

# DEPARTMENT OF THE ARMY SRPC FORT BLISS, TEXAS 79916

DOD/DA Civilians and Military Deployers

NORTHCOM Waiver Guidelines

As of: MAR 2020

# NORTHCOM GUIDANCE FOR WAIVERS

- Per DODI 6490.07, requests for a waiver shall include a summary of a detailed medical evaluation or consultation concerning the medical condition(s). Maximization of mission accomplishment and the protection of the health of personnel are the ultimate goals. Justification shall include statements indicating service experience, position to be placed in, any known specific hazards of the position, anticipated availability and need for care while deployed, the benefit expected to accrue from the waiver, the recommendation of the commander or supervisor, and the reasonable accommodations that can be provided for civilian employees covered by The Rehabilitation Act of 1973, as amended. For all DoD personnel, the factors listed in subparagraphs 4.b.(1) through 4.b.(4), (and subparagraph 4.b.(5) for civilian employees only) of the front matter shall be discussed.
- Please submit waivers for disposition to: [usarmy.jbsa.arnorth.list.aoc-surgeon-medicalwaiver@mail.mil](mailto:usarmy.jbsa.arnorth.list.aoc-surgeon-medicalwaiver@mail.mil)

# SRPC RECOMMENDATIONS FOR NORTHCOM WAIVERS

- We **HIGHLY** encourage any Soldiers or DA Civilians who are identified by the unit or occupational health (OH) as needing waivers have them submitted along with supporting documentation by their command or OH prior to arriving to Ft Bliss.
- The units' medical rep, or higher headquarters or OH should be able to assist with waiver submission.
- Completing waivers in advance will save the Soldier/DA civilian from a large chokepoint in the SRP process, it will also keep the command from having to replace REFRAD Soldiers or return to home DA civilians at the last minute.

# SRPC RECOMMENDATIONS FOR NORTHCOM WAIVERS

- Waivers should not be submitted more than three months in advance but no less than one month before hitting ground at Ft Bliss.
  - Waivers need to be typed, do **NOT** hand write them.
  - Please make sure to **READ** the **NORTHCOM GUIDANCE**
  - Waivers are not guaranteed to be approved
  - Waivers can take up to 10 business days or more to come back, plan ahead
  - Command Memos can be included with waiver requests as supporting documentation (but not as the only supporting documentation). Sometimes these memos can make the difference between a waiver being approved or denied.
  - Please bring copy of approved waivers to the SRPC site.

# SRPC REFERECES FOR NORTHCOM WAIVERS

- DODI 6490.07
- NORAD AND NORTHCOM INSTRUCTION 44-163
- BLANK NORTHCOM WAIVER
- EXAMPLE OF LETTER OF STABILITY
- SUGGESTED INFORMATION TO INCLUDE IN WAIVER REQUESTS



# Department of Defense INSTRUCTION

NUMBER 6490.07

February 5, 2010

---

---

USD(P&R)

SUBJECT: Deployment-Limiting Medical Conditions for Service Members and DoD Civilian Employees

References: See Enclosure 1

1. PURPOSE. In accordance with the authority in DoD Directive (DoDD) 5124.02 (Reference (a)) and the guidance in DoDDs 6200.04 and 1400.31 (References (b) and (c)), this Instruction establishes policy, assigns responsibilities, and provides procedures for ensuring that Service members and DoD civilian employees, including Coast Guard Service members and civilian employees at all times, including when the Coast Guard is a Service in the Department of Homeland Security by agreement with that Department, (hereafter referred to collectively as “DoD personnel”) deployed and deploying on contingency deployments are medically able to accomplish their duties in deployed environments.

2. APPLICABILITY. This Instruction:

a. Applies to:

(1) 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 Department of Defense (hereafter referred to collectively as the “DoD Components”).

(2) DoD personnel deployed and deploying on contingency deployments consistent with DoD and Service-specific guidance, including Reference (c) and DoD Instruction (DoDI) 1400.32 (Reference (d)).

b. Does not apply to contingency contractor personnel, who shall comply with the guidance in DoDI 3020.41 (Reference (e)), or to shipboard operations that are not anticipated to involve operations ashore, which shall follow Service-specific guidance.

c. Shall be used as a minimum medical standard for all deploying and deployed DoD personnel, BUT does not alter or replace:

(1) With respect to military personnel, the accession, retention, and general fitness for duty standards previously established by the Department of Defense, including those described in DoDI 6130.4, DoDD 6130.3, Under Secretary of Defense for Personnel and Readiness (USD(P&R)) Memorandum, Assistant Secretary of Defense for Health Affairs (ASD(HA)) Memorandum, and DoDI 6485.01 (References (f) through (j), respectively).

(2) With respect to civilian employees covered by sections 791 and 794a of title 29, United States Code (also known and hereafter referred to as “The Rehabilitation Act of 1973, as amended” (Reference (k))), the legal obligations of a DoD Component as an employer pursuant to that Act.

(3) More stringent individual Military Department policy guidance or Service-specific readiness requirements.

3. DEFINITIONS. These terms and their definitions are for the purpose of this Instruction.

a. contingency. A situation requiring military operations in response to natural disasters, terrorists, subversives, or as otherwise directed by appropriate authority to protect US interests.

b. contingency deployment. A deployment that is limited to outside the continental United States, over 30 days in duration, and in a location with medical support from only non-fixed (temporary) military medical treatment facilities. It is a deployment in which the relocation of forces and materiel is to an operational area in which a contingency is or may be occurring.

c. deployment. The relocation of forces and materiel to desired operational areas. Deployment encompasses all activities from origin or home station through destination, specifically including intra-continental United States, inter-theater, and intra-theater movement legs, staging, and holding areas.

d. medical assessment. The total of the pre-deployment activities described in section 1 of Enclosure 2 of this Instruction and those listed in paragraph E4.A1.1 of DoDI 6490.03 (Reference (l)).

e. trained DoD health-care provider. A physician, physician assistant, nurse practitioner, advanced practice nurse, independent duty corpsman, independent duty medical technician, or special forces medical sergeant.

4. POLICY. It is DoD policy that:

a. The medical standards in this Instruction are mandatory for contingency deployments, and permissible for any other deployment, based on the commander’s decision.

b. DoD personnel with existing medical conditions may deploy based upon a medical assessment as described in Enclosure 2 and subparagraph E4.A1.1.1. of Reference (l), which for civilian employees shall be consistent with subparagraph 4.g.(3)(c) of DoDD 1404.10 (Reference (m)), and the requirements of The Rehabilitation Act of 1973, as amended, when such civilian employees are covered by that Act, if all of these conditions are met:

(1) The condition is not of such a nature or duration that an unexpected worsening or physical trauma is likely to have a grave medical outcome or negative impact on mission execution.

(2) The condition is stable and reasonably anticipated by the pre-deployment medical evaluator not to worsen during the deployment in light of physical, physiological, psychological, and nutritional effects of the duties and location.

(3) Any required, ongoing health care or medications anticipated to be needed for the duration of the deployment are available in theater within the Military Health System. Medication must have no special handling, storage, or other requirements (e.g., refrigeration, cold chain, or electrical power requirements). Medication must be well tolerated within harsh environmental conditions (e.g. heat or cold stress, sunlight) and should not cause significant side effects in the setting of moderate dehydration.

(4) There is no need for routine evacuation out of theater for continuing diagnostics or other evaluations. (All such evaluations should be accomplished before deployment.)

