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## HQDA EXORD 011-25 DEPLOYMENT HEALTH ASSESSMENT PROGRAM

**Originator:** DA WASHINGTON DC

**TOR:** 01/10/2025 21:56:12

**DTG:** 102117Z Jan 25

**Prec:** Priority

**DAC:** General

ARLINGTON NATIONAL CEMETERY ARLINGTON VA, ARNG NGB COMOPS ARLINGTON VA, ARNG NGB J3 JOC WASHINGTON DC, ARNGRC ARLINGTON VA, ARNGRC WATCH ARLINGTON VA, CDR 5 ARMY NORTH AOC FT SAM HOUSTON TX, CDR ARMY FUTURES COMMAND AUSTIN TX, CDR ATEC ABERDEEN PROVING GROUND MD, CDR FORSCOM DCS G3 CENTRAL TASKING DIV FT LIBERTY NC, CDR FORSCOM DCS G3 CURRENT OPS FT LIBERTY NC, CDR FORSCOM DCS G3 WATCH OFFICER FT LIBERTY NC, CDR MDW J3 FT MCNAIR DC, CDR MDW JFHQ-NCR FT MCNAIR DC, CDR NETCOM 9THSC FT HUACHUCA AZ, CDR TRADOC CG FT EUSTIS VA, CDR TRADOC DCS G-3-5-7 OPNS CTR FT EUSTIS VA, CDR USAR NORTH FT SAM HOUSTON TX, CDR USARCENT SHAW AFB SC, CDR USAREUR-AF WIESBADEN GE, CDR USASOC COMMAND CENTER FT LIBERTY NC, CDR USASOC FT LIBERTY NC, CDR3RD ARMY USARCENT WATCH OFFICER SHAW AFB SC, CDRAMC REDSTONE ARSENAL AL, CDRFORSCOM FT LIBERTY NC, CDRHRC G3 DCSOPS FT KNOX KY, CDRINSCOM FT BELVOIR VA, CDRINSCOM FT BELVOIR VA, CDRINSCOMIOC FT BELVOIR VA, CDRINSCOMIOC FT BELVOIR VA, CDRMDW WASHINGTON DC, CDRUSACE WASHINGTON DC, CDRUSACIDC FT BELVOIR VA, CDRUSAEIGHT G3 CUOPS SEOUL KOR, CDRUSAEIGHT SEOUL KOR, CDRUSAMEDCOM FT SAM HOUSTON TX, CDRUSARC G33 READ FT LIBERTY NC, CDRUSARCYBER WATCH OFFICER FT EISENHOWER GA, CDRUSAREC FT KNOX KY, CDRUSARPAC CG FT SHAFTER HI, CDRUSARPAC FT SHAFTER HI, COMDT USAWC CARLISLE BARRACKS PA, HQ IMCOM FT SAM HOUSTON TX, HQ INSCOM IOC FT BELVOIR VA, HQ SDDC CMD GROUP SCOTT AFB IL, HQ SDDC OPS MSG CNTR SCOTT AFB IL, HQ USARSO FT SAM HOUSTON TX, HQ USARSO G3 FT SAM HOUSTON TX, HQDA ARMY STAFF WASHINGTON DC, HQDA CSA WASHINGTON DC, HQDA EXEC OFFICE WASHINGTON DC, HQDA IMCOM OPS DIV WASHINGTON DC, HQDA SEC ARMY WASHINGTON DC, HQDA SECRETARIAT WASHINGTON DC, HQDA SURG GEN WASHINGTON DC, MEDCOM HQ EOC FT SAM HOUSTON TX, NETCOM G3 CURRENT OPS FT HUACHUCA AZ, NGB WASHINGTON DC, SMDC ARSTRAT CG ARLINGTON VA, SMDC ARSTRAT G3 ARLINGTON VA, SUPERINTENDENT USMA WEST POINT NY, SURGEON GEN FALLS CHURCH VA, USAR AROC FT LIBERTY NC, USAR CMD GRP FT LIBERTY NC, USAR DCS G33 OPERATIONS FT LIBERTY NC, USARCENT G3 FWD, USARPAC COMMAND CENTER FT SHAFTER HI

