



## DoD INSTRUCTION 6490.03

### DEPLOYMENT HEALTH

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

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Assistant Secretary of Defense for Health Affairs Memorandum, 07-029, "Policy on Analysis of Metal Fragments Removed from Department of Defense Personnel," December 18, 2007

Under Secretary of Defense for Personnel and Readiness Memorandum, 04-004, "Department of Defense Deployment Biomonitoring Policy and Approved Bioassays for Depleted Uranium and Lead," February 6, 2004

**Approved by:** James N. Stewart, Assistant Secretary of Defense for Manpower and Reserve Affairs, Performing the Duties of the Under Secretary of Defense for Personnel and Readiness

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**Purpose:** In accordance with the authority in DoD Directives (DoDDs) 5124.02, 5136.13, and 6200.04; and Sections 1074a, 10149, and 10206 of Title 10, United States Code (U.S.C.), this issuance:

- Establishes policy and assigns responsibilities for deployment health activities.
- Implements policies for joint and Service-specific deployments to monitor, assess, and prevent disease and injury; control or reduce occupational and environmental health risks; document and link occupational and environmental exposures with deployed personnel; record the daily locations of deployed personnel; and conduct individual deployment-related health assessments. Implementation procedures and deployment health activities are described in detail in the Defense Health Agency (DHA) deployment health procedural instruction.
- Takes precedence over all DoD Component publications that contain conflicting guidance regarding deployment health.

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## SECTION 1: GENERAL ISSUANCE INFORMATION

### 1.1. APPLICABILITY. This issuance applies to:

a. 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 (CJCS) 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 (referred to collectively in this issuance as the “DoD Components”).

b. Service members who are deploying, deployed, and returned-from-deployment (redeployed), as well as DoD civilian employees, DoD contractor personnel deploying with U.S. forces consistent with DoD and Service-specific guidance, including DoDDs 6200.04 and 6400.04E, DoD Instructions (DoDIs) 1400.32, 3020.41, and 6200.05, and Directive-type Memorandum 17-004. DoD contractor personnel are included to the extent provided in the applicable contracts, Subparts 207.503 and 252.225-7040 of the Defense Federal Acquisition Regulation Supplement, pursuant to DoDI 3020.41 or Service policy.

c. Shipboard operations when identified health risks indicate actions are necessary beyond the scope of shipboard occupational health programs, per the decision of the commander exercising operational control. Otherwise, shipboard operations that are not anticipated to involve operations ashore will report individual daily deployment locations, but are exempt from other requirements of this issuance.

d. Deployments to enduring locations within operational areas, when identified health risks indicate actions are necessary beyond the scope of occupational and environmental health programs pursuant to DoDI 4715.05 and DoDI 6055.05.

### 1.2. POLICY. It is DoD policy that:

a. DoD Components will conduct deployment health activities before, during, and after joint and Service-specific deployments to assess and manage health risks. The DoD implements deployment health activities in order to deliver a medically ready force and protect the health of that force through individual medical readiness (IMR) occupational and environmental health practices, health assessments, and health surveillance in accordance with DoDIs 6025.19, 6055.05, 6200.06, 6490.07 and DoDD 6490.02E. Deployment health activities will anticipate, recognize, monitor, evaluate, record, report, communicate, control, and mitigate health threats, to include their immediate and long-term effects.

b. Deployments that last longer than 30 days outside the United States require the full range of deployment health activities described in Section 3 of this issuance and the DHA deployment health procedural instruction. Deployments of shorter duration outside of the United States, and operations within the United States require the minimum deployment health activities described in applicable procedures published by the DHA, plus any additional deployment health activities

per the decision of the commander exercising operational control, as indicated by identified health risks.

c. DoD deployment health activities will be monitored, recorded, and used to promote IMR and protect the health of all deploying U.S. military and DoD civilian personnel.

d. Deployment health activities and the associated data and information will be coordinated and shared throughout the DoD (except where limited by law, policy, or security classification), in accordance with DoDI 8320.02.

e. For deploying contract personnel, all pre-, during-, and post-deployment medical assessments, examinations, treatments, and preventive measures are the responsibility of the contractor unless otherwise stated in the contract, except that the government will provide theater-specific immunizations and medications not available to the general public in accordance with Title 48, Code of Federal Regulations (CFR), and Subparts 207.503, 252.225-7040 of the Defense Federal Acquisition Regulation Supplement.

f. The DoD will include military working animals in deployment health activities, consistent with DoDD 6400.04E.

**1.3. INFORMATION COLLECTIONS.** The health surveillance data collected for the purposes of monitoring the individual and collective health of Service members and deployable DoD civilian employees before, during, and following deployment are not considered public information collections, and do not require licensing, in accordance with Paragraphs 8.b.(3), 8.b.(5), 8.b.(11) and 8.b.(12) of Volume 2 of DoD Manual 8910.01.

