



DoD INSTRUCTION 6200.06

PERIODIC HEALTH ASSESSMENT (PHA) PROGRAM

Originating Component: Office of the Under Secretary of Defense for Personnel and Readiness

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Purpose: This issuance establishes policy, assigns responsibilities, and prescribes procedures for implementing all aspects of the PHA program for Active Duty and Reserve Components of the DoD, in accordance with DoD Directive (DoDD) 5124.02 and Sections 1074a, 10149, and 10206 of Title 10, United States Code.

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SECTION 1: GENERAL ISSUANCE INFORMATION

1.1. APPLICABILITY. This issuance applies to OSD, the Military Departments (including the Coast Guard at all times, including when it is a Service in the Department of Homeland Security by agreement with that Department), the Office of the Chairman of the Joint Chiefs of Staff and the Joint Staff, the Combatant Commands, the Office of the Inspector General of the Department of Defense, the Defense Agencies, the DoD Field Activities, and all other organizational entities within the DoD.

1.2. POLICY. It is DoD policy that the DoD will establish a PHA program forming the foundation for all military health assessments. This program includes the development and oversight of a single PHA tool and other deployment-related health assessment tools, when allowed by law, for use by all Military Services. The PHA program will be standardized across the Military Services in order to:

- a. Assess the medical readiness of Service members.
- b. Assess currency of individual medical readiness (IMR) requirements, in accordance with DoD Instruction (DoDI) 6025.19.
- c. Identify if Service members are within the time frame for completion of required deployment-related health assessments, in accordance with DoDIs 6490.03 and 6490.12.
- d. Include a person-to-person mental health assessment with a health care provider trained to perform mental health assessments, in accordance with Section 1074n of Title 10, United States Code. Licensed mental health professionals may conduct this assessment in accordance with DoDI 6490.12.
- e. Identify if Service members require separation histories and physical examinations.
- f. Provide a standardized PHA tool based on prevention and evidence-based medical recommendations provided by the U.S. Preventive Services Task Force. All the Military Services and their components will use this PHA tool.
- g. Provide guidance that includes appropriate preventive health education and screening for currency of occupational medical examinations and special duty physicals.
- h. Monitor health of the force and identify duty-limiting and deployment-limiting conditions, in accordance with DoDIs 1332.18 and 6490.07.
- i. Provide preventive health screening and determine if further health evaluation is indicated for Service members.
- j. Include a face-to-face encounter with a trained health care provider if clinically indicated in any part of the process, or requested by the Service member.

k. Comply with DoD 6025.18-R.

1. Use standardized medical coding, in accordance with the current International Statistical Classification of Diseases and Related Health Problems (also commonly referred to as International Classification of Diseases).

1.3. SUMMARY OF CHANGE 1. The changes to this issuance are administrative and update language to comply with Executive Order 14168.

SECTION 2: RESPONSIBILITIES

2.1. UNDER SECRETARY OF DEFENSE FOR PERSONNEL AND READINESS

(USD(P&R)). The USD(P&R) has overall responsibility for the PHA program and will revise this policy after considering recommendations of the Assistant Secretary of Defense for Health Affairs (ASD(HA)).

2.2. ASD(HA). Under the authority, direction, and control of the USD(P&R), and under DoDD 5136.01, the ASD(HA):

- a. Directs development and implementation of a comprehensive PHA program, to include the PHA tool and other deployment-related health assessment tools.
- b. Supports the development of a comprehensive, web-based, annual PHA tool, DD Form 3024, “Annual Periodic Health Assessment,” compatible with major browser systems that provides information security and information privacy, in accordance with DoDI 8320.02, DoDD 5400.11, DoD 5400.11-R, and DoD 6025.18-R.
- c. Requires appropriate information sharing between DoD Components (except where limited by law, policy, or security classification), and that data produced as a result of the responsibilities assigned in this issuance are visible, accessible, and understandable across the Department, as appropriate, in accordance with DoDI 8320.02, DoDI 6490.08, DoDD 5400.11, DoD 5400.11-R, and DoD 6025.18-R.

2.3. DEPUTY ASSISTANT SECRETARY OF DEFENSE FOR HEALTH READINESS POLICY AND OVERSIGHT (DASD(HRP&O)). Under the authority, direction, and control of the ASD(HA), the DASD(HRP&O):

- a. Oversees implementation of this issuance.
- b. Establishes performance measures, provides guidance for development of metrics, and monitors metrics implementation and analysis.

2.4. DIRECTOR, DEFENSE HEALTH AGENCY (DHA). Under the authority, direction, and control of the USD(P&R), through the ASD(HA), and under DoDD 5136.13, the Director, DHA:

- a. Develops and establishes a DHA procedural instruction to specify how this issuance will be implemented and monitored.
- b. Develops and maintains a validated, comprehensive, web-based, annual PHA program that provides information security and information privacy in accordance with DoDI 8320.02, DoDD 5400.11, DoD 5400.11-R, and DoD 6025.18-R, and is compatible with major browser systems.