**CC:** HQDA AOC DAMO ODO OPS AND CONT PLANS WASHINGTON DC, HQDA AOC G3 DAMO CAT OPSWATCH WASHINGTON DC, HQDA AOC G3 DAMO OD DIR OPS READ AND MOB WASHINGTON DC

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RUIAAAA/ARNGRC WATCH ARLINGTON VA  
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RUIAAAA/CDR ARMY FUTURES COMMAND AUSTIN TX  
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RUIAAAA/CDR FORSCOM DCS G3 CENTRAL TASKING DIV FT LIBERTY NC  
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RUIAAAA/CDR MDW JFHQ-NCR FT MCNAIR DC  
RUIAAAA/CDR NETCOM 9THSC FT HUACHUCA AZ  
RUIAAAA/CDR TRADOC CG FT EUSTIS VA  
RUIAAAA/CDR TRADOC DCS G-3-5-7 OPNS CTR FT EUSTIS VA  
RUIAAAA/CDR USAR NORTH FT SAM HOUSTON TX  
RUIAAAA/CDR USARCENT SHAW AFB SC  
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RUIAAAA/CDR USASOC COMMAND CENTER FT LIBERTY NC  
RUIAAAA/CDR USASOC FT LIBERTY NC  
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RUIAAAA/CDRAMC REDSTONE ARSENAL AL  
RUIAAAA/CDRFORSCOM FT LIBERTY NC  
RUIAAAA/CDRHRC G3 DCSOPS FT KNOX KY

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RUIAAAA/CDRINSCOM FT BELVOIR VA  
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RUEPINF/CDRINCOMIOC FT BELVOIR VA  
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RUIAAAA/CDRUSACE WASHINGTON DC  
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RUIAAAA/CDRUSAEIGHT G3 CUOPS SEOUL KOR  
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RUIAAAA/CDRUSAREC FT KNOX KY  
RUIAAAA/CDRUSARPAC CG FT SHAFTER HI  
RUIAAAA/CDRUSARPAC FT SHAFTER HI  
RUIAAAA/COMDT USAWC CARLISLE BARRACKS PA  
RUIAAAA/HQ IMCOM FT SAM HOUSTON TX  
RUEPHII/HQ INSCOM IOC FT BELVOIR VA  
RUIAAAA/HQ SDDC CMD GROUP SCOTT AFB IL  
RUIAAAA/HQ SDDC OPS MSG CNTR SCOTT AFB IL  
RUIAAAA/HQ USARSO FT SAM HOUSTON TX  
RUIAAAA/HQ USARSO G3 FT SAM HOUSTON TX  
RUEADWD/HQDA ARMY STAFF WASHINGTON DC  
RUEADWD/HQDA CSA WASHINGTON DC  
RUEADWD/HQDA EXEC OFFICE WASHINGTON DC  
RUEADWD/HQDA IMCOM OPS DIV WASHINGTON DC  
RUEADWD/HQDA SEC ARMY WASHINGTON DC  
RUEADWD/HQDA SECRETARIAT WASHINGTON DC  
RUEADWD/HQDA SURG GEN WASHINGTON DC  
RUIAAAA/MEDCOM HQ EOC FT SAM HOUSTON TX  
RUIAAAA/NETCOM G3 CURRENT OPS FT HUACHUCA AZ  
RUIAAAA/NGB WASHINGTON DC  
RUIAAAA/SMDC ARSTRAT CG ARLINGTON VA  
RUIAAAA/SMDC ARSTRAT G3 ARLINGTON VA  
RUIAAAA/SUPERINTENDENT USMA WEST POINT NY  
RUEAUSA/SURGEON GEN FALLS CHURCH VA  
RUIAAAA/USAR AROC FT LIBERTY NC  
RUIAAAA/USAR CMD GRP FT LIBERTY NC  
RUIAAAA/USAR DCS G33 OPERATIONS FT LIBERTY NC  
RUIAAAA/USARCENT G3 FWD  
RUIAAAA/USARPAC COMMAND CENTER FT SHAFTER HI  
INFO RUIAAAA/HQDA AOC DAMO ODO OPS AND CONT PLANS WASHINGTON DC  
RUIAAAA/HQDA AOC G3 DAMO CAT OPSWATCH WASHINGTON DC  
RUIAAAA/HQDA AOC G3 DAMO OD DIR OPS READ AND MOB WASHINGTON DC  
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SUBJ/HQDA EXORD 011-25 DEPLOYMENT HEALTH ASSESSMENT PROGRAM  
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(U) SUBJECT: HQDA EXORD 011-25 DEPLOYMENT HEALTH ASSESSMENT PROGRAM//

(U) REFERENCES.