(5) In the case of civilian employees covered by The Rehabilitation Act of 1973, as amended, it is determined, based upon an individualized assessment, that the employee can perform the essential functions of the position in the deployed environment, with or without a reasonable accommodation, without causing undue hardship. In evaluating undue hardship, the nature of the accommodation and the location of the deployment must be considered. Further, the employee's medical condition must not pose a significant risk of substantial harm to the employee or others taking into account the condition of the relevant deployed environment.

c. Individuals with the conditions in Enclosure 3, based on medical assessments in accordance with Enclosure 2 and Reference (l), shall not deploy unless a waiver can be granted according to the procedures in section 3 of Enclosure 2.

d. If a Service member is found qualified for retention with no limitations on assignments or deployments following evaluation of a medical condition by competent medical and personnel authority of his or her respective Service, and if the condition remains stable, a deployment waiver of that same condition is not required by this Instruction.

e. Deploying commanders may add additional medical requirements to the standards in this Instruction based upon the demands of a specific deployment. Commanders may apply these medical standards to other deployments based on the health risk, physical demands, and medical



capabilities of the deployment. These additional standards must be consistent with The Rehabilitation Act of 1973, as amended, when applied to civilian employees covered by that Act.

f. Protected health information collected, used, and released in the execution of this Instruction shall be protected as required by DoD 6025.18-R (Reference (n)) and DoD 8580.02-R (Reference (o)).

5. RESPONSIBILITIES. See Enclosure 4.

6. PROCEDURES. See Enclosure 2.

7. RELEASABILITY. UNLIMITED. This Instruction is approved for public release and is available on the Internet from the DoD Issuances Web Site at <http://www.dtic.mil/whs/directives>.

8. EFFECTIVE DATE. This Instruction is effective immediately.



Gail H. McGinn  
Deputy Under Secretary of Defense (Plans)  
Performing the Duties of the  
Under Secretary of Defense for  
Personnel and Readiness

Enclosures:

1. References
2. Procedures
3. Medical Conditions Usually Precluding Contingency Deployment
4. Responsibilities

TABLE OF CONTENTS

REFERENCES .....	6
PROCEDURES.....	7
PERFORMANCE OF MEDICAL ASSESSMENTS .....	7
DETERMINATIONS OF DEPLOYABILITY .....	7
WAIVERS .....	8
ROLES AND RESPONSIBILITIES .....	8
MEDICAL CONDITIONS USUALLY PRECLUDING CONTINGENCY DEPLOYMENT....	10
RESPONSIBILITIES .....	13
ASD(HA) .....	13
SECRETARIES OF THE MILITARY DEPARTMENTS, COMMANDANT OF THE COAST GUARD, AND THE DIRECTORS OF THE DEFENSE AGENCIES AND THE DoD FIELD ACTIVITIES .....	13
CHAIRMAN OF THE JOINT CHIEFS OF STAFF .....	13
COMBATANT COMMANDERS.....	14
COMMANDER, UNITED STATES SPECIAL OPERATIONS COMMAND (CDRUSSOCOM) .....	14

ENCLOSURE 1

REFERENCES

- (a) DoD Directive 5124.02, "Under Secretary of Defense for Personnel and Readiness (USD(P&R))," June 23, 2008
- (b) DoD Directive 6200.04, "Force Health Protection (FHP)," October 9, 2004
- (c) DoD Directive 1400.31, "DoD Civilian Work Force Contingency and Emergency Planning and Execution," April 28, 1995
- (d) DoD Instruction 1400.32, "DoD Civilian Work Force Contingency and Emergency Planning Guidelines and Procedures," April 24, 1995
- (e) DoD Instruction 3020.41, "Contractor Personnel Authorized to Accompany the U.S. Armed Forces," October 3, 2005
- (f) DoD Instruction 6130.4, "Medical Standards for Appointment, Enlistment, or Induction in the Armed Forces," January 18, 2005
- (g) DoD Directive 6130.3, "Physical Standards for Appointment, Enlistment, and Induction," December 15, 2000
- (h) Under Secretary of Defense for Personnel and Readiness Memorandum, "Policy Guidance for Medical Deferral," February 9, 2006
- (i) Assistant Secretary of Defense for Health Affairs Memorandum, "Policy Guidance for Deployment-Limiting Psychiatric Conditions and Medications," November 7, 2006
- (j) DoD Instruction 6485.01, "Human Immunodeficiency Virus," October 17, 2006
- (k) Sections 791 and 794a of title 29, United States Code (also known as "The Rehabilitation Act of 1973, as amended")
- (l) DoD Instruction 6490.03, "Deployment Health," August 11, 2006
- (m) DoD Directive 1404.10, "DoD Civilian Expeditionary Workforce," January 23, 2009
- (n) DoD 6025.18-R, "DoD Health Information Privacy Regulation," January 24, 2003
- (o) DoD 8580.02-R, "DoD Health Information Security Regulation," July 12, 2007

ENCLOSURE 2

PROCEDURES

1. PERFORMANCE OF MEDICAL ASSESSMENTS. All DoD personnel serving in a contingency deployment as defined in section 3 of the front matter of this Instruction must undergo a medical assessment prior to deployment in accordance with subparagraph E4.A1.1.1. of Reference (1). The mandatory portions of the assessment are:

a. Completion of DD Forms 2795, "Pre-Deployment Health Assessment," and 2766, "Adult Preventive and Chronic Care Flowsheet" (available on the Internet at <http://www.dtic.mil/whs/directives/infomgt/forms/formsprogram.htm>). Except for Coast Guard personnel, completed copies of both of these forms must be submitted to the Defense Medical Surveillance System and included in DoD personnel deployment paperwork, and shall serve as the deployment medical record. For Coast Guard personnel, the DD Form 2766 shall be placed in the member's health record, but all other procedures for Coast Guard personnel shall be as described in this Instruction for DoD personnel.

b. Medical record review.

c. Current periodic health assessment (Service members only).

d. Physical exam within 1 year of deployment (DoD civilian employees only).

2. DETERMINATIONS OF DEPLOYABILITY. A trained DoD health-care provider must make a provisional determination on DD Form 2795 as to the deployability of DoD personnel. This decision should be based on all of the information obtained in the medical assessment described in section 1 of this enclosure.

a. In general, DoD personnel with any of the medical conditions in Enclosure 3, and based on a medical assessment, shall not deploy unless a waiver is granted. Consideration should be made for the nature of the disability and if it would put the individual at increased risk of injury or illness, or if the condition is likely to significantly worsen in the deployed environment.

(1) For civilian employees covered by The Rehabilitation Act of 1973, as amended, it must be determined, before deployment and based upon an individualized assessment, that the employee can perform the essential functions of the position in the deployed environment, with or without a reasonable accommodation, without causing undue hardship. In evaluating undue hardship, the nature of the accommodation and the location of the deployment must be considered. Further, the employee's medical condition must not pose a significant risk of substantial harm to the employee or others taking into account the condition of the relevant deployed environment.

(2) The requirement to provide reasonable accommodations for disabilities does not apply to deployment of military members, nor to civilian employees not covered by The Rehabilitation Act of 1973, as amended.

b. All individuals deemed not deployable at the deployment processing center shall be returned to their originating unit with a DD Form 2795 and a summary of their non-deployable medical condition to provide to the unit medical personnel. The civilian supervisor shall also be notified if the individual is deemed not deployable.