## SECTION 2: RESPONSIBILITIES

### **2.1. UNDER SECRETARY OF DEFENSE FOR PERSONNEL AND READINESS (USD(P&R)).** The USD(P&R), pursuant to Section 136 of Title 10, U.S.C.:

- a. Establishes deployment health and personnel policy and oversees the effectiveness of its implementation.
- b. Provides resources to the Defense Manpower Data Center necessary to receive, maintain, and provide individual deployment location records, and to interface with health surveillance systems, line accountability, and readiness-related reporting systems such as Defense Occupational and Environmental Health Readiness System – Industrial Hygiene (DOEHRS-IH).

### **2.2. ASSISTANT SECRETARY OF DEFENSE FOR MANPOWER AND RESERVE AFFAIRS.** Under the authority, direction, and control of the USD(P&R), the Assistant Secretary of Defense for Manpower and Reserve Affairs ensures deployment health policies for the Reserve Components are consistent with the policies established for the Active Components.

### **2.3. ASSISTANT SECRETARY OF DEFENSE FOR HEALTH AFFAIRS (ASD(HA)).** Under the authority, direction, and control of the USD(P&R), the ASD(HA):

- a. Directs the provisions of deployment health-related policy.
- b. Establishes medical requirements for individual and population health risks and exposures of deployers and military working animals to industrial, occupational, operational, and environmental hazards (including CBRN agents) at deployment locations.
- c. Coordinates policies with the Department of Veterans Affairs (VA) to share deployment health information between the VA and the DoD.
- d. Coordinates with the Office of the Under Secretary of Defense for Acquisition and Sustainment (USD(A&S)) for acquisition and fielding of new and existing technologies and programs to support deployment health activities.
- e. Requires that deployment health information is shared (except where limited by law, policy, or security classification) throughout the DoD and other federal agencies, using applicable systems of record including, but not limited to, the systems listed in Paragraph 3.4.
- f. Ensures that policies on the collection, use, and disclosure of protected health information about deploying U.S. military and DoD civilian personnel by DoD Components comply with all applicable laws, regulations, or policies. Enables the appropriate release and use of protected health information, health surveillance information, and individual location data necessary for deployment health activities for personnel assigned, attached, on temporary duty, or temporary additional duty to deployed units.

**2.4. DEPUTY ASSISTANT SECRETARY OF DEFENSE FOR HEALTH READINESS POLICY AND OVERSIGHT.** Under the authority, direction, and control of the ASD(HA), the Deputy Assistant Secretary of Defense for Health Readiness Policy and Oversight:

- a. Develops policies for deployment health activities.
- b. Develops policies for responses to individual and population health risks and exposures of deployers and military working animals to industrial, occupational, operational, and environmental hazards (including CBRN agents) at deployment locations.
- c. Monitors deployment health activities to assess and protect the health of the force in accordance with DoDD 6200.04.
- d. In concert with other DoD Components, supports existing and new technologies and programs that enhance deployment occupational and environmental (OEH) surveillance and assessment of the health effect of physical, chemical, radiological, and biological hazards on individual's health.
- e. Defines and establishes deployment health performance measures, metrics and goals, including force health protection (FHP) quality assurance measures in accordance with DoDI 6200.05.
- f. Oversee research and development activities that support the deployment health needs of DoD.

**2.5. DEPUTY ASSISTANT SECRETARY OF DEFENSE FOR HEALTH SERVICES POLICY AND OVERSIGHT.** Under the authority, direction, and control of the ASD(HA), the Deputy Assistant Secretary of Defense for Health Services Policy and Oversight:

- a. Develops policies for deployment mental health programs.
- b. Reviews, evaluates, and undertakes management oversight activities for DoD deployment mental health programs to ensure they comply with, and are executed according to, established DoD policy and standards.
- c. In concert with other DoD Components, supports existing and new programs to enhance deployment mental health surveillance.
- d. Defines and establishes deployment mental health policy goals, objectives, and metrics for policy assessment.

**2.6. DIRECTOR, DHA.** Under the authority, direction, and control of the USD(P&R), through the ASD(HA), and in addition to the responsibilities in Paragraph 2.9., the Director, DHA:

- a. Recommends and advises ASD(HA) on deployment health policy and requirements.

b. Develops and publishes standardized deployment health procedural guidance, in collaboration with the other DoD Components, for implementing this issuance and related health policies. The procedural guidance will include, but is not limited to:

(1) Deployment health activities to manage deployment-related health risks.

(2) Collecting deployment health performance measures, metrics, and goals.

(3) Optimizing the collection, preservation, use, and availability of health surveillance data and information.

(4) Ensuring deployment health information containing personally identifiable information and individually identifiable health information will be collected, used, distributed (including to the VA, as appropriate), and archived in accordance with:

(a) DoD 5400.11-R.

(b) DoD 6025.18-R.

