potential impacts on overall health. Ensure the member is aware that they should always have at least a 90-day supply of prescription medication(s). Members are encouraged to make arrangements through the mail order pharmacy program for prescription refills while deployed.

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CHAPTER 3. INDIVIDUAL MEDICAL READINESS (IMR)

A. Discussion. Individual Medical Readiness (IMR) is the extent to which a CG member is free from health related conditions that could limit their ability to fully participate in CG operations. All CG members are required to be medically ready for deployment. IMR for the purpose of this Instruction addresses the PHA, dental examinations, immunizations, individual medical equipment (IME), readiness laboratory studies, and deployment health assessment and readiness. IMR also includes the evaluation and testing of CG members enrolled in the Occupational Medical Surveillance Program (OMSEP).

B. IMR Review and Update.

1. Annual Dental Examination. All CG members shall have an annual dental examination (see reference (a) Chapter 6-A). If there is no MTF to perform the exam, the member should use the DD-2813 and have the exam performed by a civilian provider (see reference (a) Chapter 2 Section A). CG members must be in compliance with the requirement for an annual T-2 dental examination and be classified as Dental Class 1 or Class 2. The member's dental readiness classification will be entered into DENCAS. CG members who are not Dental Class 1 or 2 must seek dental treatment to attain Dental Class 1 or 2. Dental appointments for remediation should be considered a priority. MRRS will automatically be populated with DENCAS data.
2. Immunizations. Immunization status will be reviewed and updated to ensure all required immunizations are current for the next year. Overdue immunizations will be administered during the PHA. Do not administer a series immunization (e.g. Hepatitis) prior to its prescribed interval. CG members must have the following immunizations to be deployment ready or have the appropriate medical and/or administrative exemption documented in the HR and MRRS:
 - a. Hepatitis A (completed series)
 - b. Hepatitis B (completed series)
 - c. Inactivated polio vaccine (IPV)
 - d. Tetanus/diphtheria/pertussis (Tdap) or Tetanus/diphtheria (Td)
 - e. Measles, Mumps, and Rubella (MMR)
 - f. Annual Influenza

(Note: RHRP contract providers will only administer the above listed immunizations. CG members utilizing RHRP contract providers, who require additional readiness immunizations, including anthrax and smallpox, must coordinate those services via the medical readiness coordinator.)

3. Individual Medical Equipment (IME). IME will be documented during the PHA. CG members who require IME in the performance of their assigned duties or are in the process of being deployed (expeditionary deployment – e.g. CENTCOM AOR and Deployable Operational Group) shall present to the PHA appointment with any required IME. IME will consist of the following:

- a. Ballistic Protection Optical Inserts. CG members who require IME and vision correction will possess the appropriate optical insert compatible with the Military Combat Eye Protection (MCEP) device issued to the member. MCEP spectacle with optical insert may be counted as one pair of spectacles to meet the requirement for two pair of corrective lenses.
 - b. Protective Mask and Gas Mask Inserts (PMI/GMI). CG members who require IME and vision correction will possess the appropriate optical insert compatible with the protective/gas mask to be used. SELRES members assigned to deployable operational units will have applicable PMI/GMI while in a SELRES status. All other SELRES members will receive applicable PMI/GMI when notified of deployment.
 - c. Medical warning tags. CG members who require IME and have documented allergies and/or permanent conditions which would delay treatment or render the routinely indicated course of treatment dangerous (e.g. allergic reaction to drugs, or insect bites) shall have a red medical tag. Medical warning tags shall be of a “dog tag” type, red in color, and are authorized for procurement via clinic AFC-57 funds. Medical warning tags should be worn in a necklace-type fashion.
 - d. CG members who require IME will be queried about other required personal medical equipment (e.g., hearing aids, dental orthodontic equipment, etc.).
4. Tuberculosis (TB) Surveillance/Screening. CG members are required to have a baseline Tuberculin skin test (TST) or Quantiferon Gold Test (QFT) per the Center for Disease Control and Prevention (CDC) guidance. No group of CG personnel is at high risk for TB. Individuals whose duties include alien migrant interdiction, marine safety operations, and health care personnel are not at increased risk unless they work in facilities that regularly care for persons with active TB disease. Therefore, periodic screening for TB is not warranted. Members whose last recorded TST reaction was reactive shall be screened during the PHA for indicators of active disease. This involves reviewing the HR and asking the member about the following: persistent and/or productive cough (especially coughing up blood), chest pain, fever, chill, night sweats, appetite loss, and unintended weight loss. Routine evaluation of old TST reactors by chest radiograph is not authorized nor warranted. A Medical Officer may order a TST and/or chest radiograph on a patient with clinical signs/symptoms of active TB or an individual TST on a patient with risk factors listed below:
- a. Close contacts of persons known or suspected to have active TB (sharing the same household or other enclosed environments).
 - b. Foreign-born persons from areas where TB is common (Asia, Africa, Latin America, Eastern Europe, Russia).
 - c. Health care workers who routinely serve the high-risk clients listed above.
5. Readiness labs. The HR will be reviewed to ensure all required readiness laboratory studies are current. If readiness studies are due, or due within the ensuing 11 months, they will be performed during the PHA visit. CG members utilizing RHRP contract providers will be advised to see their DOD or civilian provider for any laboratory studies other than CG mandated readiness laboratory studies. The basic laboratory studies required for an individual to be deployable are blood type and Rh factor, G6PD status (normal/abnormal),

TST (one time), deoxyribonucleic acid (DNA) specimen (verified receipt at Armed Forces Institute of Pathology (AFIP) or incumbent DNA repository), and a current negative HIV antibody specimen (every two years). For MRRS entry, all results with the exception of DNA (DNA data autopopulates MRRS), must be confirmed via lab report. All CG members shall be tested for HIV every two years, unless clinically indicated. All CG members shall be tested within one year before expeditionary deployment.

6. Deployment Health Assessment and Readiness. All CG members will be assessed according to the parameters of health and medical mobilization readiness. CG members who have been deployed on an expeditionary deployment will be required to complete deployment health assessments both prior to deployment and upon return from deployment. These deployment health assessments focus on documenting, identifying, and treating deployment related health concerns
 - a. If a CG member is assigned (or was previously assigned) to an expeditionary deployment or redeployed (during the prior year) verify copies of the DD 2795, Pre-Deployment Health Assessment, DD 2796, Post-Deployment Health Assessment, (PDHA) and DD 2900, Post-Deployment Health Reassessment (PDHRA) are in the HR and have been sent to the Electronic Health Deployment Assessment (EDHA). Although paper based deployment health forms are no longer permitted, do not discard previously submitted paper based forms. If absent, ensure that assessments were conducted via the EDHA which is at the following site: <https://www-nehc.med.navy.mil/EDHA/> and if not completed, have member complete forms, review, and submit at the time of the PHA. Expeditionary deployments include CG members supporting DOD troop movements resulting from a Joint Chiefs of Staff/Combatant Command deployment for 30 continuous days or more to a location outside the United States where there is not a fixed U.S. military medical treatment facility (MTF). Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) are examples of expeditionary deployments. This also includes special named operations/contingencies as designated by Commandant CG-11.
 - b. If there are any unresolved deployment/readiness related issues (e.g. Line of Duty (LOD), Temporarily Not Physically Qualified (TNPQ), Temporarily Not Dentally Qualified (TNDQ)) they will be addressed through the appropriate channels and tracked to conclusion by the CG member's PCM. These conditions can be tracked accordingly in the Injury Management module of MRRS. Deployment Limiting Conditions (DLC) include:
 - (1) Pregnancy and 6 weeks post partum.
 - (2) Injuries/illnesses that require a 6 month or greater TLD assignment.
 - (3) Dental class III.
7. Occupational Medical Surveillance Evaluation Program (OMSEP). Safety and Environmental Health Officers (SEHO) must work with the cognizant unit OMSEP coordinator to ensure that CG members are up-to-date with job-specific requirements. If a member is in OMSEP they should complete the required OMSEP forms prior to their PHA. Civilian employees and Auxiliaries enrolled in OMSEP will continue to receive

OMSEP exams and are exempt from the PHA. For CG members assigned to CG clinics, the OMSEP exam/labs will be completed during the member's PHA. For CG members utilizing the RHRP contract providers, the only portion of an OMSEP exam to be completed by an RHRP contractor will be audiograms in conjunction with the hearing conservation program (HCP). All other OMSEP exams/labs will be referred to their respective civilian or DOD PCM. The Medical Administrator is responsible for ensuring entries of completed examination dates are entered into the OMSEP database. For CG members going to civilian facilities or DOD MTFs, the member is responsible for providing the information to their unit OMSEP coordinator. The clinic must ensure pertinent screening is documented within the HR and updated on the DD 2766.



**USCG Step-by-Step Guide
For Implementing the
Periodic Health Assessment (PHA)**

Foreword

The Periodic Health Assessment (PHA) is a multi-component process that will ensure each CG member is ready for deployment, ensure that individual medical readiness data is recorded, and deliver evidence-based clinical preventive services.

Although specialty exams (Department of Defense Medical Examination Review Board (DODMERB), commissioning, appointment to Chief Warrant Officer (CWO), enlistment, retirement, confinement, release from active duty (RELAD), aviation, landing signal officer (LSO), dive, and Medical Evaluation Board (MEB)) are still required, routine 5-year physical examinations are no longer required for CG members, including flag officers. Every CG member will receive a PHA annually during the member's birth month period as defined in paragraph 6.d.1.

The PHA will address prevention of disease and injury by focusing on prevention strategies each member can incorporate into his/her lifestyle.

Coast Guard Member

Step 1 – During your birth month period as defined in paragraph 6.d.1, go to the Navy and Marine Corps Public Health Center (NMCPHC) – <http://164.167.141.36/pls/newhra/hra>. For those members that have a Navy Knowledge Online account they can also access the HRA at the “Personal Development/Health and Wellness” page. Completion of the Fleet HRA is not optional for CG members.

Step 2 – On the Health Risk Assessment (HRA) homepage, in the UIC space, enter your 7 digit OPFAC (with no dashes or spaces). All reservists must type in the letter R in front of their 7 digit OPFAC (e.g. R1437350). For CG personnel the OPFAC can be found on your Leave and Earning Statement (LES) or contact your local Servicing Personnel Office (SPO). For Public Health Service (PHS) officers contact the cognizant medical administrator. Select “Login”.

HEALTH RISK Appraisal Login Screen

Welcome

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C., 8013

PURPOSE: To collect health related information from military personnel. To provide military personnel with information and advice on health risk behaviors.

ROUTINE USES: To assess health lifestyles and risk factors related to disease and injury.

Responses by individuals can be collected and analyzed as a group to assess the overall health of commands. Results will be reported in summary form only without personal identifying data. Personnel who wish to share this information with their Medical Department Representative and receive individual counseling can print this report. It will be treated as privileged information

DISCLOSURE: Completion of this form is highly desirable, but not mandatory.

Completion of this form is designed for your benefit, but will also help determine health promotion program efforts, serve as a baseline needs assessment and help evaluate effectiveness of health promotion programs. General information may be disclosed to publish statistical trends in health status indicators over time. No individual data will be disclosed.