3. WAIVERS. If a commander or supervisor of DoD personnel (except for SOF personnel) wishes to deploy an individual with a medical condition that could be disqualifying (see Enclosure 3, the commander or supervisor must request a waiver. The waiver request shall be submitted to the applicable Combatant Commander through the individual's servicing military medical unit in the case of a Service member, or through the individual's personnel office in the case of a civilian employee, with medical input provided by the individual's medical provider.

a. Requests for a waiver shall include a summary of a detailed medical evaluation or consultation concerning the medical condition(s). Maximization of mission accomplishment and the protection of the health of personnel are the ultimate goals. Justification shall include statements indicating service experience, position to be placed in, any known specific hazards of the position, anticipated availability and need for care while deployed, the benefit expected to accrue from the waiver, the recommendation of the commander or supervisor, and the reasonable accommodations that can be provided for civilian employees covered by The Rehabilitation Act of 1973, as amended. For all DoD personnel, the factors listed in subparagraphs 4.b.(1) through 4.b.(4), (and subparagraph 4.b.(5) for civilian employees only) of the front matter shall be discussed.

b. For SOF personnel with any of the conditions listed in Enclosure 3, medical clearance may be granted by the CDRUSSOCOM, subject to the approval of the Combatant Commander under which the Service member is deployed or will deploy.

c. In the case of civilian employees covered by The Rehabilitation Act of 1973, as amended, a waiver must be granted if it is determined, based upon an individualized assessment, that the employee can perform the essential functions of the position in the deployed environment, with or without a reasonable accommodation, without causing undue hardship. In evaluating undue hardship, the nature of the accommodation and the location of the deployment must be considered. Further, the employee's medical condition must not pose a significant risk of substantial harm to the employee or others taking into account the condition of the relevant deployed environment.

#### 4. ROLES AND RESPONSIBILITIES

a. Commanders and Supervisors. Commanders and supervisors shall:

(1) Ensure deploying DoD personnel are appropriately assessed by competent medical authority before deployment, in accordance with Reference (1).

(2) Request waivers for DoD personnel they wish to deploy who have the medical conditions described in Enclosure 3.

(3) Ensure that DoD personnel under their command meet the medical standards of the gaining commander when individuals and their leaders deploy in support of other DoD Components. As these standards may differ by assignment, they must be coordinated separately for each deployment.

b. Supervisors. Supervisors shall additionally:

(1) Identify medical and physical requirements for deployable positions designated for fill by DoD civilian employees.

(2) Ensure that such requirements are documented in position descriptions, vacancy announcements, and other appropriate sources.

(3) Ensure that DoD civilian employees meet such requirements; take appropriate action when employees no longer meet identified requirements.

c. DoD Personnel

(1) DoD personnel in deployable positions shall be responsible for meeting the medical and physical requirements of their deployment-specific tasks.

(2) DoD personnel who are civilian employees selected for deployment opportunities outside their chain of supervision shall be responsible for meeting and maintaining the medical standards identified for the deployment by the responsible commanding officer.

ENCLOSURE 3

MEDICAL CONDITIONS USUALLY PRECLUDING CONTINGENCY DEPLOYMENT

This list of conditions is not intended to be all-inclusive. A list of all possible diagnoses and their severity that may cause an individual to be potentially non-deployable, pending further evaluation, would be too extensive. Medical evaluators must consider climate, altitude, rations, housing, duty assignment, and medical services available in theater when deciding whether an individual with a specific medical condition is deployable. In general, individuals with the conditions in paragraphs a. through h. of this enclosure, based upon a medical assessment as described in Enclosure 2 and Reference (1), shall not deploy unless a waiver is granted.

a. Conditions Affecting Force Health Protection

(1) Physical or psychological conditions resulting in the inability to effectively wear personal protective equipment, including protective mask, ballistic helmet, body armor, and chemical and/or biological protective garments, regardless of the nature of the condition that causes the inability to wear the equipment if wearing such equipment may be reasonably anticipated or required in the deployed location.

(2) Conditions that prohibit immunizations or the use of force health protection prescription products (FHPPPs) required for the specific deployment. Depending on the applicable threat assessment, required FHPPPs may include atropine, epinephrine, and/or pralidoxime chloride (2-PAM chloride) auto-injectors; certain antimicrobials and antimalarials; and pyridostigmine bromide.

b. Unresolved Health Conditions Requiring Care or Affecting Performance

(1) Any chronic medical condition that requires frequent clinical visits, fails to respond to adequate conservative treatment, or necessitates significant limitation of physical activity.

(2) Absence of a dental exam within the last 12 months or presence of the likelihood that dental treatment or reevaluation for oral conditions will result in dental emergencies within 12 months. Individuals being evaluated by a non-DoD civilian dentist should use DD Form 2813, "DoD Active Duty/Reserve Forces Dental Examination," as proof of dental examination (available on the Internet at <http://www.dtic.mil/whs/directives/infomgt/forms/formsprogram.htm>).

(3) Pregnancy.

(4) Any medical condition that requires either durable medical equipment or appliances, or periodic evaluation or treatment by medical specialists that is not readily available in theater.

(5) Any unresolved acute or chronic illness or injury that would impair duty performance in a deployed environment during the duration of the deployment.

(6) Cancer that requires continuing treatment or specialty medical evaluations during the anticipated duration of the deployment.

(7) Precancerous lesions that have not been treated and/or evaluated and that require treatment and/or evaluation during the anticipated duration of the deployment.

(8) Any medical condition that requires surgery or for which surgery has been performed that requires rehabilitation or additional surgery to remove devices.

(9) Any musculoskeletal condition that significantly impairs performance of duties in a deployed environment.

(10) An acute exacerbation of a physical or mental health condition that could significantly affect duty performance.

c. Conditions That Could Cause Sudden Incapacitation

(1) Recurrent loss of consciousness for any reason.

(2) Any medical condition that could result in sudden incapacitation including a history of stroke within the last 24 months, seizure disorders, and diabetes mellitus type I or II treated with insulin or oral hypoglycemic agents.

d. Pulmonary Disorders. Asthma that has a forced expiratory volume-1 (FEV-1) of less than or equal to 60 percent of predicted FEV-1 despite appropriate therapy and that has required hospitalization at least 2 times in the last 12 months, or that requires daily systemic (not inhalational) steroids.

e. Infectious Disease

(1) Active tuberculosis or known blood-borne diseases that may be transmitted to others in a deployed environment.

(2) A diagnosis of human immunodeficiency (HIV) antibody positive with the presence of progressive clinical illness or immunological deficiency. The cognizant Combatant Command surgeon shall be consulted in all instances of HIV seropositivity before medical clearance for deployment.

f. Sensory Disorders

(1) Hearing Loss. The requirement for use of a hearing aid does not necessarily preclude deployment. However, the individual must have sufficient unaided hearing to perform duties safely.



(2) Vision Loss. Best corrected visual acuity must meet job requirements to perform duties safely.

g. Cardiac and Vascular Disorders

- (1) Hypertension not controlled with medication or that requires frequent monitoring.
- (2) Symptomatic coronary artery disease.
- (3) History of myocardial infarction within 1 year of deployment.
- (4) History of coronary artery bypass graft, coronary artery angioplasty, carotid endarterectomy, other arterial stenting, or aneurysm repair within 1 year of deployment.
- (5) Cardiac dysrhythmias or arrhythmias, either symptomatic or requiring medical or electrophysiologic control (presence of an implanted defibrillator and/or pacemaker).
- (6) Heart failure.

h. Mental Health Disorders

- (1) Psychotic and/or bipolar disorders. (See Reference (i) for detailed guidance on deployment-limiting psychiatric conditions or psychotropic medications.)
- (2) Psychiatric disorders under treatment with fewer than 3 months of demonstrated stability.
- (3) Clinical psychiatric disorders with residual symptoms that impair duty performance.
- (4) Mental health conditions that pose a substantial risk for deterioration and/or recurrence of impairing symptoms in the deployed environment.
- (5) Chronic medical conditions that require ongoing treatment with antipsychotics, lithium, or anticonvulsants.