- c. Recommends changes or revisions to PHA program policy, as needed.
- d. Establishes quality assurance and quality control metrics for uniform implementation across all DoD Components and monitoring of the PHA program.
- e. Provides leadership and oversight in identifying functional requirements of a uniform information management and information technology health assessment system.
- f. Establishes procedures for both Active and Reserve Components to follow to achieve the same PHA program outcomes.
- g. Establishes and manages a workgroup to monitor and update the PHA program, as needed.
- h. Develops and implements a comprehensive PHA training program for health care providers and health care personnel.
- i. Conducts surveillance and analysis of PHA-related data.

2.5. ASSISTANT SECRETARY OF DEFENSE FOR MANPOWER AND RESERVE AFFAIRS (ASD(M&RA)). Under the authority, direction, and control of the USD(P&R), the ASD(M&RA) monitors PHA program policies for the Selected Reserve to assure they are consistent with policies established for the Active Component, in accordance with Title 10, United States Code, DoDD 5125.01, and the March 20, 2015, Deputy Secretary of Defense Memorandum.

2.6. SECRETARIES OF THE MILITARY DEPARTMENTS AND THE COMMANDANT, UNITED STATES COAST GUARD. The Secretaries of the Military Departments and the Commandant, United States Coast Guard:

- a. Develop Service-specific implementation guidance consistent with the DHA procedural instructions for their respective departments and assure compliance with this issuance.
- b. Provide unit commanders with access to Service members' PHA self-assessment completion rates as an integral part of the IMR program.
- c. Provide personnel, training, and support to implement requirements of this issuance.
- d. Ensure Active Component and Selected Reserve Service members complete an annual PHA self-assessment. Ensure Service members not required to complete an annual PHA self-assessment (e.g., certain members of the Ready Reserve) are screened in accordance with section 10206 of Title 10, United States Code.

SECTION 3: PROCEDURAL REQUIREMENTS

3.1. PHA PROGRAM OBJECTIVES. The PHA program objectives define the baseline from which the Director, DHA, will develop and establish the DHA procedural instruction. The objectives include:

- a. Assessing IMR status.
- b. Identifying and documenting potential duty-limiting or deployment-limiting conditions.
- c. Providing age- and sex-specific, evidence-based preventive health information and recommendations to Service members.
- d. Assessing currency of required occupational and environmental health evaluations, exams, and special duty physicals as prescribed by DoD 6055.05-M.
- e. Completing annual person-to-person mental health assessments and deployment-related health assessments, as appropriate.

3.2. GENERAL GUIDELINES.

- a. Service members are required to complete a PHA every 12 months.
- b. The PHA is recorded as overdue if it is not completed within 90 days after the due date.
- c. Health care personnel trained to perform the record review process will review Service members' responses and PHA record review section questions.
- d. A trained health care provider's signature completes the PHA.
- e. Special duty physicals may include duty-specific requirements not identified in the PHA.

3.3. PHA PROGRAM.

- a. Service members will complete a comprehensive, web-based, annual PHA within the timeline prescribed by Title 10, United States Code. At any time during the PHA process, a face-to-face visit with a health care provider or other appropriate individual may be indicated and scheduled.
- b. Trained health care personnel will review the Service member's self-assessment, available health records, and other information from medical encounters since at least the Service member's last PHA.
- c. A person-to-person mental health assessment between the Service member and a health care provider trained to perform mental health assessments is required. Trained health care

personnel may determine if the Service member requires further evaluation or health education and contact the Service member.

d. In accordance with the DHA PHA procedural instruction, health care providers who have received PHA program-specific training will:

(1) Conduct the person-to-person mental health assessment if not previously completed within the current calendar year.

(2) Assess and document significant findings.

(3) Document dispositions of the PHA in the appropriate medical system of record.

e. The PHA is considered current for reporting purposes when health care providers have completed all of the following:

(1) Reviewed records and self-assessments.

(2) Conducted a person-to-person mental health assessment.

(3) Identified, reviewed, and initiated appropriate actions of all items requiring evaluation or health education.

(4) Provided recommended clinical preventive education and information to the Service member and documented recommended referrals and other recommendations.

(5) Recorded the PHA completion date in the Service-specific medical readiness system of record. Completion of the PHA does not constitute fulfillment of all IMR requirements.

(6) Sent to and archived in the approved medical record data collected from the PHA, in accordance with DoDI 6040.45.

GLOSSARY

G.1. ACRONYMS.

ASD(HA)	Assistant Secretary of Defense for Health Affairs
ASD(M&RA)	Assistant Secretary of Defense for Manpower and Reserve Affairs
DASD(HRP&O)	Deputy Assistant Secretary of Defense for Health Readiness Policy and Oversight
DHA	Defense Health Agency
DoDD	DoD directive
DoDI	DoD instruction
IMR	individual medical readiness
MHS	Military Health System
PHA	periodic health assessment
USD(P&R)	Under Secretary of Defense for Personnel and Readiness

G.2. DEFINITIONS. These terms and their definitions are for the purposes of this issuance.

clinical preventive services. Services recommended by the U.S. Preventive Services Task Force intended to prevent or reduce the risk for heart disease, cancer, infectious diseases, and other conditions and events that impact health.