Please enter your UIC, as directed by your command HRA Administrator

LOGIN

STEP 2

[Navy and Marine Corps Public Health Center](#)
Need Help? Please Click on the link above
[Exit](#)

Navy Online

Step 3 – The self-assessment consists of 21 questions. Answer all of the questions. PHS officers must select “Coast Guard” as the branch of service.

Fleet and Marine Corps HEALTH RISK SURVEY		
Age: []	Sex: []	Rank/Rate: []
Race/Ethnicity: []	Height: [FEET]	Weight: [POUNDS]
Number of days spent away from home station in the past 12 months: []		
1. Would you say that your health in general is <input type="radio"/> a. Excellent <input type="radio"/> b. Good <input type="radio"/> c. Fair <input type="radio"/> d. Poor	2. Do you currently smoke cigarettes, cigars, pipes or hookah? <input type="radio"/> a. Every day <input type="radio"/> b. Most days <input type="radio"/> c. Some days <input type="radio"/> d. Never used tobacco <input type="radio"/> e. I quit	3. Do you currently use smokeless tobacco (e.g., dip snuff)? <input type="radio"/> a. Every day <input type="radio"/> b. Most days <input type="radio"/> c. Some days <input type="radio"/> d. Never used tobacco <input type="radio"/> e. I quit
4. How many alcoholic beverages do you typically drink when you drink alcohol? (One of regular beer, 5 ounces of wine, 1.5 ounce distilled spirits) <input type="radio"/> a. 5 or more <input type="radio"/> b. 3-4 <input type="radio"/> c. 1-2 <input type="radio"/> d. Not applicable, I do not drink alcohol or I seldom drink alcohol	<div style="border: 1px solid black; padding: 5px;"> <p>Microsoft Internet Explorer</p> <p>Welcome to the Fleet and Marine Corps Health Appraisal Survey, Please answer all the Questions</p> <p>OK</p> </div>	
7. Do you use a seat belt when you drive or ride as a passenger? <input type="radio"/> a. Always <input type="radio"/> b. Most of the time <input type="radio"/> c. Sometimes <input type="radio"/> d. Rarely <input type="radio"/> e. Never	8. How often do you wear a helmet when you ride a motorcycle, all-terrain vehicle, or bicycle? <input type="radio"/> a. Always <input type="radio"/> b. Most of the time <input type="radio"/> c. Sometimes <input type="radio"/> d. Rarely <input type="radio"/> e. Never	9. How often do you use the safety equipment recommended for your job? (e.g., hearing and vision protection, respirators, barriers, and other safety devices) <input type="radio"/> a. Always <input type="radio"/> b. Most of the time <input type="radio"/> c. Sometimes <input type="radio"/> d. Rarely

Step 4 – As soon as you finish the assessment you will receive a personalized report based on the responses provided. You are required to print the report and bring to your scheduled appointment.

Thank You for Completing the Fleet and Marine Corps Health Risk Assessment

You rated your health as **Fair**. Personal perception about how healthy you are is usually quite accurate. Your Personal Health Risk Appraisal Report identified **8 risk categories** from the answers you provided that relate to overall health, which places you in a **HIGH** risk group. Numbers of risk factors have been shown to predict future health care use and health care costs. It is important for individuals to move toward the "low risk" category by reducing the number of behavioral risks, and for those already at low risk, to avoid increasing the number of risk factors over time.

High Risk = 5 or more risk categories
Medium Risk = 3-4 risk categories
Low Risk = 0-2 risk categories

You reported 8 categories, which places you at HIGH risk. The categories you scored "unhealthy" on included:

- Personal perception of health
- Tobacco Use
- Alcohol Use
- Injury Prevention
- Stress Management
- Sexual Health
- Physical Activity
- Supplements

Body Mass Index— Normal Weight http://www.cdc.gov/nccdphp/dnps/bmi/adult_BMI/about_adult_BMI.htm
 YOUR BODY MASS INDEX = 19.38
 Among most Americans, BMI is a reliable estimate of total body fat. A high BMI is related to increased risk of disease and death. Limitations of BMI are that it may overestimate body fat in athletes and others who have a muscular build and underestimate body fat in individuals who lack lean muscle mass.

TOBACCO USE— Most days <http://www.nlm.nih.gov/medlineplus/smoking.html>
 Smoking is a major risk to your health. Not smoking every day may reduce your risk of developing cardiovascular diseases and cancers. However, there is no "safe" amount of smoking. Not smoking every day is one method of tapering off before you quit smoking entirely.

TOBACCO USE— Some days http://www.nlm.nih.gov/medlineplus/smokeless_tobacco.html
 Using smokeless tobacco is very dangerous. About 9% of Sailors and over 20% of Marines use smokeless tobacco. Smokeless tobacco may not cause lung cancer, but direct contact with at least 28 known cancer-causing agents leads to cancer of the mouth, throat, voice box, and esophagus. Your military dentist will check your mouth for signs of gum disease and pre-cancerous lesions during your annual checkup and can assist you in quitting.

DENTAL— Once a day <http://www.ada.org/public/topics/cleaning.asp>
 You brush your teeth once a day. Brushing is the single most important activity you can take to keep your teeth clean and cavity-free. The American Dental Association recommends brushing twice a day to achieve good dental health. Remember, by also flossing you remove buildup from your gum line and between the teeth that brushing alone can't reach.

SLEEP— Most of the time http://www.nhlbi.nih.gov/health/public/sleep/pslp_fs.htm
 People who get enough restful sleep are able to concentrate on their activities, have more energy, and generally feel better.

Print Participant's Report => **STEP 4** Want to Comment?

Click Here to exit Application =>

Fleet and Marine Corps HRA Completed on 03-JUN-08
 UIC: TEST
 POWERED BY **NAVY MEDICINE ONLINE**

The report contains numerous links to educational material that can be opened in separate windows without closing the report. However, once the report is closed, it cannot be retrieved by anyone.

Step 5 – Make a PHA appointment during your birth month period as defined in paragraph 6.d.1 after completing the HRA. If you are assigned to a CG clinic you must contact that clinic for PHA services. If you are assigned to a civilian or DOD PCM, you must contact the RHRP contractor as described in Enclosure 4.

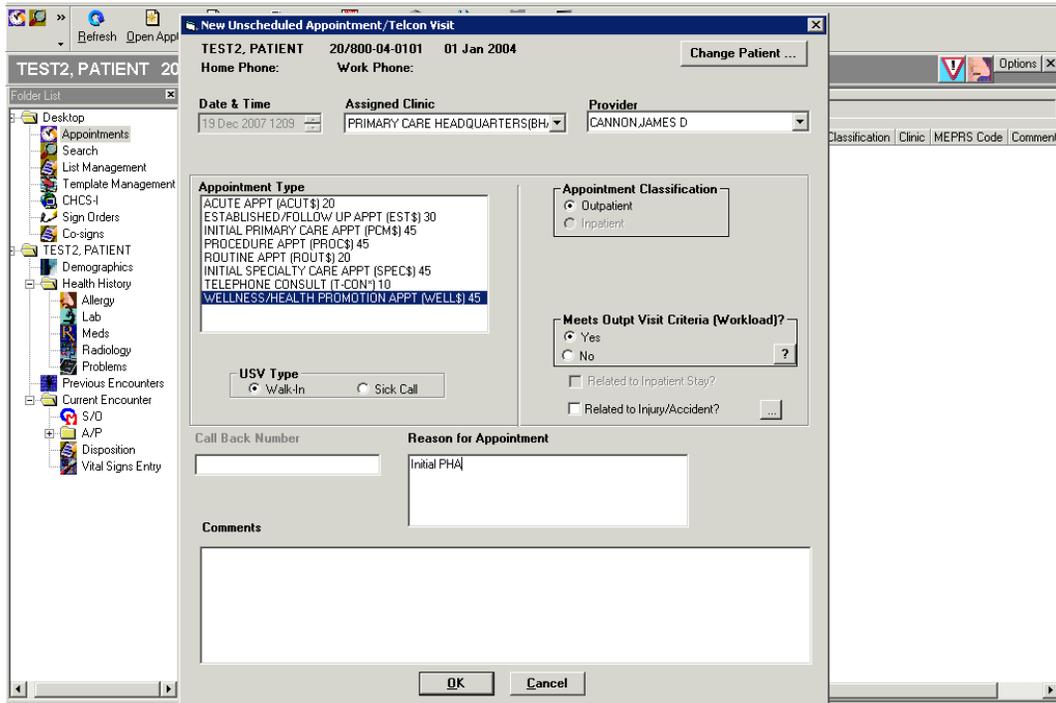
Coast Guard Health Services Technicians

At the PHA appointment:

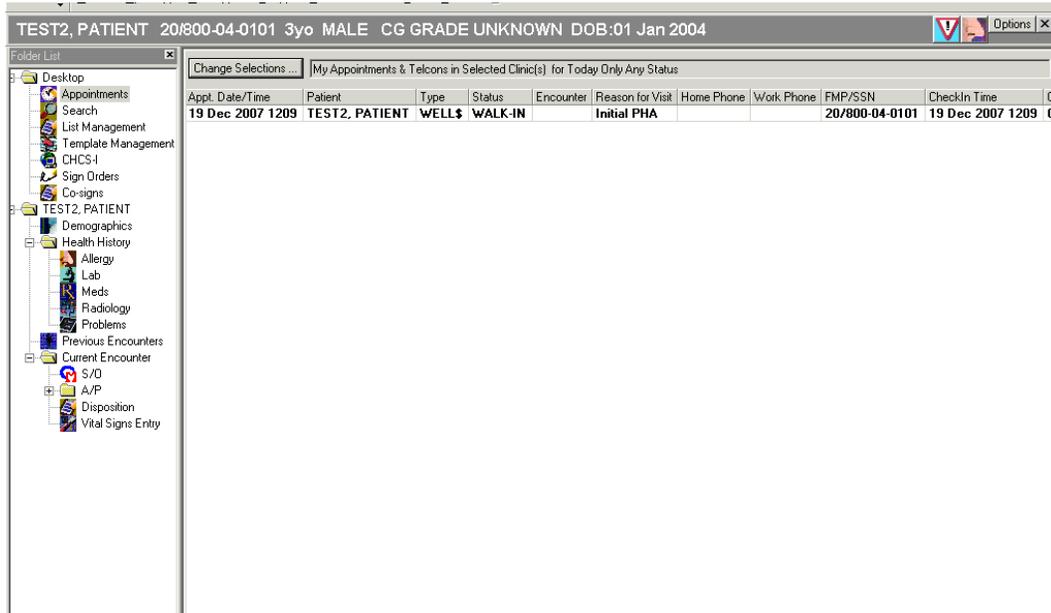
Step 1 – Log into PGUI



Step 2 – Open the encounter for the scheduled patient. Ensure that the correct Medical Officer is designated for laboratory requests and co-signature:

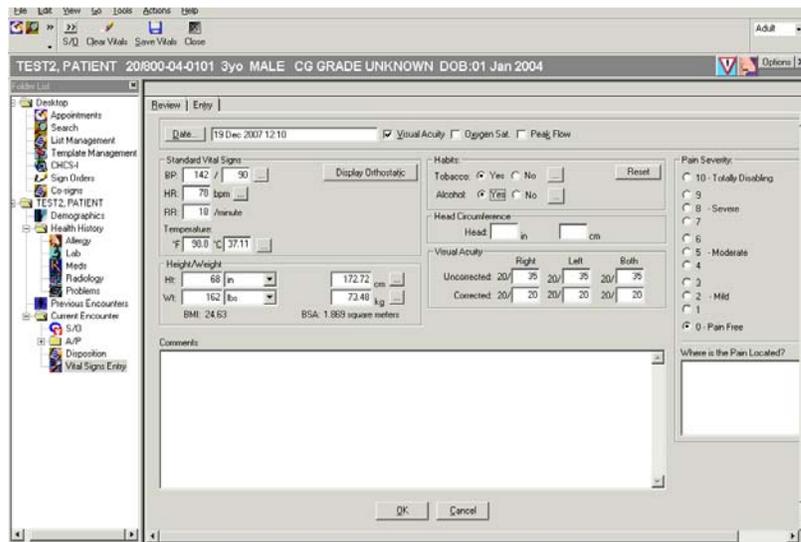


Step 2 – Con’t

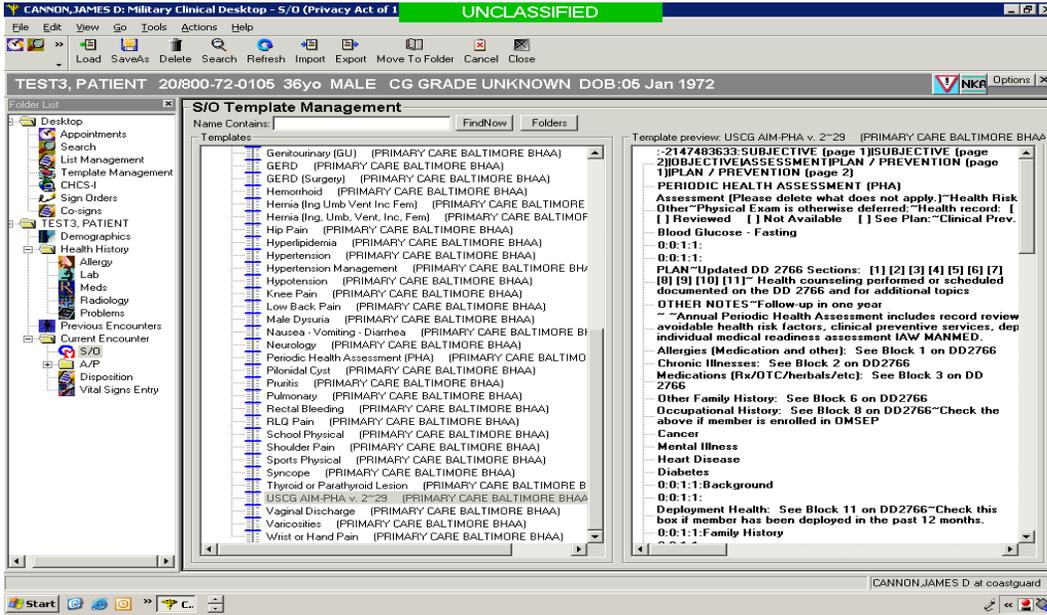


Step 3 - Measure and record (in PGUI) the following:

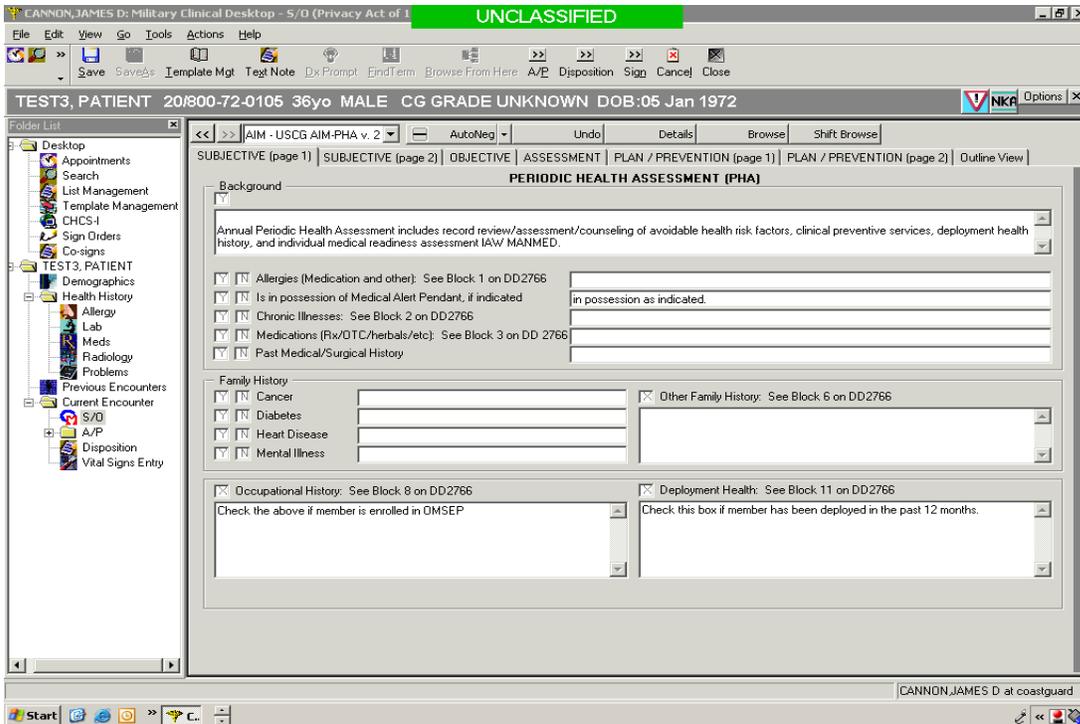
- Standard Vitals (Blood Pressure, Heart Rate, Respiratory Rate, Temperature)
- Height / Weight (BMI will be calculated automatically)
- Habits (Tobacco & Alcohol Use)
- Visual Acuity
- Pain Severity
- Hearing (Place in Comments Section)



Step 4 – Load PHA AIM/template.



Step 4a Complete each tab of PHA (Subjective 1, Objective, Assessment, Plan Prevention x 2)



Step 4b Subjective

CANNON, JAMES D: Military Clinical Desktop - S/O (Privacy Act of 1974) UNCLASSIFIED

TEST3, PATIENT 20/800-72-0105 36yo MALE CG GRADE UNKNOWN DOB:05 Jan 1972

Folder List: Desktop, Appointments, Search, List Management, Template Management, CHCS-1, Sign Orders, Co-signs, TEST3, PATIENT, Demographics, Health History, Allergy, Lab, Meds, Radiology, Problems, Previous Encounters, Current Encounter, S/O, A/P, Disposition, Vital Signs Entry

Navigation: -USCG AIM-PHA v. 2~29, AutoNeg, Undo, Details, Browse, Shift Browse

Tabs: SUBJECTIVE (page 1) | SUBJECTIVE (page 2) | OBJECTIVE | ASSESSMENT | PLAN / PREVENTION (page 1) | PLAN / PREVENTION (page 2) | Outline View

PERIODIC HEALTH ASSESSMENT (PHA)

Background

Annual Periodic Health Assessment includes record review/assessment/counseling of avoidable health risk factors, clinical preventive services, deployment health history, and individual medical readiness assessment IAW MANMED.

Allergies (Medication and other): See Block 1 on DD2766

Is in possession of Medical Alert Pendant, if indicated: in possession as indicated.

Chronic Illnesses: See Block 2 on DD2766: Hypertension, Hyperlipidemia

Medications (Rx/OTC/herbals/etc): See Block 3 on DD 2766: Appendectomy

Past Medical/Surgical History: Appendectomy

Family History

Cancer: [] Other Family History: See Block 6 on DD2766

Diabetes: Non-insulin

Heart Disease: CAD

Mental Illness: []

Occupational History: See Block 8 on DD2766

Deployment Health: See Block 11 on DD2766

Check the above if member is enrolled in OMSEP Hearing conservation: []

Check this box if member has been deployed in the past 12 months. SE Asia for OIF: []

CANNON, JAMES D at coastguard

Step 4c Objective

CANNON, JAMES D: Military Clinical Desktop - S/O (Privacy Act of 1974) UNCLASSIFIED

TEST3, PATIENT 20/800-72-0105 36yo MALE CG GRADE UNKNOWN DOB:05 Jan 1972

Folder List: Desktop, Appointments, Search, List Management, Template Management, CHCS-1, Sign Orders, Co-signs, TEST3, PATIENT, Demographics, Health History, Allergy, Lab, Meds, Radiology, Problems, Previous Encounters, Current Encounter, S/O, A/P, Disposition, Vital Signs Entry

Navigation: -USCG AIM-PHA v. 2~29, AutoNeg, Undo, Details, Browse, Shift Browse

Tabs: SUBJECTIVE (page 1) | SUBJECTIVE (page 2) | OBJECTIVE | ASSESSMENT | PLAN / PREVENTION (page 1) | PLAN / PREVENTION (page 2) | Outline View

OBJECTIVE

Current Vital Signs Reviewed: WNL

Currently taking hypertension medications: Lisinopril

Audiogram (Screening): []

Check box if member is enrolled in hearing conservation program: []

Vision Evaluation

Currently wears eyeglasses

If Yes, do they have 2 pairs? [X] Yes [] No

OU Distance

Distance - Uncorrected: 20/40

Distance - Corrected: 20/20

OU Near (complete if member is over age 45)

Near - Uncorrected: 20/20 (near)

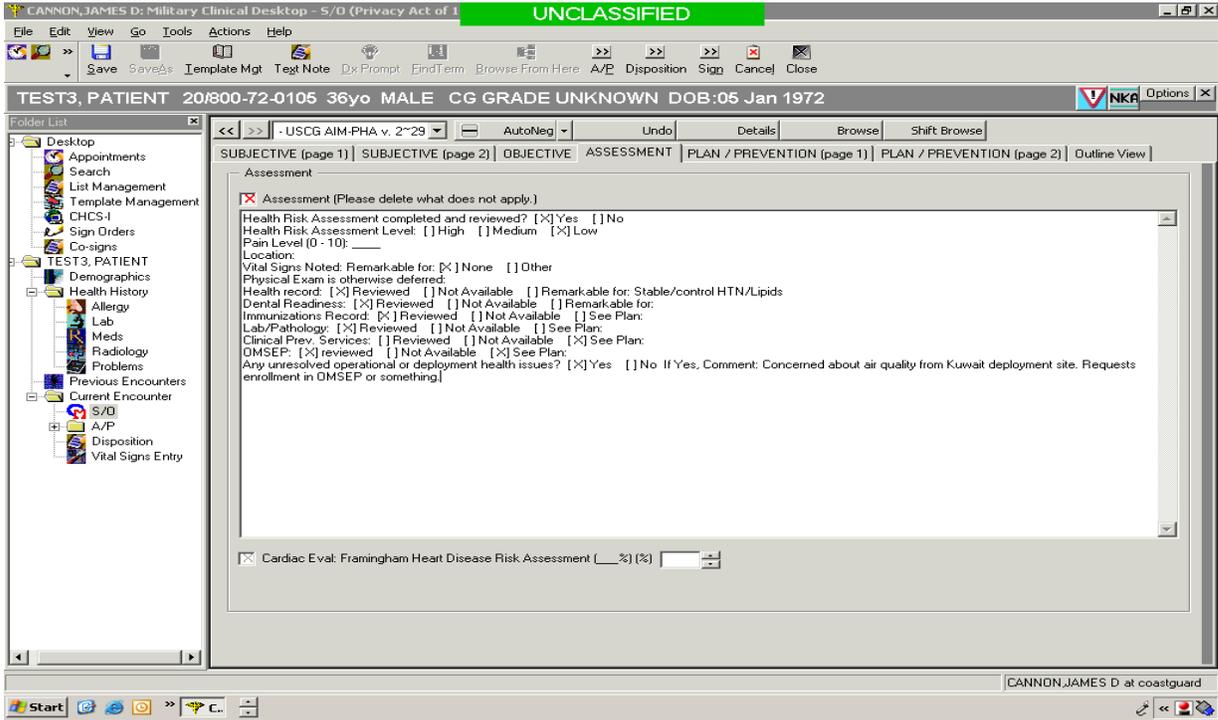
Near - Corrected: 20/20 (near)