ENCLOSURE 4

RESPONSIBILITIES

1. ASD(HA). The ASD(HA), under the authority, direction, and control of the USD(P&R), shall review and issue to the Secretaries of the Military Departments and the Directors of the Defense Agencies and the DoD Field Activities technical adjustments to the deployment standards in Enclosure 3 as needed, based on changing conditions or additional unanticipated difficulties encountered in the in-theater management of medical conditions.

2. SECRETARIES OF THE MILITARY DEPARTMENTS, COMMANDANT OF THE COAST GUARD, AND DIRECTORS OF THE DEFENSE AGENCIES AND THE DoD FIELD ACTIVITIES. The Secretaries of the Military Departments, the Commandant of the Coast Guard, and the Directors of the Defense Agencies and the DoD Field Activities shall:

a. Direct their respective Components to apply and uniformly implement the standards in this Instruction.

b. Ensure that:

(1) All deploying DoD personnel assigned to their respective Service, Defense Agency, or DoD Field Activity have a medical assessment in accordance with Reference (I), including a medical record review, to evaluate their medical status before contingency deployments and other deployments pursuant to paragraph 4.a. of the front matter of this Instruction.

(2) Pre-deployment processes are in place to identify individuals with deployment-limiting medical conditions.

(3) DoD personnel who occupy deployable positions maintain a high state of pre-deployment health and medical readiness.

3. CHAIRMAN OF THE JOINT CHIEFS OF STAFF. The Chairman of the Joint Chiefs of Staff shall ensure that the Combatant Commanders:

a. Establish a minimum standard when developing medical requirements for entering the theater of operations that factors in the medical conditions described in Enclosure 3 of this Instruction.

b. Implement a medical requirements waiver process that includes waiver computerization and archival storage.

4. COMBATANT COMMANDERS. For all DoD personnel deployed or deploying to a theater within their respective Combatant Commands, the Combatant Commanders shall:

a. Establish a process for reviewing recommendations from the Services regarding the granting of exceptions to medical standards (waivers) for the conditions in Enclosure 3, including a mechanism to track and archive all approved or denied waivers and the medical conditions requiring the waivers.

b. Serve as the final approval authority for exceptions to the medical standards (waivers) made pursuant to the procedures in this Instruction.

5. COMMANDER, UNITED STATES SPECIAL OPERATIONS COMMAND (CDRUSSOCOM). The CDRUSSOCOM shall perform the responsibilities in section 2 of this enclosure for SOF personnel.

**BY ORDER OF THE COMMANDER NORTH  
AMERICAN AEROSPACE DEFENSE COMMAND  
(NORAD) AND UNITED STATES NORTHERN  
COMMAND (USNORTHCOM)**

**NORAD AND USNORTHCOM  
INSTRUCTION 44-163**

**5 DECEMBER 2014**

*Medical*

**INDIVIDUAL MEDICAL  
READINESS**



**COMPLIANCE WITH THIS PUBLICATION IS MANDATORY**

**ACCESSIBILITY:** NORAD and USNORTHCOM publications and forms are available on the HQ NORAD and USNORTHCOM portal library for downloading.  
<https://portal.noradnorthcom.mil/library/Pubs/SitePages/Home.aspx>

**RELEASABILITY:** There are no releasability restrictions on this publication.

OPR: N-NC/SG

Certified by: N-NC/SG (Col John J. DeGoes)

Supersedes NNCI44-163, 19 April 2012

Pages: 16

This instruction implements Department of Defense Instruction (DODI) 6025.19, *Individual Medical Readiness (IMR)*, and DODI 6490.03, *Deployment Health*. It establishes guidance for individual medical readiness (IMR) status of deployable military, civilian, and contractor personnel designated to NORAD and USNORTHCOM (N-NC), and component and subordinate commands and in the Chemical, Biological, Radiological, Nuclear (CBRN) Response Enterprise (National Guard and Reserve Component). This publication applies to National Guard on Title 10 status when activated with NORAD and/or USNORTHCOM and Reserve forces when assigned to NORAD and USNORTHCOM. Canadian forces assigned to NORAD shall comply with Defense Administrative Orders and Directives 5023-1, Canadian Forces Health Services Group Instruction 4000-1, *Periodic Health Assessment*. Send recommendations to change, add, or delete information in this instruction to the Office of Primary Responsibility (OPR) using the AF Form 847, *Recommendation for Change of Publication*; route AF Form 847 from the field through the appropriate functional's area chain of command. This publication may be supplemented. Supplemental instructions must be approved by N-NC Surgeon (SG). Maintain and dispose of records created as a result of prescribed processes in accordance with the Chairman Joint Chiefs of Staff Manual (CJCSM) 5760.01A, *Joint Staff and Combatant Command Records Management Manual: Volume I (Procedures) and Volume II (Disposition Schedule)*. The glossary of references and supporting information are found at **Attachment 1**.

**SUMMARY OF CHANGES**

Incorporated changes are as follows: minor changes to clarify the medical waiver process. The definition for deployment has been updated. A task to commanders was added to include IMR

requirements in civilian position descriptions, as well as identifying a process if the requirements are not included in the position descriptions. The references section was updated. Hyperlinks were updated to new portal locations.

## **1. Background.**

1.1. Deployed health service support infrastructure provides very limited medical care. United States medical facilities and other critical infrastructure may be severely damaged and unusable in the event of a disaster support of civil authorities' mission. For missions outside the United States, there may be limited fixed medical facilities available for use. All personnel (military, civilian, and contractor) shall be medically evaluated and if deemed unable to comply with these requirements, be disqualified for deployment in accordance with Service policy and this instruction until the non-deployable condition is cleared or a waiver for the non-deployable condition is approved. This instruction sets forth the medical requirements necessary for NORAD and USNORTHCOM, and component and subordinate command personnel to successfully perform assigned duties and tasks.

1.2. Medical readiness is a commander and individual responsibility with organizational level oversight and execution. Each Service has a medical readiness program designed to support their Service-specific requirements. Deployable military, civilian, and contractor personnel are required to comply with Command and Service medical readiness requirements.

1.3. This instruction constitutes a lawful order for deployable military personnel and compliance with this directive is a condition of employment for deployable civilian personnel. Failure to comply with mandatory provisions in paragraphs 2.8., 2.8.1., through 2.8.5., and 3. of this instruction by military personnel is a violation of Article 92, Uniform Code of Military Justice (UCMJ). Failure to comply with mandatory provisions in paragraphs 2.6. and 3. of this instruction by civilian personnel constitute a violation that may result in discipline and adverse actions in accordance with Chapters 43 and 75 and sections 1204(a)(2), 3103, 3105, 3321(a)(2), 3321(b), 4302, 5501, 7323-7325, 7351, 7513, 7521, and 7532 of title 5, United States Code.

1.4. This instruction contains contractor requirements. Compliance with the IMR requirements is the responsibility of the contractor and individual contractor personnel only when such requirements are incorporated into the terms and conditions of applicable contracts. NORAD and USNORTHCOM requiring activities shall provide Government contracting officers' medical readiness requirements for contractor personnel for inclusion into applicable contracts. When these requirements are included in applicable contracts, failure to comply may result in action against the contractor as provided for in the contract.