(c) In the case of civilian personnel:

1. Sections 791 through 794d of Title 29, U.S.C. (also known as “The Rehabilitation Act of 1973”), as amended.

2. Title II of Public Law 110-233, (also known as “Genetic Information Nondiscrimination Act of 2008”).

3. Parts 293, 297 and 339 of Title 5, CFR.

4. Part 1635 of Title 29, CFR.

(5) Sharing deployment health information with the VA and other federal agencies, as appropriate, to enhance health management and benefits determinations.

c. Operates and maintains the Defense Medical Surveillance System (DMSS) and provides individual and aggregated electronic DMSS data to the DoD Components.

d. Operates and maintains the DoD Serum Repository.

e. Oversees, manages, and maintains the DoD Food and Water Risk Assessment (FWRA) Program and Veterinary Service Information Management System (VSIMS) in accordance with DoDD 6400.04E.

f. Oversees, manages, and maintains the Veterinary Service Systems Management (VSSM), the electronic DoD veterinary health record for documenting the health care provided to military working animals in accordance with DoDD 6400.04E.

g. Develops implementing guidelines for existing and emerging technologies and programs that fully support the range of deployment health activities, such as an individual longitudinal

exposure record and joint health risk management initiative, and that share data and information with appropriate systems of record such as the electronic medical record, DOEHRS-IH, Military Exposure Surveillance Library – Secret Internet Protocol Routing (MESL(SIPR)), DMSS, VSIMS, VSSM, and personnel record systems.

h. Supports the development and fielding of biomonitoring and biosurveillance capabilities and procedures for conducting short-term and long-term health surveillance.

i. Establishes and manages a Deployment-Related Health Assessment Working Group as described in the DHA deployment health procedural instruction.

j. Develops procedures to authorize appropriate medical, dental, and behavioral treatment, and disability evaluations for Reserve Component military members in accordance with DoDI 1241.01.

k. Establishes quality assurance and quality control parameters for the uniform implementation, monitoring, and review of the FHP quality assurance program, in accordance with DoDI 6200.05.

l. Solicits requirements from and provides guidance to DoD Components on FHP medical requirements and procedures.

m. Coordinates with the Director, Defense Human Resources Activity, who establishes standardized procedures and systems to track the duty locations of Service members, DoD civilians, and DoD contractor personnel during deployment periods, in accordance with this issuance, DoDD 6490.02E and DoDIs 3020.41, 6055.05, and 1400.32.

**2.7. DIRECTOR, DEFENSE INTELLIGENCE AGENCY.** Under the authority, direction, and control of the Under Secretary of Defense for Intelligence, and in addition to the responsibilities in Paragraph 2.9., the Director, Defense Intelligence Agency:

a. Ensures intelligence products address health threats from CBRN weapons and agents. Products should address the needs of the Combatant Commanders (CCDRs), deploying unit commanders, and policymakers.

b. Ensures the National Center for Medical Intelligence routinely provides finished intelligence analysis products to DoD Components on foreign medical capabilities, infectious disease threats, environmental health risks, toxic industrial chemical threats, and developments in biotechnology and biomedical subjects of military importance, pursuant to DoDI 6420.01.

c. Makes medical intelligence products available to the DoD Components that identify environmental threats and hazards posed by disease, epidemics, hazardous animals and plants, toxic zones, and industrial or radioactive waste.

d. Coordinates with the DHA to ensure that medical intelligence, health surveillance, and biosurveillance products are compatible and not duplicative.



**2.8. USD(A&S).** The USD(A&S):

a. Ensures effective logistics and acquisition support for deployment health activities at tactical, operational, and strategic levels.

b. In coordination with the ASD(HA) and the Director, DHA, provides policy and oversight for environment, safety, and OEH programs pursuant to DoDD 4715.1E, DoDI 6055.01, and DoDI 6055.05.

**2.9. DOD COMPONENT HEADS.** The DoD Component heads that deploy units or individuals will:

a. Provide guidance and direction within their components to implement and monitor compliance with this issuance and applicable procedures published by the DHA.

b. Plan, program, and budget to implement this issuance and meet deployment health requirements.

c. Provide or arrange for provision of deployment health activities, outlined in Section 3, in coordination with supported Combatant Commands and supporting military medical treatment facilities.

d. Identify deployable personnel and ensure they are medically ready, briefed on health threats, trained, and equipped with necessary countermeasures (e.g., personal protective equipment, immunizations, force health prescription products) prior to deployments of any duration or operations within the United States, pursuant to DoDD 6200.04, DoDIs 6025.19 and 3020.41, Directive-type Memorandum 17-004, and this issuance.

e. Ensure contracts for all contracted personnel deploying in support of DoD operations include specific and clear information regarding a contractor's obligations, in accordance with DoDI 3020.41 and Combatant Command requirements, to provide fully medically screened and ready personnel, and to make provisions for medical care, including tactical and strategic patient movement.

f. Ensure contracts for food and foodservice (appropriated or non-appropriated funds) include food protection requirements for provisioning DoD-approved sources of food and FWRA of potential foodservice facilities or caterers, regardless of duration or frequency of use, in accordance with DoDD 6400.04E.

g. Implement a system to record geographic location of deployed individuals.

h. Designate a primary action office with responsibility for serving as the component point of contact for coordination with the DHA in developing and publishing deployment health procedural instructions.