Other Physical Findings: Functional Murmur Cardio evaluation indicates no underlying pathology

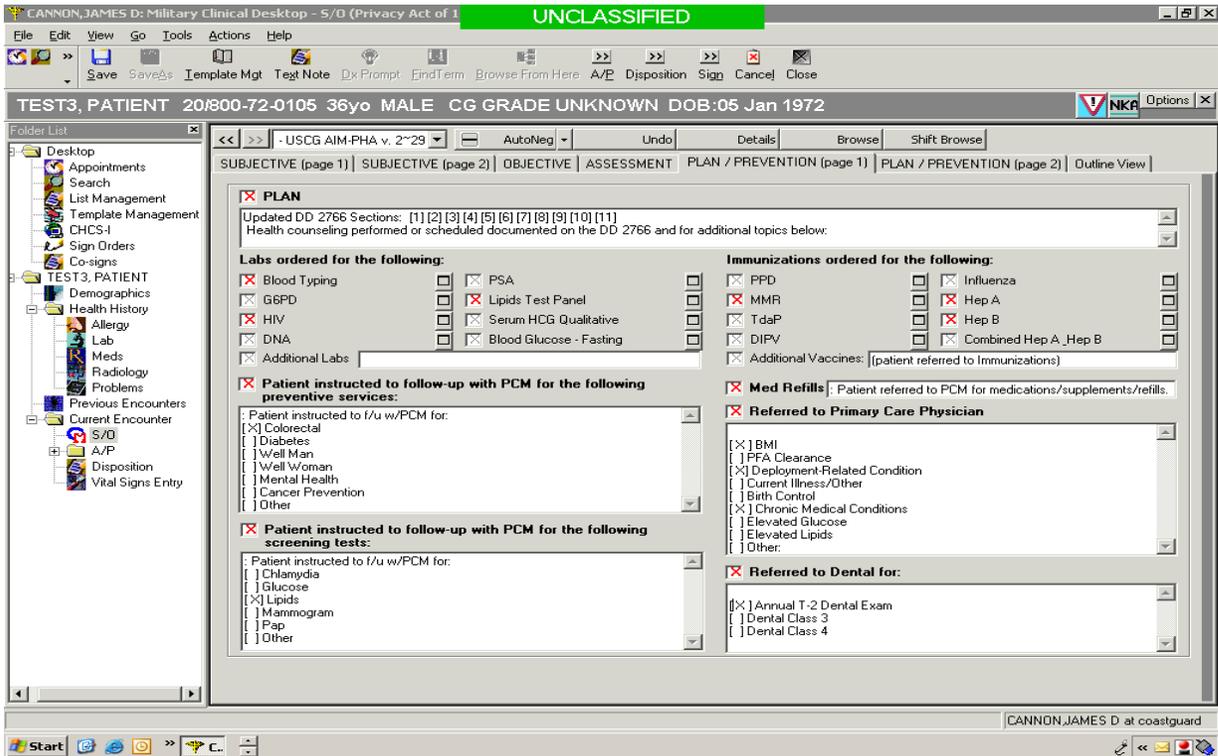
Other Findings: Mild pes planus with no impact on duties

CANNON, JAMES D at coastguard

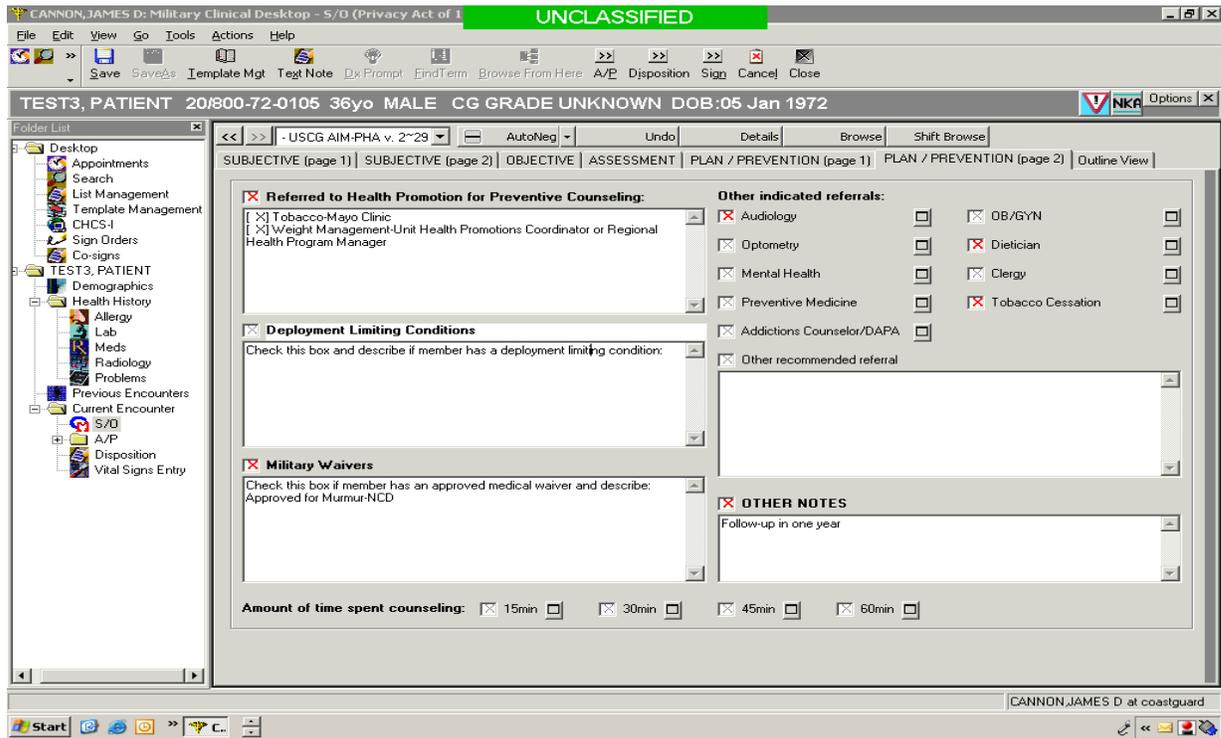
Step 4d Complete Assessment



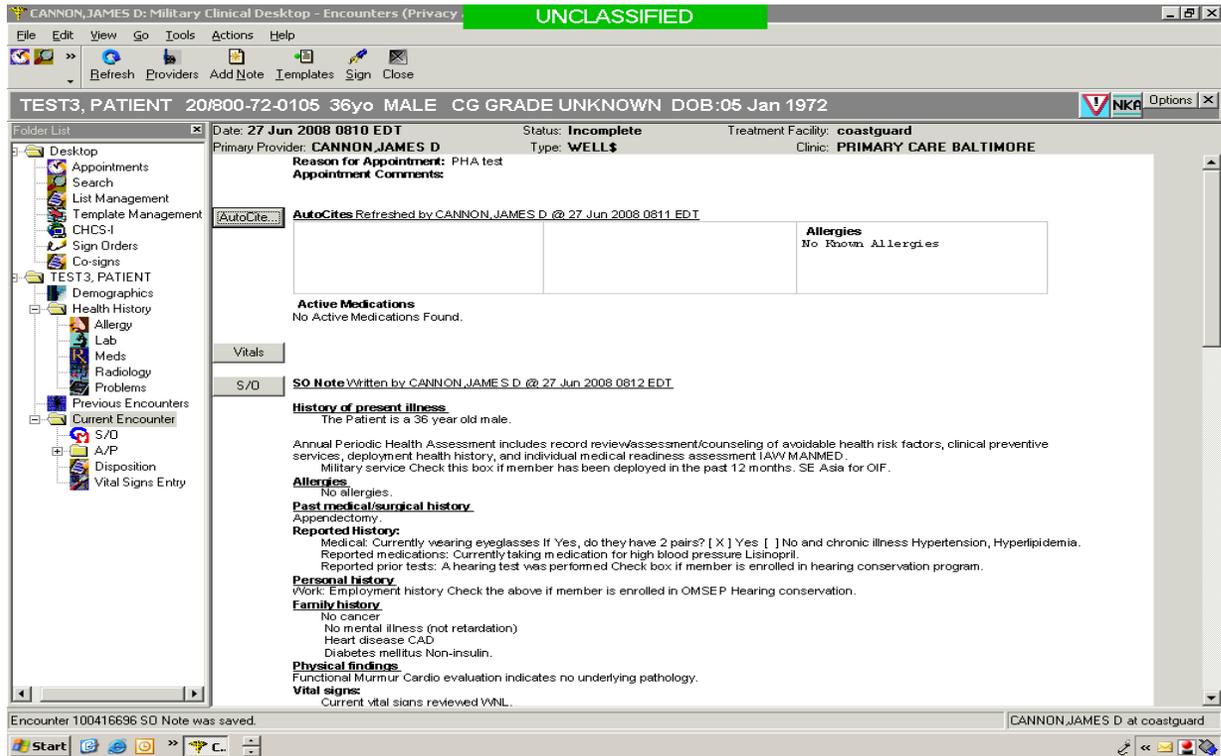
Step 4e Plan/Prevention (Page 1)



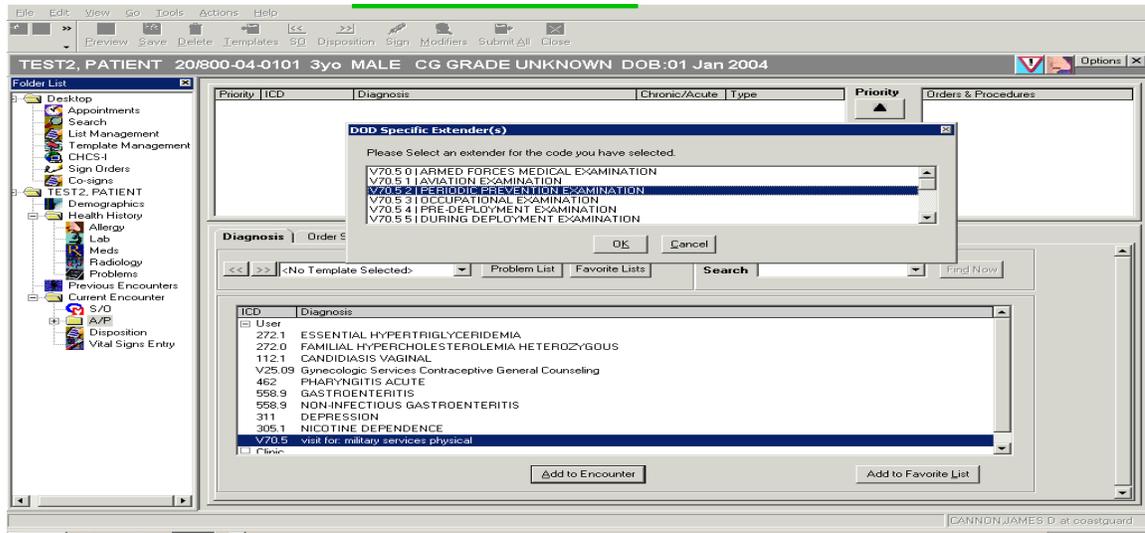
Step 4e – Plan/Prevention (Page 2)