1.5. Baseline IMR and deployment specific health readiness requirements are determined by potential health risks and vulnerabilities from country analyses performed by the National Center for Medical Intelligence.

1.6. Upon notification of a deployment, the NORAD and USNORTHCOM Surgeon will validate current medical readiness requirements based on the specific missions and deployment locations. The Command Surgeon will identify additional medical requirements as required. Waivers to the requirements will be based on the anticipated hazards using methods identified in DODI 6490.03.

1.6.1. Deployments are defined in DODI 6490.03 as “the relocation of forces and materiel to desired operational areas. Deployment encompasses all activities from origin or home station through destination, specifically including intra-continental United States, inter-theater, and intra-theater movement legs, staging, and holding areas.”

1.6.2. Personnel must comply with this instruction when deployed in the USNORTHCOM Area of Responsibility (AOR) requiring military operations in response to natural disasters, terrorists, subversives, or as otherwise directed by appropriate authority to protect US interests.

1.6.3. Personnel must comply with this instruction when traveling on official orders within the USNORTHCOM AOR, but outside the United States or its territories, when travel time is expected to be greater than 30 days.

1.6.4. National Security Special Events, Special Events, and like planned events are considered deployments for purposes of this instruction.

1.6.5. This instruction does not apply to personnel in a Temporary Duty (TDY) status. TDY is defined as missions not otherwise defined as deployments in **paragraph 1.6.1.** through **1.6.4.** of this instruction. Examples of TDY include routine training, participating in exercises, or conducting supportive operations outside of area affected by the disaster.

1.7. National Guard when in a Title 10 status and Reserve forces assigned to NORAD and USNORTHCOM, and component and subordinate commands shall comply with this instruction.

1.8. The US Army Corps of Engineers (USACE) has IMR requirements for USACE missions not done under the direction of USNORTHCOM IAW USACE Engineering Manual 385-1-1. The USNORTHCOM Surgeon's office will assist USACE with IMR requirements when USACE is responding to CBRN incidents.

## **2. Responsibilities.**

2.1. Component and subordinate commanders will:

2.1.1. Ensure personnel who deploy in support of operations complete deployment processing activities (e.g., pre-deployment maintenance of IMR status, pre- and post-deployment clearance actions).

2.1.2. Ensure civilians and contractors who are subject to deployment for civil support missions meet requirements within this instruction.

2.1.3. Ensure civilian position descriptions (PDs) reflect appropriate IMR requirements (e.g. “This position has deployment requirements. Employee must comply with NNCI 44-163.”). PDs that do not currently include IMR requirements shall be updated with the requirements as soon as practical.

2.1.4. Ensure IMR requirements are coordinated, as required, in accordance with applicable collective bargaining agreements.

2.1.5. Designate a unit/individual to track deployment medical readiness within the command. Designated individual(s) are hereafter referred to as Deployment Monitors (DMs).

- 2.2. NORAD and USNORTHCOM J1 will serve as the DM for members assigned directly to the command.
- 2.3. NORAD and USNORTHCOM, Component and subordinate J1 will:
  - 2.3.1. Provide rosters, as required, of assigned or attached NORAD and USNORTHCOM, and component and subordinate unit personnel to the DM.
  - 2.3.2. Reconcile personnel "data match" discrepancies between service IMR data systems and command personnel data systems.
  - 2.3.3. Brief new arrivals on their responsibilities regarding IMR requirements to include:
    - 2.3.3.1. Maintain IMR requirements to ensure preparedness for deployment.
    - 2.3.3.2. Ensure required pre and post-deployment actions are completed in accordance with DODI 6490.03.
  - 2.3.4. Direct personnel to complete missing IMR elements through the medical treatment facility (MTF) where they are empanelled/enrolled to maintain IMR, or the nearest MTF capable of providing services to complete IMR actions.
- 2.4. NORAD and USNORTHCOM, Component and subordinate command DMs will:
  - 2.4.1. Obtain access to and utilize IMR systems in order to facilitate deployments.
  - 2.4.2. Prepare IMR reports consisting of the following:
    - 2.4.2.1. Personnel current on IMR requirements.
    - 2.4.2.2. Personnel requiring compliance actions with IMR requirements.
  - 2.4.3. Provide IMR report to N-NC/J1 to direct personnel to complete missing IMR elements.
  - 2.4.4. Provide reports to commanders and senior staff as requested/required.
- 2.5. NORAD and USNORTHCOM Surgeon will:
  - 2.5.1. Provide N-NC/J1, command DMs, and contracting officers with baseline medical and/or Force Health Protection (FHP) requirements for personnel in deployment positions.
  - 2.5.2. Coordinate IMR requirements with USACE for tasks that may involve CBRN exposures.
- 2.6. NORAD and USNORTHCOM, and component and subordinate command surgeons will:
  - 2.6.1. Verify no person is deploying with a medical condition listed in DODI 6490.07 *Deployment-Limiting Medical Conditions for Service Members and DOD Civilian Employees* unless a medical waiver has been granted IAW paragraph 2.6.2. of this instruction.
  - 2.6.2. Medical waivers to conditions listed in DODI 6490.07 or this instruction may be granted on a case-by-case basis in accordance with the procedure outlined in **Attachment 2, Attachment 3, and Attachment 4**. USNORTHCOM Surgeon is the final approval authority for medical waivers as outlined below.

2.6.2.1. Waiver authority is delegated to the USNORTHCOM component surgeons for all personnel within their respective component.

2.6.2.2. USNORTHCOM Surgeon is the waiver authority for all personnel belonging to organizations, such as the Defense Intelligence Agency, who are not directly affiliated with a particular USNORTHCOM component command.

2.6.2.3. All adjudicating surgeons will maintain a waiver database and record all waiver requests (**Attachment 5**).

2.6.2.4. USNORTHCOM Surgeon is the final appellate authority for all component surgeons' waiver decisions. USNORTHCOM Chief of Staff is the final appellate authority for USNORTHCOM Surgeon's decision. All appeals will be made and coordinated through the individual's chain of command.

2.6.3. Combatant, component, and subordinate command surgeon offices will provide guidance to civilian healthcare providers to properly assess DOD civilian or contractors if required.

2.7. NORAD and USNORTHCOM, and component and subordinate commands requiring activities (offices that use contract support) will:

2.7.1. Comply with this instruction and NNCHOI64-142, *Contractor Deployment Planning*.

2.7.2. Contact the Contracting Officer Representative (COR) who must coordinate contractor personnel deployment with the cognizant contracting officer. This coordination will include requesting a contract modification to obtain the required contingency support and the appropriate language for inclusion in that modification to implement the guidance contained within this instruction.

2.7.3. Notify N-NC/J44 and DM if contractor personnel are directed to deploy in support of contingencies.

2.7.4. Work with the COR to obtain contractor documentation to demonstrate compliance with this instruction.

2.8. NORAD and USNORTHCOM, and component and subordinate command personnel in deployable positions will:

2.8.1. Comply with applicable requirements in this instruction within ninety (90) days from the date of approval of this instruction, or within 90 days of reporting into NORAD and USNORTHCOM, and component and subordinate commands.

2.8.2. Report to their respective NORAD and USNORTHCOM, and component and subordinate command DMs in accordance with service specific policy to complete an annual records review.

2.8.3. Provide documentation of compliance with this instruction when requested.

2.8.4. Notify the DM and provide documentation of any changes in health which could impact an individual's ability to comply with requirements of this instruction.