**2.10. SECRETARIES OF THE MILITARY DEPARTMENTS.** In addition to responsibilities in Paragraph 2.9., the Secretaries of the Military Departments:

a. Support the geographic CCDR in providing deployment health measures within the area of responsibility (AOR) and institute deployment health activities in accordance with this issuance.

b. Ensure Service members meet IMR requirements pursuant to DoDI 6025.19.

c. Establish procedures to conduct comprehensive retrospective analyses of relevant OEH exposure and monitoring information, in coordination with other DoD Components.

d. Establish clear policies for performing quality assurance reviews of the health surveillance data collected during deployment, including verifying the completeness and the reasonableness of these data, and to ensure the data's consistency.

e. Provide deployment health support throughout the deployment, when their respective Service is designated the lead Service in accordance with DoDD 3000.10 or other policy, for military and DoD civilian tenants of the deployed location and consistent with the applicable contracts, contractors authorized to accompany the force, including, but not limited to:

(1) Food protection including DoD-approved sources of food and water.

(2) Medical surveillance and OEH surveillance (such as occupational and environmental health site assessment (OEHSA), and (when applicable) periodic occupational and environmental monitoring summary (POEMS)).

f. Ensure coordination between tenant and lead Military Service to provide designated or Service-specific deployment health support, in accordance with DoDD 3000.10 and DoDI 4000.19.

g. Ensure health assessments are electronically recorded, and health assessment data transferred to the DMSS.

h. Ensure procedures are in place for the documentation of individual medical encounters provided at all levels of care (before, during, and after all deployments), using the DoD electronic health record to the maximum extent possible in accordance with DoDI 6040.45, including but not limited to:

(1) Any paper medical, dental, or mental health records (e.g., evaluation, health assessment, therapeutic, routine and preventive health care encounters), are integrated with the DoD health record and DoD electronic medical record at the permanent duty station and Reserve Component units, in accordance with DoDI 6040.45.

(2) Medical evaluation of cases of OEH exposure or exposure concern, with available and relevant OEH data or information to inform treatment and follow-up.

(3) Pulmonary function testing on deploying Service members and DoD civilians who have known pre-existing pulmonary conditions and disease, but are medically ready to deploy and cleared by established policies and guidelines in DoDI 6200.06, DoDI 6025.19, and DoDI 6490.07, using spirometry in accordance with DoD Manual 6055.05.

(4) Animal bite cases and other potential exposures to rabies, using DD Form 2341 to document assessment, tracking, and treatment including (when indicated) rabies immunizations, in consultation with Military Rabies Advisory Boards.

i. Ensure clinical care provided by health care providers to military working animals is documented and made available for recording in the DoD veterinary health record, in accordance with Paragraph 2.11.f.

j. Implement deployment biomonitoring procedures, including collection, analysis, and recording samples during or post-deployment.

(1) Use bioassays that are approved by the Food and Drug Administration or validated for military-unique exposures (e.g., depleted uranium and embedded fragments), and ensure laboratory data archival systems link medical test data to the DoD electronic medical record.

(2) Forward data and information to designated DoD archives and registries.

(3) Ensure results of depleted uranium biomonitoring on Service personnel are transmitted to the applicable Military Service Dosimetry Center.

**2.11. SECRETARY OF THE ARMY.** In addition to the responsibilities in Paragraphs 2.9. and 2.10., the Secretary of the Army will ensure:

a. The operation and maintenance of the MESL(SIPR) to support all military deployments, including establishing standards of completeness, reasonableness, and consistency for information submitted to the MESL(SIPR).

b. The establishment of procedures for quality assurance reviews of deployment OEH surveillance data in DOEHRS-IH, to include verifying the completeness and the reasonableness of these data, and to ensure consistency.

c. All POEMS, completed by the DoD Components, are recorded in DOEHRS-IH, with any portion-marked classified content recorded in the MESL(SIPR).

d. The operation and maintenance of designated registries using the DoD system of record, DOEHRS-IH. Currently, these consist of the following registries:

(1) Depleted Uranium Biomonitoring.

(2) Iraqi Chemical Warfare Agent Exposure Assessment.

(3) Gulf War Oil Well Fire Smoke Registry.

(4) Khamisiyah Investigation.

(5) Operation Tomodachi.

e. The operation and maintenance of the public access website for posting cleared POEMS.

f. Procedures are in place for recording veterinary medical encounters and health assessments for military working animals in the DoD VSSM, consistent with DoDD 6400.04E.

**2.12. CJCS.** In addition to the responsibilities in Paragraph 2.9., the CJCS will incorporate this issuance into joint doctrine, training, and plans, and monitors its implementation.