REF//A/ TITLE 10 USC, CHAPTER 55, SECTION 1074, MEDICAL AND DENTAL CARE//

REF//B/ DEPARTMENT OF DEFENSE INSTRUCTION (DODI) 6490.03/DEPLOYMENT HEALTH/JUNE 2019//

REF//C/ DODI 6490.07/ DEPLOYMENT-LIMITING MEDICAL CONDITIONS FOR SERVICE MEMBERS AND DOD CIVILIAN EMPLOYEES/FEBRUARY 2010//

REF//D/ DODI 6200.05/FORCE HEALTH PROTECTION (FHP) QUALITY ASSURANCE (QA) PROGRAM /MAY 2018

REF//E/ DHAPI 6200.05/FORCE HEALTH PROTECTION (FHP) QUALITY ASSURANCE (QA) PROGRAM / MAY 2018//

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REF//F/ DODI 1241.01/ RESERVE COMPONENT (RC) LINE OF DUTY  
DETERMINATION FOR MEDICAL AND DENTAL TREATMENTS AND INCAPACITATION  
PAY/19 APRIL 2016//  
REF//G/ OSD HA/MEMORANDUM/ POLICY FOR INDIVIDUAL MEDICAL READINESS  
METRICS/ APRIL 2003//  
REF//H/ OSD HA/MEMORANDUM/IMPLEMENTATION OF REVISED DEPARTMENT OF  
DEFENSE FORMS 2795, 2796, AND 2900/JULY 2012//  
REF//I/ HQDA EXORD 178-11, MOBILIZATION COMMAND SUPPORT RELATIONSHIPS  
AND REQUIREMENTS BASED DEMOBILIZATION PROCESS WITH FRAGOS 1 AND  
2/APRIL 2011//  
REF//J/ HQDA EXORD 185-11, REDUCTION OF NON-DEPLOYABLES/APRIL 2011//  
  