DHA procedural instruction. Under the authority of DoDD 5136.13, implements policy, common business practices and clinical process within shared services, functions, and activities of the Military Health System (MHS) in the administration of all DoD medical and dental programs. Provides overarching procedures to execute policy within the MHS. Issues program direction for the execution of policy within the MHS.

face-to-face. An encounter when the individuals are physically in the presence of each other.

health care providers. Licensed or certified health care personnel (specifically, a physician, physician assistant, nurse practitioner, advanced practice nurse, independent duty corpsman, special forces medical sergeant, independent duty medical technician, or independent duty health services technician) who have received PHA program-specific training. This definition does not imply authority to prescribe use of prescription drugs.

person-to-person. Face-to-face, telephone, or video teleconference dialogue with an individual that is conducted in a private setting to foster trust and openness in discussing sensitive health concerns.

preventive health screening. Refers to certain questions in the PHA self-assessment as identified by the U.S. Preventive Services Task Force.

PHA. The annual comprehensive medical readiness health assessment that includes routine annual preventive health care screening, in accordance with regulations prescribed by the Secretary of Defense, that reflect morbidity and mortality risks associated with the military service, age, and sex of a Service member. The PHA is the basis for individual Service members to document their medical readiness to perform military duties.

PHA program. A program that provides over-arching management of the PHA, to include: DHA procedural instruction; update and maintenance of the PHA tool in accordance with the U.S. Preventive Services Task Force recommendations; development of information management and information technology specifications and requirements; targeted health education for the Service member; record reviewer and health care provider education; and quality assurance measures.

PHA self-assessment. Annual requirement for Service members to communicate their medical and health readiness status, as required by DoD IMR standards.

PHA tool. Comprehensive, web-based application with standardized questions and medical assessment procedures for conducting required annual PHAs of Service members (DD Form 3024).

special duty physicals. Examinations which, because of the individual's military occupation (e.g., divers, aviators), are required.

trained health care personnel. Health care personnel who have received PHA program-specific training.

U.S. Preventive Services Task Force. An independent, volunteer panel of national public health experts in prevention and evidenced-based medicine. The Task Force makes recommendations such as screenings, counseling services, and preventive medications as a means to improve the health of all Americans.

REFERENCES

- Deputy Secretary of Defense Memorandum, “Re-designation of the Positions of Assistant Secretary of Defense for Reserve Affairs and Assistant Secretary of Defense for Readiness and Force Management,” March 20, 2015
- DoD 5400.11-R, “Department of Defense Privacy Program,” May 14, 2007
- DoD 6025.18-R, “DoD Health Information Privacy Regulation,” January 24, 2003
- DoD 6055.05-M, “Occupational Medical Examinations and Surveillance Manual,” May 2, 2007, as amended
- DoD Directive 5124.02, “Under Secretary of Defense for Personnel and Readiness (USD(P&R)),” June 23, 2008
- DoD Directive 5125.01, “Assistant Secretary of Defense for Reserve Affairs (ASD(RA)),” December 27, 2006, as amended
- DoD Directive 5136.01, “Assistant Secretary of Defense for Health Affairs (ASD(HA)),” September 30, 2013
- DoD Directive 5136.13, “Defense Health Agency (DHA),” September 30, 2013
- DoD Directive 5400.11, “DoD Privacy Program,” October 29, 2014
- DoD Instruction 1332.18, “Disability Evaluation System (DES),” August 5, 2014
- DoD Instruction 6025.19, “Individual Medical Readiness (IMR),” June 9, 2014
- DoD Instruction 6040.45, “DoD Health Record Life Cycle Management” November 16, 2015
- DoD Instruction 6490.03, “Deployment Health,” August 11, 2006
- DoD Instruction 6490.07, “Deployment-Limiting Medical Conditions for Service Members and DoD Civilian Employees,” February 5, 2010
- DoD Instruction 6490.08, “Command Notification Requirements to Dispel Stigma in Providing Mental Health Care to Service Members,” August 17, 2011
- DoD Instruction 6490.12, “Mental Health Assessments for Service Members Deployed in Connection with a Contingency Operation,” February 26, 2013, as amended
- DoD Instruction 8320.02, “Sharing Data, Information, and Information Technology (IT) Services in the Department of Defense,” August 5, 2013
- Executive Order 14168, “Defending Women from Gender Ideology Extremism and Restoring Biological Truth to the Federal Government,” January 20, 2025
- International Statistical Classification of Diseases and Related Health Problems 10th revision, 2016
- Public Law 104-191, “Health Insurance Portability and Accountability Act (HIPAA),” August 21, 1996
- United States Code, Title 10