**2.13. CCDRS.** In addition to responsibilities in Paragraph 2.9. and through coordination with the CJCS, the CCDRs will:

a. Specify all deployment health resource requirements in contingency and crisis action plans, deployment orders, and instructions for all deployments.

b. Specify supporting resources for managing health risks and request the appropriate deployment health capabilities to conduct and record deployment health activities in theater. Request capabilities to plan and conduct applicable deployment health activities including, but not limited to food protection and use of DoD approved sources of food and water, medical surveillance and OEH surveillance, such as OEHSAs and (when required in accordance with Paragraph 2.13.d.) POEMS, and health risk communications.

c. Communicate theater and location-specific deployment health requirements and health threats to supporting DoD Components and commanders prior to deployment, in deployment orders or other combatant command instructions.

d. Establish written deployment health requirements and procedures based on this issuance, component policy, and identified health risks for the theater and for specific deployment locations. Specify which AOR locations, including those on the enduring location master list, require deployment health activities in addition to those described at Section 3, based on identified health risks. Specify which locations require POEMS based on the OEHSA or preliminary hazard assessment and determination of potential exposure risks.

e. Ensure deployment health activities are conducted during deployment by the lead Service or support agreements for each deployment location, in accordance with DoDD 3000.10 and this issuance.

f. Plan and monitor deployment health risk assessment and mitigation activities, to include health surveillance, food protection and feral animal risk mitigation, at deployment locations in the AOR.

g. Ensure commanders' decisions on whether to implement risk mitigation recommendations identified in OEHSAs are adequately documented and consistently monitored by the appropriate command.

h. Elevate any shortfalls in deployment health support to the Joint Staff.

i. Ensure health risk communication plans are developed and implemented during deployment. Include health threats identified in the OEHSA and subsequent findings, medical countermeasures, and exposure incidents faced by deployed personnel.

## SECTION 3: DEPLOYMENT HEALTH ACTIVITIES

### 3.1. GENERAL REQUIREMENTS.

a. DoD Components will conduct deployment health activities before, during, and after deployment as described in this issuance and deployment health procedural instructions published by the DHA.

b. Combatant Commands, Service Component Commands, lead Military Services for specified deployment locations, medical treatment facilities, and other pertinent organizations will collaborate on the planning and execution of the deployment health activities to achieve maximum force health protection and enablement of combat effectiveness.

**3.2. CONDUCTING DEPLOYMENT HEALTH ACTIVITIES.** DoD Components will conduct deployment health activities as described in this section. Deployment health activities are required based on duration or location of the deployment or at the discretion of the CCDR, Service component commander, or commander exercising operational control based on health risk assessments:

a. For deployments greater than 30 days outside the United States, conduct the full range of deployment health activities described in Paragraph 3.3., and applicable procedures published by the DHA.

b. For deployments of 30 days or fewer outside of the United States, and operations within the United States (e.g., emergency response), conduct the minimum deployment health activities described in applicable procedures published by the DHA, and any additional, risk-based, deployment health activities directed by the CCDR, Service component commander, or commander exercising operational control.

c. For shipboard operations, when potential health threats indicate including deployment health activities beyond daily location reporting and the scope of shipboard occupational health programs, conduct risk-based deployment health activities directed by the commander exercising operational control.

**3.3. DEPLOYMENT HEALTH ACTIVITIES.** The full range of deployment health activities consist of, but are not limited to:

a. Implementing effective FHP strategies in accordance with DoDD 6200.04, including but not limited to provision for medical countermeasures (e.g., immunizations, prophylaxis, FHP prescription products), and personal protective equipment.

b. Identifying deployable personnel and ensuring they are medically ready to deploy in accordance with DoDD 6200.04, DoDIs 3020.41 and 6025.19, Directive-type Memorandum 17-004, and this issuance.

c. Identifying and addressing deployment-limiting medical conditions in accordance with DoDI 6490.07 and the October 7, 2013 Assistant Secretary of Defense for Health Affairs Memorandum.

d. Ensuring access to comprehensive counseling on the full range of methods of contraception pre-deployment and during deployment healthcare visits in accordance with DHA Interim Procedures Memorandum 16-003 and Section 718 of Public Law 114-92.

e. Combat and operational stress control in accordance with DoDI 6490.05.

f. Conducting safety and occupational and environmental health risk assessment, mitigation, communication, and documentation in accordance with DoDIs 6055.01 and 6055.05.

g. Completing deployment health requirements and activities, including safety and OEH requirements, in concert with the lead Military Service and providing Component-specific capabilities in accordance with this issuance, and DoDIs 6055.01, 6055.05, and 4000.19.

h. Conducting comprehensive health surveillance in accordance with DoDD 6490.02E, which includes:

(1) Conducting medical surveillance.

(2) Conducting occupational and environmental health surveillance.

(3) Ensuring or arranging for the collection, analysis, and recording of disease and injury occurrences and rates, biomonitoring, reports of animal bites or other potential exposure to rabies (DD Form 2341), and reportable medical events, in accordance with the June 30, 2017 Defense Health Agency Memorandum.