2.8.5. Coordinate with the DM to ensure compliance with any additional medical pre-deployment and post-deployment requirements upon return from deployment.



2.8.6. Personnel designated for the CBRN Response Enterprise shall comply with the requirements of this instruction prior to mission assumption date.

### 3. Medical Readiness Program Requirements.

3.1. The NORAD and USNORTHCOM Medical Readiness Program consists of immunizations, laboratory tests and medical/dental health screenings. NORAD and USNORTHCOM may modify these requirements based on type of contingency response. Specific modifications, if any, will be published in an execute order (EXORD) or fragmentary order (FRAGO).

3.2. The required immunizations are in Table 1 and will be administered in accordance with the joint medical services publication *Immunizations and Chemoprophylaxis for the Prevention of Infectious Diseases*.

Table 1. Required Immunizations.

Immunizations	Requirements
Hepatitis A	A two dose series required once.
Hepatitis B	A three dose series.
Influenza	Required every influenza season.
Tetanus-diphtheria pertussis	Booster required every 10 years.
Smallpox	In accordance with current DOD policy for personnel designated for the CBRN Response Enterprise (CRE). This requirement is only for members of the CRE.
Anthrax	In accordance with current DOD policy for personnel designated for the CRE. This requirement is only for members of the CRE.
Typhoid	In accordance with current DOD policy.
Measles, Mumps, and Rubella (MMR)	Ensure personnel born after 1957 have received two lifetime doses of MMR vaccine or have positive serologic test results. No vaccine required if born prior to 1957 (presume immunity through infection).
Oral Polio Vaccine/Inactivated Polio Vaccine (OPV/IPV)	One dose as an adult unless childhood immunizations documented.
Varicella	Two doses; waiver possible with history of varicella or herpes zoster documented by a healthcare worker or laboratory evidence of immunity.

Rabies	Pre-exposure rabies vaccine series is required for high risk occupations (e.g. veterinarians, veterinary technicians, military working dog and other animal handlers, special operations personnel, wildlife and animal control personnel and personnel who cannot be evacuated within 72 hours of exposure to a potentially rabid animal).
--------	---

### 3.3. Screening tests.

3.3.1. Personnel are required to provide blood type/Rh factor information unless documented in medical record.

3.3.2. The required tests are at Table 2.

**Table 2. Required Screening Tests.**

Required Test	Frequency of Testing <sup>1</sup>
Human immunodeficiency virus (HIV)	Every 24 months.
Tuberculosis (TB) Skin Test	Documented baseline as well as 90 days post deployment from high risk/endemic area.
Glucose-6-Phosphate Dehydrogenase	Required once.
Serum Sample	Must be collected within one year of deployment and within 30 days after redeployment. For members assigned to CRE, collect upon mission assumption and annually thereafter.

<sup>1</sup>tests may be required more often if medically indicated

### 3.4. Health screening requirements:

3.4.1. The required health screens are required at Table 3.

**Table 3. Required Health Screening.**

Required Health Screening	Reason
Deoxyribonucleic Acid (DNA) Specimen	Validated by DOD Serum Repository (DODSR).
Females Only: Pregnancy Test	Pregnancy is a disqualifying factor for deployment within the USNORTHCOM AOR. Conduct screening for pregnancy upon notification but not earlier than 30 days of deployment. Perform laboratory testing if uncertain of member's pregnancy status.

Optometry	If vision correction is required to perform their duties, member must have two pair of glasses, one pair of protective mask inserts, and a copy of their prescription.
Dental	Verify member is dental class I or II as documented by the Service IMR system. Civilian employees must meet equivalent of class I or II dental. Contractors will furnish documentation in accordance with the contract.
Medical Fitness	Uniformed personnel and DOD civilian employees must comply with DODI 6490.07. Uniformed personnel must also comply with Service-specific requirements. Annually, civilian personnel (in addition to pre-employment requirements) must have a healthcare provider complete NORAD and USNORTHCOM Summary of Medical Fitness, NNC Form 11, and submit the form to the DM. Contractor will furnish documentation in accordance with the contract. Canadian Forces Personnel shall complete NNC Form 12, Annual Readiness Verification.
DOD Deployment Related Health Assessment (DRHA) Program	<p>DRHA #1 (DD Form 2795) Pre-deployment DRHA is required for specific deployments based on situational requirements and published orders/guidance.</p> <p>Post-deployment health assessments are required if a DD Form 2795 was initiated pre-deployment or if specified for a specific deployment based on situational requirements and published orders/guidance as follows:</p> <p>DRHA #2 (DD Form 2796) Within 30 days of departing theater;</p> <p>DRHA #3 (DD Form 2900) between 90-180 days after returning from deployment;</p> <p>DRHA #4 between 181 days and 18 months after returning from deployment;</p> <p>DRHA #5 between 18-30 months after returning from deployment.</p>
Medication	Deploy with prescription medications, at a minimum, for the anticipated length of deployment plus 30 days.

Medical Threat Brief	Receive a location and incident specific medical threat brief.
----------------------	--

3.4.2. There is limited women's health support in the deployed environment. Pre-deployment pap smears, mammograms, contraceptive counseling and prescription management should be recent enough so as to remain current through the deployment period.

3.4.3. The following health screenings may be required based on the deployment location, occupation, or other factors, see Table 4.

**Table 4. Possible Health Screenings.**

Possible Health Screening	Reason
Respirator Fit Test	In accordance with current DOD policy.

**4. Additional Procedures.** The Government may provide immunizations, laboratory test, and medical/dental health screenings required by this instruction to non-military personnel to include contractor personnel.

**5. Medical Equipment.**

5.1. Personnel who require medical equipment must deploy with all required items in their possession to include two pairs of eyeglasses, protective eyewear, industrial respirators, hearing aids, and extra batteries.

5.2. Due to limitations in medical maintenance, logistics, infection control protocols and the potential for unreliable electricity, certain durable medical equipment such as Continuous Positive Airway Pressure (CPAP) and Transcutaneous Electrical, Nerve Stimulation (TENS) systems are not permitted. A waiver for a medical condition requiring personal durable medical equipment will also be considered applicable to the equipment.

5.3. Deploying personnel requiring medical alert tags will deploy with red medical alert tags worn in conjunction with their personal identification tags.

CHARLES D. LUCKEY, MG, USA  
Chief of Staff

## Attachment 1

## GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION

*References*

- DODI 3020.41, *Operational Contract Support (OCS)*, 20 Sep 2011
- DODI 6025.19, *Individual Medical Readiness (IMR)*, 9 June 2014
- DODI 6490.03, *Deployment Health*, 11 August 2006
- DODI 6490.07, *Deployment-Limiting Medical Conditions for Service Members and DOD Civilian Employees*, 5 February 2010
- Joint Medical Services Publication AR 40-562, BUMEDINST 6230.15B, AFI 48-110\_IP, CG COMDTINST M6230.4G, *Immunizations and Chemoprophylaxis for the Prevention of Infectious Diseases*, 7 Nov 2013
- Canadian Defence Administrative Orders and Directives 5023-1, *Minimum Operational Standards Related to Universality of Service*, 8 May 2006
- Canadian Forces Health Services Group Instruction 4000-1, *Periodic Health Assessment*, 16 August 2010
- NNCHOI64-142, *Contractor Deployment Planning*, 1 April 2009, Current/Essential 16 July 2013
- Deputy Secretary of Defense Memorandum, *Smallpox and Anthrax Vaccine Immunization Programs for the U.S. Northern Command Chemical, Biological, Radiological, and Nuclear Response Enterprise*, 18 Nov 2012
- Deputy Secretary of Defense Memorandum, *Additional Policy Guidance for Smallpox and Anthrax Vaccine Immunization Programs for the U.S. Northern Command Chemical, Biological, Radiological, and Nuclear Response Enterprise*, 03 March 2014
- Assistant Secretary of Defense Memorandum, *Human Rabies Prevention During and After Deployment*, 14 Nov 2011
- CJCS Memorandum, CM-1489-11, *Request Policy Change to Allow for Standardization Immunization for All Service Members Within the Chemical, Biological, Radiological, and Nuclear (CBRN) Response Enterprise*, 21 July 2011
- USACE 385-1-1, *Safety and Health Requirements Manual*, Interim Change 20 July 2012
- Deployment Health Clinical Center, [http://www.pdhealth.mil/about\\_dhcc.asp](http://www.pdhealth.mil/about_dhcc.asp)