REF//K/ ARMY DIRECTIVE 2012-13, POLICY AND IMPLEMENTING GUIDANCE FOR  
DEPLOYMENT CYCLE SUPPORT/MAY 2012//  
REF//L/ HQDA EXORD 110-13, READY AND RESILIENT CAMPAIGN PLAN/MARCH  
2013//  
2013//M/ HQDA EXORD 270-17, DEPLOYMENT HEALTH ASSESSMENT  
PROGRAM/OCTOBER 2017//  
REF//N/ ARMY REGULATION (AR) 40-66, MEDICAL RECORD ADMINISTRATION AND  
HEALTHCARE DOCUMENTATION/RAR JANUARY 2010//  
REF//O/ AR 40-501, STANDARDS OF MEDICAL FITNESS//27 JUNE 2019//  
REF//P/ AR 220-1, UNIT STATUS REPORTING/16 AUGUST 2022//  
REF//Q/ AR 350-53, COMPREHENSIVE SOLDIER, AND FAMILY FITNESS/ 19 JUNE  
2014//  
REF//R/ AR 600-8-101, PERSONNEL READINESS PROCESSING/ MARCH 2018//  
REF//S/ AR 600-20, ARMY COMMAND POLICY/24 JULY 2020//  
REF//T/ IAW DODI 6055.12/ HEARING CONSERVATION PROGRAM/ 14 AUGUST  
2019//  
REF//U/ AR 40-5, ARMY PUBLIC HEALTH PROGRAM/ 12 MAY 2020//  
REF//V/ ARMY DCS, G-1 MEMO, DA CIVILIAN POST-DEPLOYMENT HEALTH  
REASSESSMENT (PDHRA) COMPLIANCE/28 JULY 2008//  
REF//W/ ARMY DCS, G-1, MEMO, DEPARTMENT OF THE ARMY CIVILIAN POST-  
DEPLOYMENT HEALTH REASSESSMENT IMPLEMENTATION GUIDANCE/03 MARCH  
2016//  
REF//X/ ARMY DCS, G-1, MEMO, POST-DEPLOYMENT HEALTH REASSESSMENT  
(PDHRA) COMPLIANCE/06 MAY 2010//  
REF//Y/ ARMY DCS G-1 MEMO, DEPLOYMENT HEALTH ASSESSMENT PROGRAM  
(DHAP)/MARCH 2013//  
REF//Z/ ARMY MANPOWER AND RESERVE AFFAIRS POST-DEPLOYMENT HEALTH  
REASSESSMENT (PDHRA) IMPLEMENTATION PLAN/JANUARY 2006//  
REF//AA/ ARMY MEDICAL COMMAND OPERATIONS ORDER 14-65, DEPLOYMENT  
HEALTH ASSESSMENT PROGRAM, 120830Q/ MAY 2014//  
REF//BB/ ARMY MEDICAL COMMAND OPERATIONS ORDER 12-59, POST-DEPLOYMENT  
HEALTH REASSESSMENT (PDHRA) FOR REDEPLOYED CIVILIANS/30 JULY 2012//  
REF//CC/ USAR OPERATION ORDER 15-131 (UNITED STATES ARMY RESERVE  
(USAR) DEPLOYMENT HEALTH ASSESSMENT PROGRAM (DHAP) UPDATE/JULY 2015//  
REF//DD/ IMCOM OPERATION ORDER 11-271, INCORPORATION OF THE POST-  
DEPLOYMENT HEALTH REASSESSMENT (PDHRA) AT IN- AND OUT-PROCESSING/ 18  
MARCH 2011//  
REF//EE/ MOD SEVENTEEN TO USCENTCOM INDIVIDUAL PROTECTION AND  
INDIVIDUAL - UNIT DEPLOYMENT POLICY// 17 APRIL 2023//  
REF//FF/ DD FORM 2795/PRE-DEPLOYMENT HEALTH ASSESSMENT (PRE-  
DHA)/SEPTEMBER 2012//  
REF//GG/ DD FORM 2796/POST DEPLOYMENT HEALTH ASSESSMENT  
(PDHA)/SEPTEMBER 2012//  
REF//HH/ DD FORM 2900/POST-DEPLOYMENT HEALTH REASSESSMENT  
(PDHRA)/SEPTEMBER 2012//  
REF//II/ MEDCOM MEMO, MEDICAL TREATMENT POLICY FOR ARMY CIVILIAN  
EMPLOYEES WITH ACCEPTED JOB-RELATED INJURY OR ILLNESS CLAIMS/14  
OCTOBER 2016//  
REF//JJ/ DHAPI 6490.03/DEPLOYMENT HEALTH PROCEDURES//19 JUNE 2019//  
REF//KK/ DA FORM 7425/READINESS AND DEPLOYMENT CHECKLIST// 2 01

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2015//  
REF//LL/ DA FORM 5123/IN- AND OUT- PROCESSING RECORDS CHECKLIST// 2  
01  
2015//  
REF//MM/ AR 600-8-2/ SUSPENSION OF FAVORABLE PERSONNEL ACTIONS  
(FLAG)// 05 MAY 2021//  
REF//NN/ DODI 6025.19/INDIVIDUAL MEDICAL READINESS PROGRAM/13 JULY  
2022

NARR// (U) THIS HQDA EXORD SUPERSEDES REFERENCE M. KEY CHANGES AND ADDITIONS OUTLINED IN THIS EXORD INCLUDE: CLARIFICATION OF THE PRE-DEPLOYMENT HEALTH ASSESSMENT (PRE-DHA, DD 2795) TIME FRAME FOR COMPLETION; ADDS POST DEPLOYMENT HEALTH REASSESSMENT (PDHRA) COMPLETION GOAL OF 95% OR GREATER; AND ADDS SPECIFIC GUIDANCE ON PAST-DUE AND INCOMPLETE DEPLOYMENT-RELATED HEALTH ASSESSMENTS (DRHAS) (PRE-DHA, PDHA, AND PDHRA)//

1. (U) SITUATION.