(4) Ensuring reportable medical events and other data that populate the DMSS are submitted using the Disease Reporting System internet as the system of record in addition to any designated theater enterprise system.

i. Ensuring food protection in accordance with DoDD 6400.04E.

j. Documenting OEH surveillance data and information, exposure-related data and information, CBRN monitoring information, and incident reports in DOEHRS-IH.

k. Conducting quality assurance reviews of deployment health-related data in accordance with DoDI 6200.05

l. Enabling medical evaluations and health assessments, with appropriate medical follow-up of illnesses, injuries, mental health and dental care encounters, and OEH and CBRN agent exposures, documented in the DoD health record in accordance with DoDI 6040.45, and the recording of health assessments in the DMSS.

m. Facilitating follow-up of deployment-related exposures, injuries, or illness. For DoD civilian employees, this includes ensuring follow-up is consistent with workers compensation

laws, medical care in a military treatment facility as authorized by Part 108 of Title 32, CFR, and other deployment provisions as prescribed by Directive-type Memorandum 17-004.

n. Conducting deployment-related health assessments. Health assessments for Service members and DoD civilians are conducted when required according to Paragraph 1.2.b., at specific intervals throughout the deployment cycle. Assessments may be combined or conducted concurrently to streamline administration when established requirements are met, pursuant to DoDIs 6200.06 and 6490.13 and this issuance, as described in the companion DHA procedural instruction for deployment health.

(1) For Service members, health assessments related to deployment include the Pre-Deployment Health Assessment (DD Form 2795), Post-Deployment Health Assessment (DD Form 2796), Post-Deployment Health Re-Assessment (DD Form 2900), and Deployment Mental Health Assessment (DD Form 2978). DD Forms 2796, 2900, and 2978 apply if a Pre-Deployment Health Assessment was required during the pre-deployment phase and the Service member completed the deployment or per the instructions of the commander exercising operational control, based on health risk during deployment. Service members may complete health assessments related to deployment as part of the Annual Periodic Health Assessment (DD Form 3024) when established requirements are met.

(2) For DoD civilians, health assessments related to deployment include the Pre-Deployment Health Assessment (DD Form 2795), Post-Deployment Health Assessment (DD Form 2796), and Post-Deployment Health Re-Assessment (DD Form 2900). DD Forms 2796 and 2900 apply if a Pre-Deployment Health Assessment was required during the pre-deployment phase and the individual completed the deployment or per the instructions of the commander exercising operational control, based on health risk during deployment. DoD civilians will complete deployment-related health assessments at the redeployment site or military treatment facility designated by their DoD Component.

(3) Health assessments for military working animals are conducted and entered into the DoD veterinary health record.

o. Submitting individual daily deployment location information. Record location data for contractors in accordance with DoDI 3020.41. Record individual daily location data for each deployed Service member and DoD civilian as follows:

(1) Use the individual location data elements shown in Table 1.

(2) Ensure individual location data are submitted and archived according to the most current established processes, and send the data electronically to the Defense Manpower Data Center.

p. Ensuring information containing individual location data, personally identifiable information, and individually identifiable health information is collected, recorded, distributed (including to the VA, as appropriate), and archived before, during, and after all deployments.

q. Ensuring any classified individual location data or deployment health activity data and information reference the applicable original classification authority or security classification



guidance so that it may be downgraded or declassified accordingly and as soon as appropriate, in order to facilitate medical follow-up and study of health outcomes associated with deployment locations, exposures or incidents, and deployed individuals or groups for all deployments.

**3.4. DEPLOYMENT HEALTH ACTIVITY DATA AND INFORMATION.** Deployment health activity data and information will be recorded in the designated DoD primary electronic medical record or DoD veterinary health record (VSSM), DOEHRS-IH, MESL(SIPR), DMSS, VSIMS, and personnel record systems. This data and information will be shared, as appropriate, to improve deployment health activities and health outcomes.

a. The DOEHRS-IH is the authoritative repository for deployment OEH surveillance information and data and will be used to the maximum extent possible. Any OEH surveillance data and information classified by the original classification authority will be recorded in the MESL(SIPR), portion marked, with reference to the applicable security classification or declassification guide and original classification authority and moved to DOEHRS-IH once declassified accordingly.

b. VSIMS is the authoritative repository for FWRA checklist-reports and FWRA after action reports.

c. Relevant activities and information associated with personnel accountability activities described in DoDD 5124.02, environment, safety, and occupational health activities described in DoDD 4715.1E, and comprehensive health surveillance activities described in DoDD 6490.02E will be coordinated and shared with deployment health activities.

d. Health surveillance information, including deployment OEH surveillance data, and food protection surveillance data will be matched to individuals by deployment location to support medical care and identify cohorts with similar deployment location, health outcome, or exposure risk.