*Adopted Forms*

- DD Form 2795, *Pre-Deployment Health Assessment Questionnaire*
- DD Form 2796, *Post-Deployment Health Assessment*
- DD Form 2900, *Post-Deployment Health Reassessment*

*Prescribed Forms*

- NNC Form 11, *NORAD and USNORTHCOM Summary of Medical Fitness*
- NNC Form 12, *Annual Readiness Verification*

**Attachment 2****USNORTHCOM SURGEON'S OFFICE WAIVER PROCESS**

**A2.1.** USNORTHCOM must be prepared to support international partners and U.S. civil authorities in the event of natural and man-made disasters as well as acts of terrorism. Medical readiness is a key measure for mission success. Conditions that are non-limiting in a normal stateside environment can become a critical handicap in a disaster or austere environment where medical care and ancillary services may be affected rendering them limited or non-existent. It is our desire to maximize the number of personnel able to deploy but we must consider each individual's health and safety during deployment.

**A2.2.** The USNORTHCOM Surgeon's office has established IMR requirements in order to optimize the health of responding forces. These requirements are based on current medical intelligence reports for the USNORTHCOM area of operations and limitations deployed units face.

**A2.3.** While an individual may be denied the ability to deploy by policy, authority to approve deployment of medically limited individuals lies solely with the USNORTHCOM Surgeon or those designated individuals as delegated by the USNORTHCOM Surgeon. The USNORTHCOM Chief of Staff is the final appellate authority for USNORTHCOM Surgeon's decision.

**A2.4.** Deploying component command personnel failing to meet USNORTHCOM IMR requirements must submit a waiver through their chain of command to their respective command surgeon's office. USNORTHCOM Surgeon is the appellate authority for component command surgeon waiver decisions and is the waiver authority for all personnel not assigned to a component command. USNORTHCOM Chief of Staff is the appellate authority for USNORTHCOM Surgeon waiver decisions. All direct USNORTHCOM Surgeon waivers (non-component personnel) and component appellate requests must follow the process below:

**A2.4.1.** Complete the USNORTHCOM Medical Waiver Request (Attachment 3 and Attachment 4).

**A2.4.2.** Obtain necessary supplemental information for waiver request.

**A2.4.3.** Submit waiver packages to the USNORTHCOM Surgeon's office via most feasible method (fax, email, hand-delivery, mail).

**A2.4.4.** Waiver packages will be reviewed and any needed supplemental information will be requested before final disposition by the USNORTHCOM Surgeon.

**A2.4.5.** Final approval or denial will be provided to the requesting unit's surgeon's office via e-mail.

**A2.4.6.** Signed waiver requests must be included in the patient's medical record and annotated in any electronic medical records.

**Attachment 3****USNORTHCOM MEDICAL WAIVER REQUEST**

**A3.1.** The medical waiver request is assembled electronically and will require documentation to be scanned for transmission in electronic format. The waiver request will be used by the USNORTHCOM Surgeon or designated appointee to note the disposition of the waiver request and will be returned to the individual submitting the request. Please include as much information as possible as this will decrease follow-up questions and speed decision making. Include only medical information that is pertinent to the waiver request and on a need-to-know basis that is Health Insurance Portability and Accountability Act (HIPAA) compliant.

**A3.2.** USNORTHCOM Medical Waiver Request.

**A3.2.1.** Medical Case Summary (to be completed by healthcare provider).

A3.2.1.1. History of condition

A3.2.1.2. Date of onset/diagnosis

A3.2.1.3. Previous treatments

A3.2.1.4. Current treatments

A3.2.1.5. Limitations or symptoms imposed by condition and/or treatment

A3.2.1.6. Prognosis

A3.2.1.7. Required follow-up (nature and frequency)

**A3.2.2.** Enclosures (as necessary to support request).

A3.2.2.1. Specialty consultations needed to establish diagnosis, treatment plan, and prognosis

A3.2.2.2. Lab reports, pathology reports, tissue examinations to demonstrate a pattern of stability

A3.2.2.3. Reports of relevant studies: x-rays, pictures, films, or procedures (ECG, echocardiogram, catheterization, endoscopic procedures, etcetera)

A3.2.2.4. Summaries and past medical documents (hospital summaries, profiles, etcetera)

A3.2.2.5. Reports of proceedings (tumor boards, medical evaluation boards, etcetera)

**A3.2.3.** Commander/Director Documentation.

A3.2.3.1. Statement of request to deploy an individual with a non-deployable status:

A3.2.3.1.1. Individual's criticality to the mission

A3.2.3.1.2. Changes in individual's duty assignment (if any)

A3.2.3.1.3. Individual's job description and anticipated duties, hours, work environment, etcetera

A3.2.3.1.4. Other comments supportive of deployment

#### A3.2.4. Privacy Act and HIPAA Notice.

A3.2.4.1. All waiver requests and responses shall include appropriate language notifying the recipient of proper use, and disposition of, information contained in these communications. An example is provided as follows:

**“For Official Use Only:** This document may contain information exempt from mandatory disclosure under the Freedom of Information Act (FOIA) of 1986 {Public Law 99-570, 5 USC 552(B)}. This information is also protected by the Privacy Act of 1974 and the Health Insurance Portability and Accountability Act (HIPAA) of 1996 {Public Law 104-191} and any implementing regulations. It must be safeguarded from any potential unauthorized disclosure. If you are not the intended recipient, please contact the sender by reply e-mail and permanently delete/destroy all copies of the original message. Unauthorized possession and/or disclosure of protected health information may result in personal liability for civil and federal criminal penalties.”

A3.2.5. Send the completed package with the cover sheet (**Attachment 4**) to the USNORTHCOM surgeon’s office via most feasible method (fax, email, hand-delivery, mail) with Privacy Act and HIPPA protections (i.e., if emailed needs to be encrypted and marked For Official Use Only).