Step 5 – Close S/O of PGUI



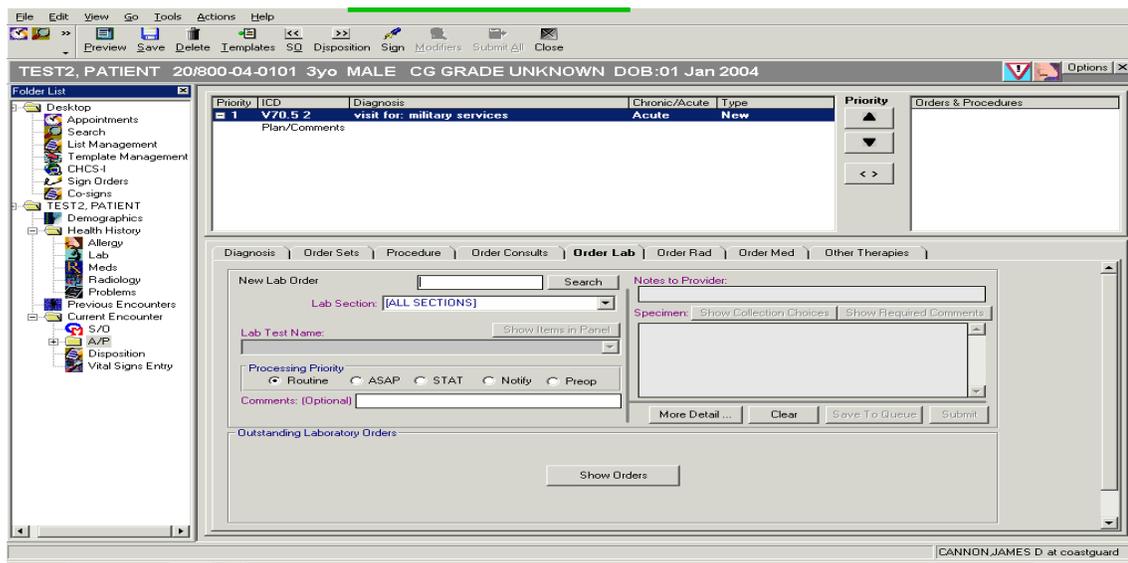
Step 6 – Open A/P of PGUI and complete diagnosis section (V70.5 2 Periodic Prevention Examination):



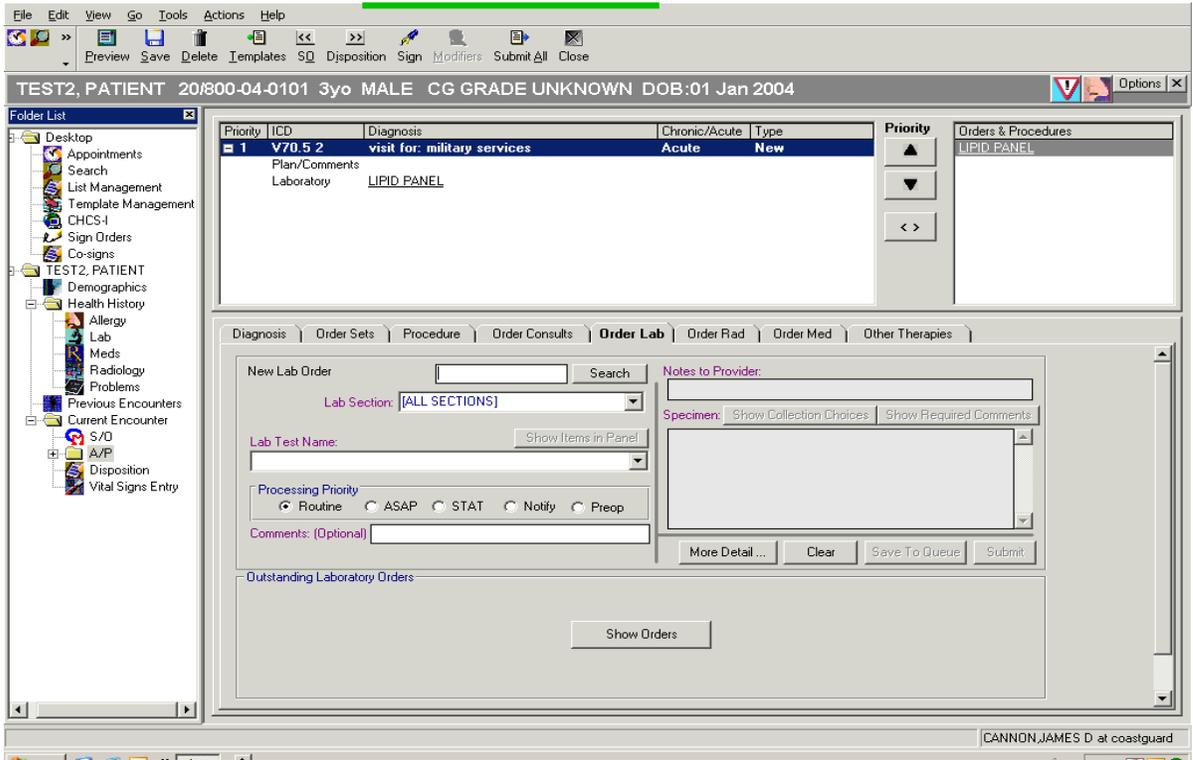
Step 7 – Perform the following (if needed):

- Immunizations
- Phlebotomy (lipids, readiness laboratories)

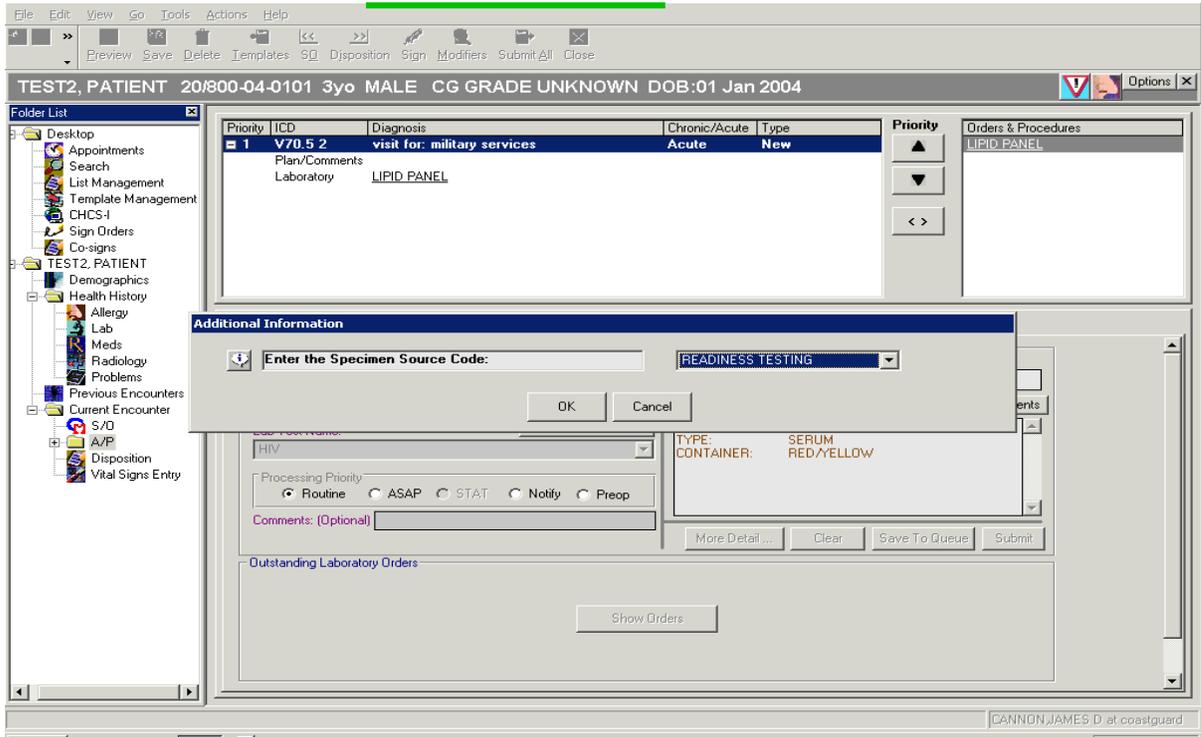
Step 8 – Order lab tests on PGUI under the reviewing Medical Officer’s name. Note: Make sure to order the required tests per the Appendix based upon the member’s gender and age.



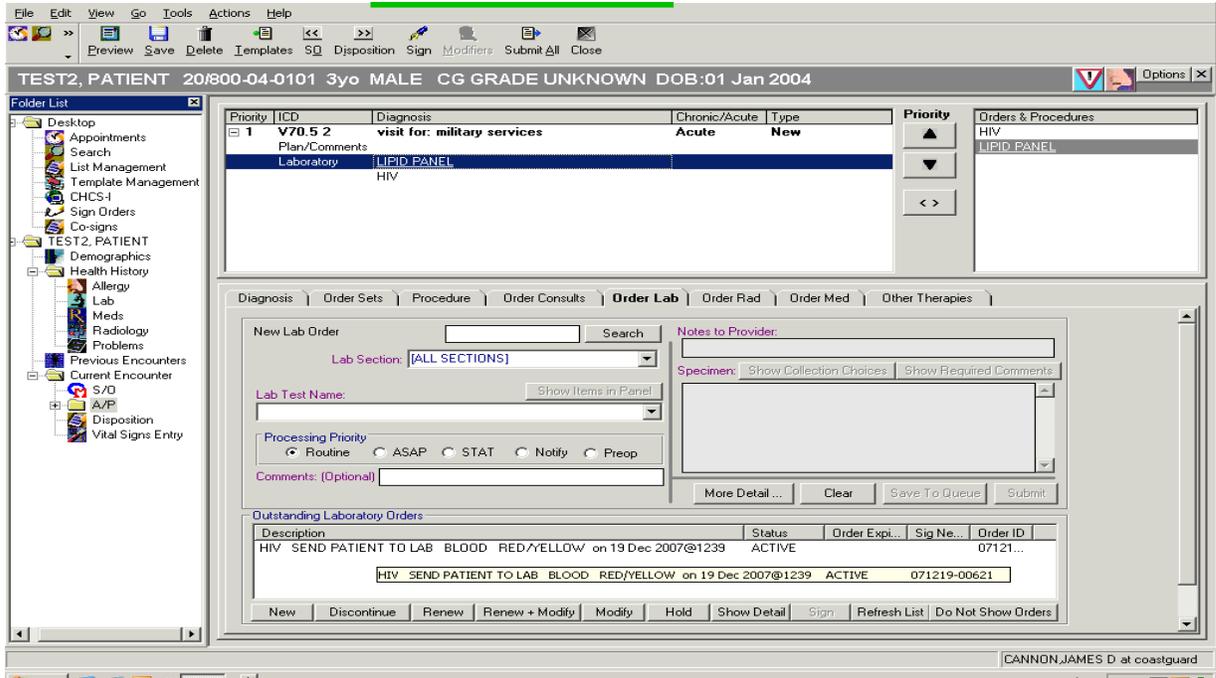
With lipid panel saved to queue:



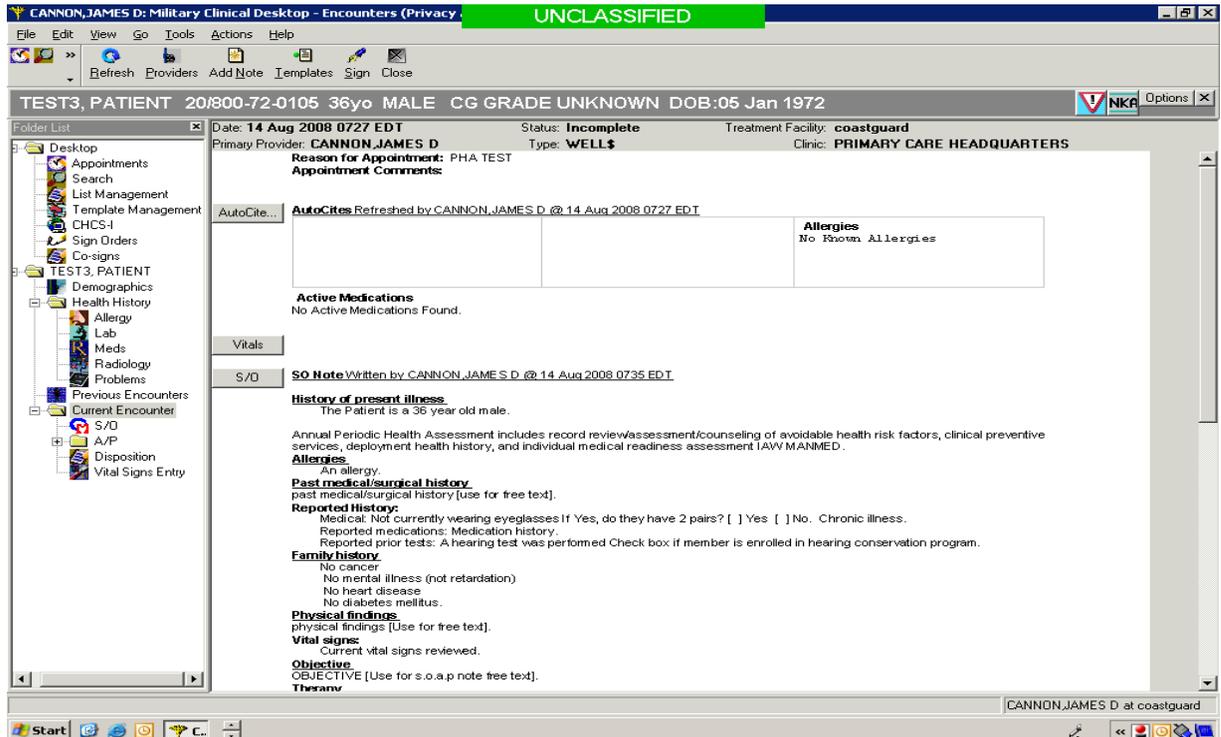
HIV Screening:



HIV submitted in PGUI as outlined in the USCG PGUI HIV Procedure which can be located at <http://www.uscg.mil/hq/cg1/cg112/cg1121/default.asp>.



Step 9 – Close A/P section on PGUI



Step 10 – Have the member complete the appropriate OMSEP forms (if applicable)

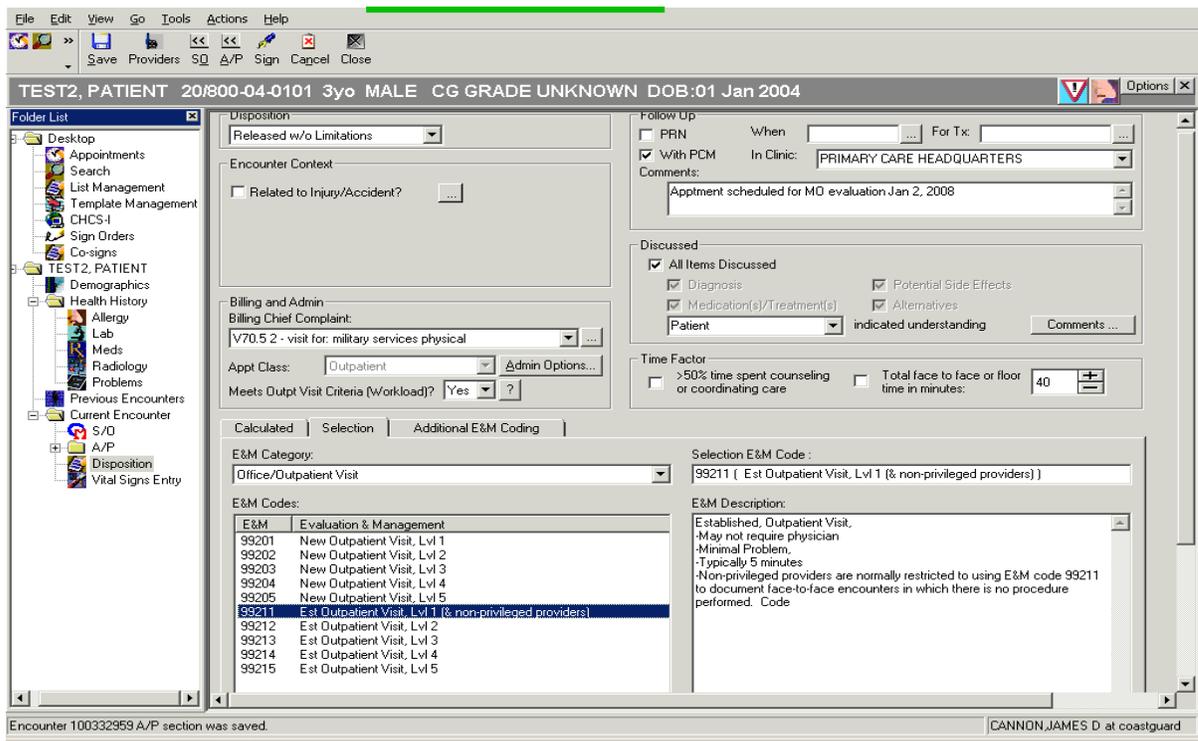
Step 11 – Have the member complete the appropriate deployment health assessment forms (via EDHA) (if member was on an expeditionary deployment)

Step 12 – Ensure member has appropriate medical equipment (if applicable)

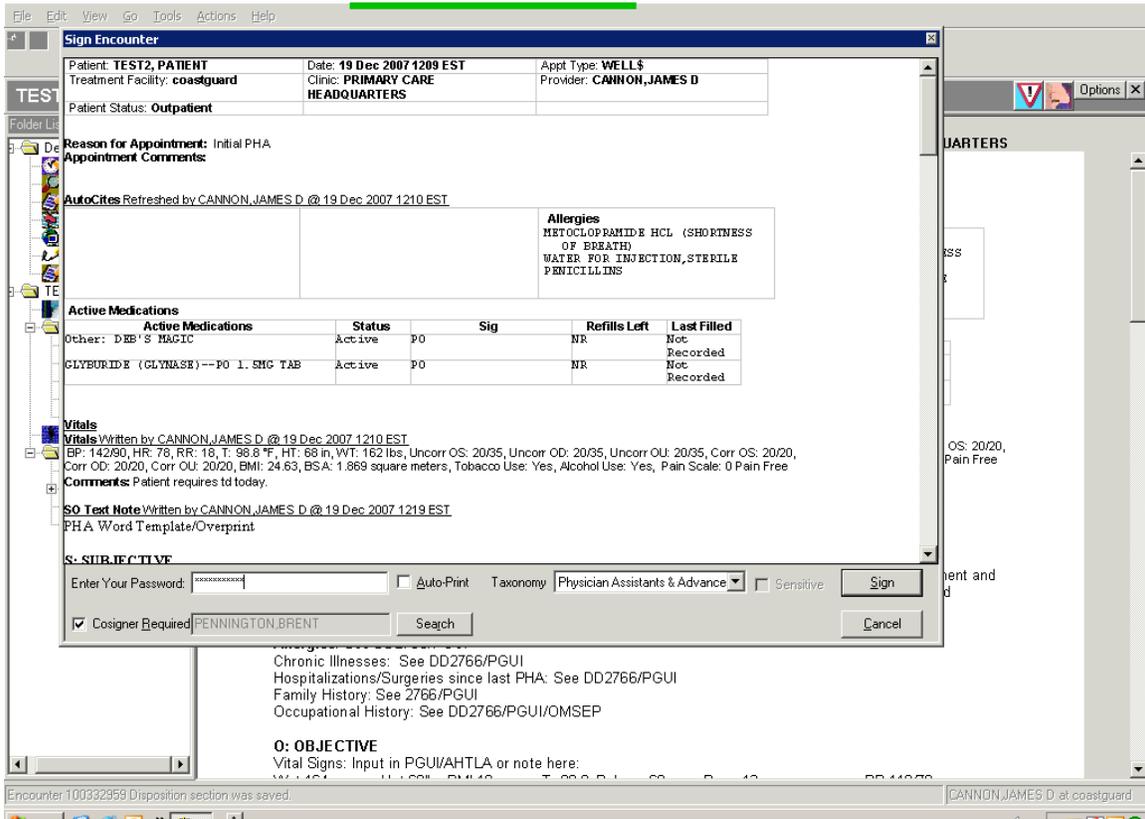
Step 13 – Review the member’s HRA and provide simple targeted, patient-centered counseling for healthy lifestyles.

Step 14 - Refer the member to his/her UHPC or HPM for resources on nutrition, exercise, stress management, weight management, and/or tobacco cessation. Refer member to his/her SAPS or CDAR for resources on alcohol abuse prevention. Refer member to the Employee Assistance Program (EAP) at 1-888-222-0364 or www.FOH4you.com for counseling support.

Step 15 – Complete disposition section of PGUI. Make sure to address all sections, such as duty limitations and follow-up appointments. E&M coding should be 99211 for non-privileged providers.



Step 16 – Complete and sign the PHA PGUI note.



HS may close and sign PHA if no referrals were indicated. Otherwise, this note should be transferred to the Medical Officer if the patient will be seen on the same day. PHA note may be signed and closed with pending Medical Officer follow-ups. This will require the Medical Officer to start a new note on the next visit but not a new PHA.