**Table 1. Individual Location Data Elements.**

<b>Element Name</b>	<b>Description</b>
DoD Electronic Data Interchange Person Identifier	The DoD Electronic Data Interchange Person Identifier stored on the Common Access Card.
Social Security Number	The identifier assigned by the Social Security Administration to a person.
Service Branch Code	A Army; N Navy; M Marine Corps; F Air Force; C Coast Guard
Uniformed Service Organization Component Code	R Regular; G Guard; V Reserve; C DoD Civilian; E Contractor
Surname Text	The text of a designation applied to a person, generally referred to as the last or family name.
Forename Text	The text of a designation applied to a person, generally referred to as the first name.
Middle Initial Text	The initial of a name designation applied to a person, commonly used between the first and last names. If not applicable, report as blank.
Birth Calendar Date	The date when a person was born. Format: YYYYMMDD
Assigned Unit Identification Code (UIC)	<p>The Service-unique code that represents the unit to which the member is assigned.</p> <p>Army: Report a W, the UIC and one blank</p> <p>Navy: Report an N, the UIC and one blank</p> <p>Marine Corps: Report the Reporting Unit Code and the Monitored Command Code</p> <p>Air Force: Report an F, the unit portion of the Personnel Accounting System Code and two blanks</p> <p>Coast Guard: Report the UIC</p>

**Table 1. Individual Location Data Elements, Continued.**

<b>Element Name</b>	<b>Description</b>
Attached UIC	<p>The Service-unique code represents the unit to which member has reported to duty.</p> <p>Army: Report a W, the UIC and one blank  Navy: Report an N, the UIC and one blank  Marine Corps: Report the Reporting Unit Code and the Monitored Command Code  Air Force: Report an F, the unit portion of the Personnel Accounting System Code and two blanks  Coast Guard: Report the UIC</p>
Deployment Start Date	<p>The date and Zulu time that the member began the deployment.  Format: YYYYMMDDHHMM</p>
Deployment End Date	<p>The date and Zulu time that the member ended the deployment.  Format: YYYYMMDDHHMM</p>
Operation Plan Identification Code	<p>The operation plan identification code originates from the Joint Chiefs of Staff, Joint Operation Plan and Execution Segment system and is used to identify a specific operation plan.</p>
Location Start Date	<p>The date and Zulu time that the member arrived at the location being reported.  Format: YYYYMMDDHHMM</p>
Location End Date	<p>The date and Zulu time that the member departed at the location being reported. Format: YYYYMMDDHHMM</p>
Location Longitude Coordinate Code (Not required when six-digit grid coordinates or geographic location codes (geolocation codes) are provided)	<p>Report the degrees, minutes and seconds of the longitude of the member's location</p>
Location Longitude Direction Code (Not required when six-digit grid coordinates or geographic location codes (geolocation codes) are provided)	<p>E East; W West</p>

**Table 1. Individual Location Data Elements, Continued.**

<b>Element Name</b>	<b>Description</b>
Location Latitude Coordinate Code (Not required when six-digit grid coordinates or geographic location codes (geolocation codes) are provided)	Report the degrees, minutes and seconds of the latitude of the member's location
Location Latitude Direction Code (Not required when six-digit grid coordinates or geographic location codes (geolocation codes) are provided)	N North; S South
Grid Coordinate Code (Not required when latitude/longitude coordinate codes or geographic (geolocation codes) are provided)	Two byte alphabetic map sheet designation and six-digit grid coordinate. Format: AB123456
Geolocation Code (Not required when latitude/longitude coordinate codes or grid coordinate codes are provided)	Geographic Location Code
Location Country Code	The two-byte alphabetic code that represents the principal geopolitical entity of the world. Report US for the 50 states and District of Columbia. If afloat at sea or unknown, report ZZ.
Location State Code	The two-byte alphabetic code that represents the state or the District of Columbia for domestic deployments.
Location Calendar Date	The date the member was at the reported location. Format: YYYYMMDD
Operation Name Text	Joint Staff or Service component name of an operation
Location Name Text	Joint Staff or component name of the location (e.g., forward operating base, contingency location, enduring location, base camp, etc.)

## GLOSSARY

### G.1. ACRONYMS.

AOR	area of responsibility
ASD(HA)	Assistant Secretary of Defense for Health Affairs
CBRN	chemical, biological, radiological, and nuclear
CCDR	Combatant Commander
CFR	Code of Federal Regulations
CJCS	Chairman of the Joint Chiefs of Staff
DHA	Defense Health Agency
DMSS	Defense Medical Surveillance System
DoDD	DoD directive
DoDI	DoD instruction
DOEHRS-IH	Defense Occupational and Environmental Health Readiness System – Industrial Hygiene
FHP	force health protection
FWRA	food and water risk assessment
IMR	individual medical readiness
MESL(SIPR)	Military Exposure Surveillance Library (Secret Internet Protocol Router)
OEH	occupational and environment health
OEHSA	occupational and environmental health site assessment
POEMS	periodic occupational and environmental monitoring summary
UIC	unit identification code
U.S.C.	United States Code
USD(A&S)	Under Secretary of Defense for Acquisition and Sustainment
USD(P&R)	Under Secretary of Defense for Personnel and Readiness
VA	Department of Veterans Affairs
VSIMS	Veterinary Service Information Management System
VSSM	Veterinary Service Systems Management

**G.2. DEFINITIONS.** Unless otherwise noted, these terms and their definitions are for the purpose of this issuance.

**AOR.** Defined in the DoD Dictionary of Military and Associated Terms.

**bioassay.** A specific biomonitoring method to assess biological specimens for changes resulting from exposure to materials foreign to the body or detect parent compounds or the metabolites of exposure agents.