## Attachment 4

## USNORTHCOM MEDICAL WAIVER REQUEST COVER SHEET

## A4.1. USNORTHCOM Medical Waiver Request.

Patient Name (Last, First, MI)		SSN (Last 4):
DOB:	Age:	Sex:
Diagnosis (ICD9):		
Status:	Rank:	Service:
MOS/NEC/Job Description:		Years of Service:
Home Station/Unit:		
# of Previous Deployments:	Locations:	
Previous waivers (Y/N):		
Deployment Date:	Deployment Location:	
Length of Deployment:	Unit Medical Capabilities:	
Waiver POC:		
Case Summary:		
<p><b>For Official Use Only:</b> This document may contain information exempt from mandatory disclosure under the Freedom of Information Act (FOIA) of 1986 {Public Law 99-570, 5 USC 552(B)}. This information is also protected by the Privacy Act of 1974 and the Health Insurance Portability and Accountability Act (HIPAA) of 1996 {Public Law 104-191} and any implementing regulations. It must be safeguarded from any potential unauthorized disclosure. If you are not the intended recipient, please contact the sender by reply e-mail and permanently delete/destroy all copies of the original message. Unauthorized possession and/or disclosure of protected health information may result in personal liability for civil and federal criminal penalties.</p>		

**A4.2. Cover Sheet Instructions.**

1. Patient Name – enter patient’s name in last, first, middle initial format.
2. SSN – enter only the last four digits of the patient’s social security number.
3. DOB – enter the date of birth in a *DDMMYYYY* format.
4. Age – age in years.
5. Sex – M or F.
6. Diagnosis – enter the ICD9 codes for each of the patient’s medical conditions.
7. Status – enter active/reserve/civilian.
8. Rank – enter the patient’s rank or rate.
9. Service – list the applicable service the patient belongs to. For civilians, list their organization such as the Centers for Disease Control and Prevention (CDC), the Food and Drug Administration (FDA), USNORTHCOM, etcetera.
10. MOS/NEC/Job Description – enter the military job designation or a brief job description (e.g. 2100 physician, communications technician, data analyst).
11. Years of Service – enter the number of years of service the patient has completed.
12. Home Station/Unit – list the patient’s home station and the unit they are attached to.
13. # of Previous Deployments – list the number of deployments the patient has previously completed.
14. Locations – list the locations of the previous deployments.
15. Previous Waivers – did the patient have a previous waiver for these deployments.
16. Deployment Date – list the deployment date for the deployment for this waiver request.
17. Deployment Location – list the location for the deployment for this waiver request.
18. Length of Deployment – list the anticipated length for this deployment.
19. Unit Medical Capabilities – list the medical capabilities that the unit will have (e.g. physician, Independent Duty Corpsman, medic, none, etcetera).
20. Waiver POC – list the name, phone number and e-mail of the provider submitting the waiver request.
21. Case Summary – this is to be completed by the healthcare provider and is to include the clinical information necessary to make a case disposition as noted in A3.2.1.1. through A3.2.1.7. Use additional sheets as necessary.

## Attachment 5

**WAIVER TRACKING FORM**

**A5.1.** All waivers shall be tracked appropriately using the Waiver Tracking Form in **Figure A5.1**. Include Privacy Act and HIPAA paragraph.

**Figure A5.1.** Suggested Waiver Tracking Form.

<b>Name and Rank</b>	<b>Specialty</b>	<b>Waived ICD Code(s)</b>	<b>Deployment Location</b>	<b>Deployment Start Date</b>	<b>Deployment Completion Date</b>	<b>Was Med Evac Required due to Waived Condition?</b>

**For Official Use Only:** This document may contain information exempt from mandatory disclosure under the Freedom of Information Act (FOIA) of 1986 {Public Law 99-570, 5 USC 552(B)}. This information is also protected by the Privacy Act of 1974 and the Health Insurance Portability and Accountability Act (HIPAA) of 1996 {Public Law 104-191} and any implementing regulations. It must be safeguarded from any potential unauthorized disclosure. If you are not the intended recipient, please contact the sender by reply e-mail and permanently delete/destroy all copies of the original message. Unauthorized possession and/or disclosure of protected health information may result in personal liability for civil and federal criminal penalties.

USNORTHCOM MEDICAL WAIVER REQUEST

Patient Name: SSN (Last 4):  
 DOB: Age: Sex:  
 Diagnosis (ICD9): Rank: Service: .  
 Status: Years of Service:  
 MOS/NEC/Job Description:  
 Home Station/Unit: # of Previous Deployments:  
 Previous Waiver (Y/N): Previous Deployment Locations:  
 Anticipated Deployment Date: Length of Deployment:  
 NORTHCOM Unit/Mission Supported:  
 Deployment Location: Deployment Medical  
 POC: Capabilities Available:  
 Case Summary:

**I have reviewed the case summary and hereby submit this request.**

**Signature:**

**USNORTHCOM Surgeon / Component Surgeon Response Waiver**

**Approval: YES NO**

**Signature:**

**NAME, MD MPH**

**CDR MC USN**

**Chief, Preventive Medicine**

**NORAD-USNORTHCOM SG Directorate**

**Comments:**

The things your physician needs to include in his/her letter for you are as follows:

1. **MEDICATIONS:** Include detailed history of medication(s) use. Include specific dosages, length of use on current dosages, frequency of use with prn medications, need for monitoring (labs, EKG, etc.), ability to function without (if lost). If sedatives/ sleep medication, include effects of daytime performance and ability to arouse self from sleep in case of emergency.
2. **BEHAVIORAL HEALTH EVALUATIONS:** Initial (when diagnosis was made), disability evaluation, and subsequent evaluations (including recent).
3. **COURSE OF DIAGNOSIS:** Include history of stability, relapses, lethality, and response to stressors/ major changes/deployments.
4. **COURSE OF TREATMENT:** Include treatment from initial diagnosis to present day. Include therapy, medications, level of treatment required (ie inpatient vs. outpatient), compliancy, response, recent changes/additions (<90 days), ongoing treatment required, success of treatment, and length of stability with/without treatment.
5. **PROGNOSIS:** Include statement on prognosis based on total medical picture and how they will respond to an austere environment. Include how they will be effected by deployment-related stressors (ie sleep deprivation, heat, exposure to trauma, and separation from support systems), and you won't need to follow-up with them until after your deployment.
6. You do not have any active thoughts of homicide or suicide.
7. IAW AR 40-501 and CENTCOM MOD-14, PPGA.
8. If there are any questions concerning this information, please call 915.742.7229 or 915.742.7227.



## **Suggested Information to Include with Waiver Requests.**

Please note this list isn't all inclusive and does not address all conditions that require waivers, but these are the most common ones we see. These are the documents we commonly send up with our waiver requests for supporting documentation. Please send any information with your waiver requests that would help the COCOM with their disposition.

Please note if you are going to EUCOM, they almost always require an O5/O6 memo accepting responsibility for the SM.

### **OSA**

- Original Sleep Study
- Recent 30 day compliance report
- The specific diagnosis of sleep apnea (Moderate, Severe, Symptomatic)
- SRP Provider Note

### **Medication Waiver**

- Letter of Stability/Encounter documentation stating that SM is stable on current dosage with no adjustments over the past 90 days and okay to deploy to austere environment (Template Attached)
- Any information related to specific medication (labs, vital signs, etc)
- SRP Provider Note
- Command Memo

### **Hyperlipidemia**

- Attach Lipid Panel results
- Medications that are treating high cholesterol (statins)
- Current BMI
- Can note exercise routine/current diet
- Current BP/HR
- SRP Provider Note

### **Elevated Framingham >15%**

- Recent EKG
- Lipid Panel
- Stress Test
- ECHO

- Cardiology FFD/Letter of Stability stating the SM can deploy to austere environment
- Current BMI/Vital Signs
- SRP Provider Note

### **Behavioral Health**

- Letter of stability
- Most recent BH provider notes.
- Command memo
- SRP Provider Note
- DA 3822/ Fit for duty

### **BMI**

- Da 5500/ DA 5501
- Command memo
- Address if the SM has any comorbidities
- Last APFT card
- evidence that Soldier is enrolled in the Army body fat composition program