Step 17 - Update MRRS

Step 18 - Update the DD-2766

Step 19 – Make a dental appointment for the member (if due)

Step 20 – Make an appointment for the member to see a privileged provider if:

- The member’s HRA is high risk**
- The member has an elevated blood pressure**
- The member requests to see the provider**
- The member requires a clinical preventive service examination (see Enclosure 3)**
- The member has reported a new medical illness/injury**
- The member has a chronic medical condition**
- The member has a deployment related condition**
- The member is taking medications, or chronic prescriptions, and it has been greater than 6 months since the last visit**

Step 21 – Recommend that the member speak to the UHPC or HPM for supplemental support resources if;

- The member requires nutritional guidance**
- The member smokes or uses tobacco products**
- The member has a BMI of 25 (overweight/obese)**

Step 22 – Recommend that the member speak to the SAPS or CDAR for supplemental support resources if;

- The member reports high risk alcohol use per Fleet HRA.**

Step 23 – Recommend that the member speak to EAP if;

- The member requests a referral**
- The member can benefit from EAP resources**

Step 24 – Refer the member to his/her unit OMSEP Coordinator if:

- The member requests to see his/her unit OMSEP Coordinator due to a new occupational injury/illness**

Coast Guard Privileged Providers

Step 1 – Review all PHA PGUI notes

Step 2 - Review the HRA (for members who have been referred to you by the Health Services Technician) and provide targeted, patient-centered counseling for healthy lifestyles (e.g. ETOH use, tobacco use, risky behaviors, mental health issues, or weight management)

Step 3 – Evaluate member’s current medication/supplement usage

Step 4 – Evaluate member’s chronic diseases or conditions

Step 5 – Provide appropriate diagnosis and treatment for members who have new medical illnesses/injuries

Step 6 – Review and complete the appropriate deployment health assessments (if member was on an expeditionary deployment)

Step 7 - Determine member’s duty status and any DLC:

- Pregnancy (to include 6 weeks postpartum)**
- Injury or medical condition (member is on temporary limited duty for 6 months or greater)**
- Dental Class 3**

Step 8 – Review all laboratory tests

Step 9 – Perform (or refer) the appropriate age/gender based clinical preventive service examination (see Enclosure 3). The checklist reflects the minimum screening frequencies. Providers can decide to increase the screening frequency on a case-by-case basis based on risk factors. Note: It is highly recommended to perform a Framingham Risk Assessment for adults aged 20 and older.

Step 10 – Perform the appropriate OMSEP examination, to include appropriate laboratory studies. Indicate on the PGUI entry what specific program the patient is enrolled in.

Step 11 – Sign and complete all PHA PGUI notes.

USCG Health Risk Assessment (HRA) “Administrator”

Each CG clinic and sickbay (IDHS ashore/afloat) shall designate a representative to assist with the administration of the Fleet and Marine Corps Health Risk Assessment (HRA) to its personnel as part of the PHA. That individual will inform personnel where to find the self-assessment tool, how to log on, how to print a personalized report, and instruct SM to bring their report with them to the PHA appointment.

Administrators have two options for directing members to the Navy and Marine Corps HRA:

- 1) Direct members to go to the following url: <http://164.167.141.36/pls/newhra/hra>
- 2) Direct members to log on to the HRA through Navy Knowledge Online at <https://www.nko.navy.mil> to access the “Personal Development /Health and Wellness” page. (CG personnel will utilize a 7-digit numeric designator, based on their OPFAC. Administrators will provide their personnel with the appropriate designator.)

The self-assessment consists of 21 questions. As soon as the individual has finished the assessment he/she will receive a personalized report based on the responses provided. **Print out a copy of the report to take to the PHA.** The report contains numerous links to educational material that can be opened in separate windows without closing the report. However, once the report is closed, it cannot be retrieved by anyone.

Although the information on this report is not considered sensitive medical information, you should still ensure that members’ privacy is respected. Guidelines for counseling on decreasing behavioral health risks can be found under “Tools” at <http://www-nmcphc.med.navy.mil/hp/cps/pha.htm>

HRA Administrators will also have access to their unit’s “Commanding Officer’s HRA Report”. This report should be provided to the command on a routine basis. In order to access these reports the Administrator logs onto Navy Medicine Online (NMO) at <http://navymedicine.med.navy.mil/>. If the Administrator does not have an established account with NMO, follow instructions for getting one (Click “New User?” in yellow box, top left corner of screen).

The Administrator will want to display both the participant and administrator HRA links on their “My NMO” home page. If they are not already displayed, click on the tabs at the bottom of the screen to “Add Left Content” and “Add Middle Content”, then select “NEW Health Risk Assessment” and “NEW HRA Admin” and then click the add button.

New Administrators will click on “Take Me to HRA Admin”. If you are not an account holder you will receive a message telling you that your account needs activation. Click on the box that says “Navy Environmental Health Center.” An e-mail will be generated with the Subject: “HRA Admin Account Activation”. Provide your name, command name, OPFAC, telephone number, and e-mail. You will receive your account activation within 1-5 business days.

If you have any questions, contact the Navy HRA administrator at HRA@nehc.mar.med.navy.mil or 757-953-0962 (DSN 377).

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USCG Clinical Preventive Services Guidance

FEMALES < 25 YEARS OLD

SCREENING	FREQUENCY	COMMENTS
Vision	Annually	Snellen Chart or AFVT
Hearing	Annually	Finger Rub
Height	Annually	
Weight	Annually	
BMI	Annually	
Blood Pressure	Annually	

Tests/conditions that must be performed/evaluated by Medical Officers:

Pap Smear	Every 3 years	Providers can decide to increase the frequency on a case by case basis based on risk factors. USPSTF recommends against routine PAP Screening in women who have had a total hysterectomy for benign disease.
Chlamydia	Annually	Screening Test - Nucleic acid amplification test (urine)
Cholesterol	Every 3 years	<p><u>ONLY IF THE INDIVIDUAL HAS:</u></p> <ul style="list-style-type: none"> ○ Diabetes OR ○ A family history of cardiovascular disease before age 50 years in male relatives or age 60 years in female relatives OR ○ A family history suggestive of familial hyperlipidemia OR ○ Multiple coronary heart disease risk factors (e.g., tobacco use, hypertension) <p>TC and HDL-C can be measured on non-fasting or fasting samples</p>
Diabetes	Every 3 years	<p><u>ONLY IF THE INDIVIDUAL HAS:</u></p> <ul style="list-style-type: none"> ○ Hypertension OR ○ Hyperlipidemia <p>Screening Test – Fasting Plasma Glucose</p>

MALES < 25 YEARS OLD

SCREENING	FREQUENCY	COMMENTS
Vision	Annually	Snellen Chart or AFVT
Hearing	Annually	Finger Rub
Height	Annually	
Weight	Annually	
BMI	Annually	
Blood Pressure	Annually	

Tests/conditions that must be performed/evaluated by Medical Officers:

Cholesterol	Every 3 years	<p><u>ONLY IF THE INDIVIDUAL HAS:</u></p> <ul style="list-style-type: none"> ○ Diabetes OR ○ A family history of cardiovascular disease before age 50 years in male relatives or age 60 years in female relatives OR ○ A family history suggestive of familial hyperlipidemia OR ○ Multiple coronary heart disease risk factors (e.g., tobacco use, hypertension) <p>TC and HDL-C can be measured on non-fasting or fasting samples</p>
Diabetes	Every 3 years	<p><u>ONLY IF THE INDIVIDUAL HAS:</u></p> <ul style="list-style-type: none"> ○ Hypertension OR ○ Hyperlipidemia <p>Screening Test – Fasting Plasma Glucose</p>

FEMALES 25 – 34 YEARS OLD

SCREENING	FREQUENCY	COMMENTS
Vision	Annually	Snellen Chart or AFVT
Hearing	Annually	Finger Rub
Height	Annually	
Weight	Annually	
BMI	Annually	
Blood Pressure	Annually	

Tests/conditions that must be performed/evaluated by Medical Officers:

Pap Smear	Every 3 years	Providers can decide to increase the frequency on a case by case basis based on risk factors. USPSTF recommends against routine PAP Screening in women who have had a total hysterectomy for benign disease.
Cholesterol	Every 3 years	<p><u>ONLY IF THE INDIVIDUAL HAS:</u></p> <ul style="list-style-type: none"> ○ Diabetes OR ○ A family history of cardiovascular disease before age 50 years in male relatives or age 60 years in female relatives OR ○ A family history suggestive of familial hyperlipidemia OR ○ Multiple coronary heart disease risk factors (e.g., tobacco use, hypertension) <p>TC and HDL-C can be measured on non-fasting or fasting samples</p>
Diabetes	Every 3 years	<p><u>ONLY IF THE INDIVIDUAL HAS:</u></p> <ul style="list-style-type: none"> ○ Hypertension OR ○ Hyperlipidemia <p>Screening Test – Fasting Plasma Glucose</p>

MALES 25 – 34 YEARS OLD

SCREENING	FREQUENCY	COMMENTS
Vision	Annually	Snellen Chart or AFVT
Hearing	Annually	Finger Rub
Height	Annually	
Weight	Annually	
BMI	Annually	
Blood Pressure	Annually	

Tests/conditions that must be performed/evaluated by Medical Officers:

Cholesterol	Every 3 years	<p><u>ONLY IF THE INDIVIDUAL HAS:</u></p> <ul style="list-style-type: none"> ○ Diabetes OR ○ A family history of cardiovascular disease before age 50 years in male relatives or age 60 years in female relatives OR ○ A family history suggestive of familial hyperlipidemia OR ○ Multiple coronary heart disease risk factors (e.g., tobacco use, hypertension) <p>TC and HDL-C can be measured on non-fasting or fasting samples</p>
Diabetes	Every 3 years	<p><u>ONLY IF THE INDIVIDUAL HAS:</u></p> <ul style="list-style-type: none"> ○ Hypertension OR ○ Hyperlipidemia <p>Screening Test – Fasting Plasma Glucose</p>

FEMALES 35 – 39 YEARS OLD

SCREENING	FREQUENCY	COMMENTS
Vision	Annually	Snellen Chart or AFVT
Hearing	Annually	Finger Rub
Height	Annually	
Weight	Annually	
BMI	Annually	
Blood Pressure	Annually	

Tests/conditions that must be performed/evaluated by Medical Officers:

Pap Smear	Every 3 years	Providers can decide to increase the frequency on a case by case basis based on risk factors. USPSTF recommends against routine PAP Screening in women who have had a total hysterectomy for benign disease.
Cholesterol	Every 3 years	<p><u>ONLY IF THE INDIVIDUAL HAS:</u></p> <ul style="list-style-type: none"> ○ Diabetes OR ○ A family history of cardiovascular disease before age 50 years in male relatives or age 60 years in female relatives OR ○ A family history suggestive of familial hyperlipidemia OR ○ Multiple coronary heart disease risk factors (e.g., tobacco use, hypertension) <p align="center">TC and HDL-C can be measured on non-fasting or fasting samples</p>
Diabetes	Every 3 years	<p><u>ONLY IF THE INDIVIDUAL HAS:</u></p> <ul style="list-style-type: none"> ○ Hypertension OR ○ Hyperlipidemia <p align="center">Screening Test – Fasting Plasma Glucose</p>

MALES 35 – 39 YEARS OLD

SCREENING	FREQUENCY	COMMENTS
Vision	Annually	Snellen Chart or AFVT
Hearing	Annually	Finger Rub
Height	Annually	
Weight	Annually	
BMI	Annually	
Blood Pressure	Annually	

Tests/conditions that must be performed/evaluated by Medical Officers:

Cholesterol	Every 5 years	Low Risk Individuals
	Every 3 years	High Risk Individuals TC and HDL-C can be measured on non-fasting or fasting samples
Diabetes	Every 3 years	<u>ONLY IF THE INDIVIDUAL HAS:</u> <ul style="list-style-type: none"> ○ Hypertension OR ○ Hyperlipidemia Screening Test – Fasting Plasma Glucose

FEMALES 40 – 44 YEARS OLD

SCREENING	FREQUENCY	COMMENTS
Vision	Annually	Snellen Chart or AFVT
Hearing	Annually	Finger Rub
Height	Annually	
Weight	Annually	
BMI	Annually	
Blood Pressure	Annually	

Tests/conditions that must be performed/evaluated by Medical Officers:

Pap Smear	Every 3 years	Providers can decide to increase the frequency on a case by case basis based on risk factors. USPSTF recommends against routine PAP Screening in women who have had a total hysterectomy for benign disease.
Mammogram	Every 2 years	With or Without Clinical Breast Examination
Cholesterol	Every 3 years	<p><u>ONLY IF THE INDIVIDUAL HAS:</u></p> <ul style="list-style-type: none"> ○ Diabetes OR ○ A family history of cardiovascular disease before age 50 years in male relatives or age 60 years in female relatives OR ○ A family history suggestive of familial hyperlipidemia OR ○ Multiple coronary heart disease risk factors (e.g., tobacco use, hypertension) <p>TC and HDL-C can be measured on non-fasting or fasting samples</p>
Diabetes	Every 3 years	<p><u>ONLY IF THE INDIVIDUAL HAS:</u></p> <ul style="list-style-type: none"> ○ Hypertension OR ○ Hyperlipidemia <p>Screening Test – Fasting Plasma Glucose</p>

MALES 40 – 44 YEARS OLD

SCREENING	FREQUENCY	COMMENTS
Vision	Annually	Snellen Chart or AFVT
Hearing	Annually	Finger Rub
Height	Annually	
Weight	Annually	
BMI	Annually	
Blood Pressure	Annually	

Tests/conditions that must be performed/evaluated by Medical Officers:

Cholesterol	Every 5 years	Low Risk Individuals
	Every 3 years	High Risk Individuals TC and HDL-C can be measured on non-fasting or fasting samples
Diabetes	Every 3 years	<u>ONLY IF THE INDIVIDUAL HAS:</u> <ul style="list-style-type: none"> ○ Hypertension OR ○ Hyperlipidemia Screening Test – Fasting Plasma Glucose

FEMALES 45 – 49 YEARS OLD

SCREENING	FREQUENCY	COMMENTS
Vision	Annually	Snellen Chart or AFVT
Hearing	Annually	Finger Rub
Height	Annually	
Weight	Annually	
BMI	Annually	
Blood Pressure	Annually	

Tests/conditions that must be performed/evaluated by Medical Officers:

Pap Smear	Every 3 years	Providers can decide to increase the frequency on a case by case basis based on risk factors. USPSTF recommends against routine PAP Screening in women who have had a total hysterectomy for benign disease.
Mammogram	Every 2 years	With or Without Clinical Breast Examination
Cholesterol	Every 5 years Every 3 years	Low Risk Individuals High Risk Individuals TC and HDL-C can be measured on non-fasting or fasting samples
Diabetes	Every 3 years	<u>ONLY IF THE INDIVIDUAL HAS:</u> o Hypertension OR o Hyperlipidemia Screening Test – Fasting Plasma Glucose

MALES 45 – 49 YEARS OLD

SCREENING	FREQUENCY	COMMENTS
Vision	Annually	Snellen Chart or AFVT
Hearing	Annually	Finger Rub
Height	Annually	
Weight	Annually	
BMI	Annually	
Blood Pressure	Annually	

Tests/conditions that must be performed/evaluated by Medical Officers:

Cholesterol	Every 5 years	Low Risk Individuals
	Every 3 years	High Risk Individuals TC and HDL-C can be measured on non-fasting or fasting samples
Prostate Screening	Every 2 years	<p><u>ONLY IF THE INDIVIDUAL IS/HAS:</u></p> <ul style="list-style-type: none"> ○ African American OR ○ A family history of a first-degree relative with prostate cancer <p><u>MEDICAL OFFICERS MUST:</u></p> <ul style="list-style-type: none"> ○ Discuss the potential benefits and possible harms of screening ○ Consider patient preferences ○ Determine the frequency of screening on a case-by-case basis based on risk factors ○ Individualize the decision to screen <p>Screening Test – Prostate Specific Antigen and/or Digital Rectal Exam</p>
Diabetes	Every 3 years	<p><u>ONLY IF THE INDIVIDUAL HAS:</u></p> <ul style="list-style-type: none"> ○ Hypertension OR ○ Hyperlipidemia <p>Screening Test – Fasting Plasma Glucose</p>

FEMALES 50 – 65 YEARS OLD

SCREENING	FREQUENCY	COMMENTS
Vision	Annually	Snellen Chart or AFVT
Hearing	Annually	Finger Rub
Height	Annually	
Weight	Annually	
BMI	Annually	
Blood Pressure	Annually	

Tests/conditions that must be performed/evaluated by Medical Officers:

Pap Smear	Every 3 years	Providers can decide to increase the frequency on a case by case basis based on risk factors. USPSTF recommends against routine PAP Screening in women who have had a total hysterectomy for benign disease.
Mammogram	Every 2 years	With or Without Clinical Breast Examination
Cholesterol	Every 5 years	Low Risk Individuals
	Every 3 years	High Risk Individuals TC and HDL-C can be measured on non-fasting or fasting samples
Colorectal Cancer	Annually	Fecal Occult Blood Test (3X) (Home Based) OR Flexible sigmoidoscopy OR
	Every 5 years	Double-contrast barium enema OR
	Every 10 years	Colonoscopy
Diabetes	Every 3 years	<u>ONLY IF THE INDIVIDUAL HAS:</u> <ul style="list-style-type: none"> o Hypertension OR o Hyperlipidemia Screening Test – Fasting Plasma Glucose

MALES 50 – 65 YEARS OLD

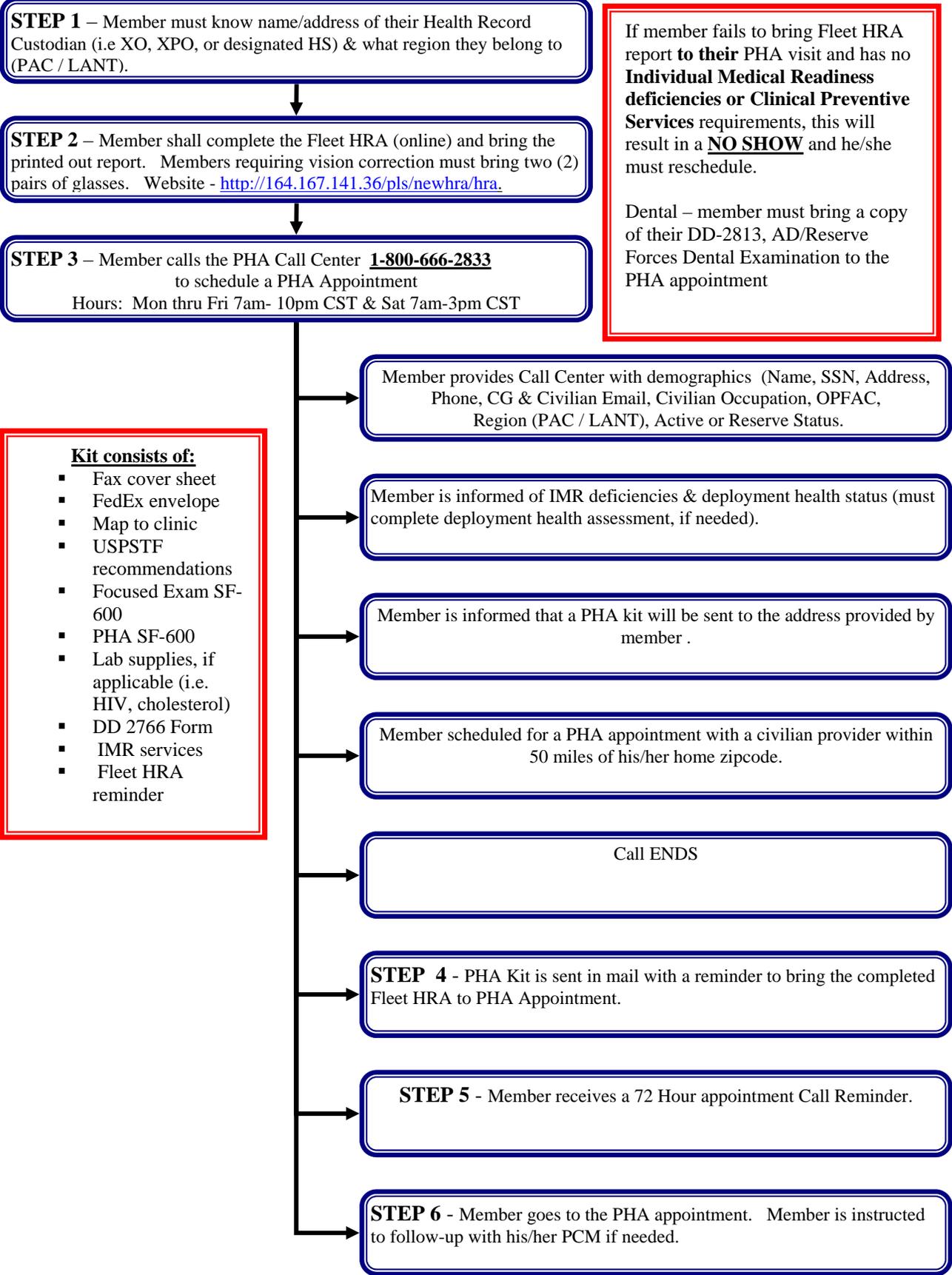
SCREENING	FREQUENCY	COMMENTS
Vision	Annually	Snellen Chart or AFVT
Hearing	Annually	Finger Rub
Height	Annually	
Weight	Annually	
BMI	Annually	
Blood Pressure	Annually	

Tests/conditions that must be performed/evaluated by Medical Officers:

Cholesterol	Every 5 years Every 3 years	Low Risk Individuals High Risk Individuals TC and HDL-C can be measured on non-fasting or fasting samples
Prostate Screening	Every 2 years	<u>MEDICAL OFFICERS MUST:</u> <ul style="list-style-type: none"> ○ Discuss the potential benefits and possible harms of screening ○ Consider patient preferences ○ Providers can decide to increase the frequency on a case by case basis based on risk factors. ○ Individualize the decision to screen Screening Test – Prostate Specific Antigen and/or Digital Rectal Exam
Colorectal Cancer	Annually	Fecal Occult Blood Test (3X) (Home Based)
	Every 5 years	OR
	Every 10 years	Flexible sigmoidoscopy OR Double-contrast barium enema OR Colonoscopy
Diabetes	Every 3 years	<u>ONLY IF THE INDIVIDUAL HAS:</u> <ul style="list-style-type: none"> ○ Hypertension OR ○ Hyperlipidemia Screening Test – Fasting Plasma Glucose

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RHRP PROCESS FLOWCHART



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