**biomonitoring.** The process of assessment of individual exposures to various substances by measuring the parent compound or its metabolites in biological media (e.g., in biologic tissues and fluids, blood, urine, hair, and breath) from exposed individuals.

**contingency operation.** Defined in the DoD Dictionary of Military and Associated Terms.

**deployment.** Defined in the DoD Dictionary of Military and Associated Terms.

**deployment health activities.** Health-related activities and measures that are undertaken to assess and minimize health risks associated with deployment. Activities encompass the regular collection, analysis, interpretation, recording, archiving, and distribution of health-related data used for monitoring the health of individuals or a deployed population, and for intervening in a timely manner to prevent, treat, or control the occurrence of disease or injury. Activities are described in the DHA deployment health procedural instruction and may include, but are not limited to, health risk assessment, health risk mitigation including feral animal risk mitigation, risk communications, medical countermeasures, health surveillance including OEH surveillance and, when appropriate, medical surveillance (e.g., applicable occupational medical surveillance or deployment-related health assessments), force health protection, safety and occupational health, personal protective equipment, sanitation and hygiene, integrated pest management, food protection, and food and water risk assessments.

**disease and injury.** Injury or degradation of functional capability sustained by personnel, caused by disease and non-battle injury or by enemy action.

**disease and non-battle injury.** Defined in the DoD Dictionary of Military and Associated Terms.

**DoD electronic medical record.** The electronic medical record system used by the DoD; specifically, the Armed Forces Health Longitudinal Technology Application or its successor.

**DoD health record.** Defined in DoDI 6040.45.

**DoD veterinary health record.** The electronic or hard copy medical record system used by the DoD to capture all veterinary medical and dental health care documentation. The electronic system is the VSSM or its successor.

**enduring location master list.** Defined in DoDI 3000.12.

**feral animal risk mitigation.** A combination of policies, procedures, and practices that when collectively employed in an operational environment reduces the traumatic injury and disease risks posed by feral animals (free-roaming animals, usually a domestic species with no apparent owner).

**food protection.** Defined in DoDD 6400.04E.

**FWRA.** Defined in DoDD 6400.04E.

**health surveillance.** Defined in DoDD 6490.02E.

**OEH.** Defined in DoDI 6055.05.

**occupational and environmental health surveillance.** Defined in DoDD 6490.02E.

**OEHSA.** Documents the OEH conditions found at a site (e.g., deployment site such as a base camp, bivouac site or outpost, main operating base or forward operating site, enduring location, or contingency location) beginning at or near the time it is first occupied by U.S. forces, and updated as high risk hazards are identified. The assessment, done by Service preventive medicine personnel, includes site history; environmental health survey results for air, water, soil, and noise; entomological surveys; occupational and industrial hygiene surveys; and ionizing and non-ionizing radiation hazard surveys, if indicated. Its purpose is to identify hazardous exposure agents with complete or potentially complete exposure pathways that may affect the health of deployed personnel.

**operational area.** Defined in the DoD Dictionary of Military and Associated Terms.

**POEMS.** Unclassified and publically-releasable OEH monitoring summaries (e.g., noise, thermal stress, airborne pollutants, soil and water contaminants, incidents, and infectious diseases) that identify location specific OEH hazards and population based health risks. POEMS provide estimated exposures, assessment of whether estimated exposures are acceptable or unacceptable, and the criteria used for the estimate (i.e., above or below Military Exposure Guidelines) along with anticipated acute, chronic, or latent health effects. POEMS are updated or certified current at least annually.

**preliminary hazard assessment.** The process of reviewing relevant intelligence data, past hazard assessments, and other available information for the area of deployment to identify potential health threats to deploying personnel. The preliminary hazard assessment should be accomplished prior to deployment to inform the content of the initial OEHSA.

**preventive medicine.** Defined in DoDD 6200.04.

**redeployment.** Defined in the DoD Dictionary of Military and Associated Terms.

**reportable medical events.** An event that may represent an inherent, significant threat to public health and military operations. These events have the potential to affect large numbers of people, to be widely transmitted within a population, to have severe or life threatening clinical manifestations, and to disrupt military training and deployment.

**United States.** Defined in the DoD Dictionary of Military and Associated Terms.

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