1.A. (U) THE ARMY DHAP IS DESIGNED TO ADDRESS DEPLOYMENT-RELATED PHYSICAL AND BEHAVIORAL HEALTH NEEDS AND CONCERNS OF SOLDIERS, DEPARTMENT OF THE ARMY (DA) CIVILIANS, AND CONTRACTORS WITHIN THE DEPLOYMENT CYCLE. THE DHAP SUPPORTS THE ARMYWIDE EFFORT TO PROMOTE WELL-BEING, REDUCE THE NUMBER OF PERSONNEL NOT MEDICALLY READY, AND MAXIMIZE UNIT READINESS. THE MISSION AND SCOPE OF THE DHAP INCLUDES ACTIVE COMPONENT (AC), ARMY NATIONAL GUARD (ARNG), UNITED STATES ARMY RESERVE (USAR), INDIVIDUAL READY RESERVE (IRR), DA CIVILIANS, AND CONTRACTORS. DA CONTRACTORS ARE ONLY INCLUDED IN THE ARMY DHAP TO THE EXTENT PROVIDED IN APPLICABLE CONTRACTS OR SERVICE POLICY. SPECIFIC DHAP PROCESS GUIDANCE VARIES BASED ON COMPONENT AND LOCATION.

1.B. (U) REFERENCE B MANDATES THREE DEPLOYMENT-RELATED HEALTH ASSESSMENTS: A PRE-DEPLOYMENT HEALTH ASSESSMENT (PRE-DHA, DD FORM 2795) TO BE COMPLETED UP TO 120 DAYS PRIOR TO THE EXPECTED DEPLOYMENT DATE IAW OSD HA MEMO DTG JULY 2012; A POST-DEPLOYMENT HEALTH ASSESSMENT (PDHA, DD FORM 2796) TO BE COMPLETED AS CLOSE TO THE REDEPLOYMENT DATE AS POSSIBLE, BUT NOT EARLIER THAN 30 DAYS BEFORE THE EXPECTED REDEPLOYMENT AND NO LATER THAN 30 DAYS AFTER REDEPLOYMENT; AND A POST-DEPLOYMENT HEALTH REASSESSMENT (PDHRA, DD FORM 2900) TO BE COMPLETED BETWEEN 90-180 DAYS AFTER REDEPLOYMENT. IN ORDER TO ROUND OUT THE DRHA PROCESS, DEPLOYMENT CYCLE RESILIENCE TRAINING (DCRT) MODULES AND MATERIALS ARE DESIGNED TO SUPPORT INDIVIDUALS IN THE DEPLOYMENT CYCLE AND COINCIDE WITH THE COMPLETION OF THE THREE DRHAS.

2. (U) MISSION. EFFECTIVE IMMEDIATELY, ARMY WILL IMPLEMENT THE DHAP TO: 1) ENSURE ALL DEPLOYING SOLDIERS, DA CIVILIANS, AND CONTRACTORS COMPLETE THE ASSESSMENTS WITHIN DIRECTED TIMELINES TO IDENTIFY EMERGING PHYSICAL AND BEHAVIORAL CONDITIONS; 2) REFER INDIVIDUALS FOR PRIORITIZED HEALTHCARE; AND 3) MAXIMIZE INDIVIDUAL RESILIENCE AND THE OPERATIONAL READINESS OF THE TOTAL ARMY.

3. (U) EXECUTION.

3.A. (U) INTENT. EXECUTE A STANDARDIZED DHAP TO ENSURE EVERY INDIVIDUAL SOLDIER, DA CIVILIAN, AND CONTRACTOR IS MEDICALLY PREPARED TO DEPLOY AND IS PROVIDED THE APPROPRIATE AND TIMELY MEDICAL CARE UPON RETURN FROM DEPLOYMENT.

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## 3.B. (U) CONCEPT OF OPERATIONS.

### 3.B.1. (U) DIRECTED TIMELINES:

3.B.1.A. (U) ALL PERSONNEL WHO DEPLOY FOR GREATER THAN 30 DAYS OUTSIDE THE CONTINENTAL UNITED STATES (OCONUS) WILL COMPLETE A PRE-DEPLOYMENT HEALTH ASSESSMENT (PRE-DHA, DD FORM 2795) UP TO 120 DAYS PRIOR TO THE EXPECTED DEPLOYMENT DATE.

3.B.1.B. (U) COMPLETE THE POST-DEPLOYMENT HEALTH ASSESSMENT (PDHA, DD FORM 2796) AS CLOSE TO THE REDEPLOYMENT DATE AS POSSIBLE, BUT NOT EARLIER THAN 30 DAYS BEFORE THE EXPECTED REDEPLOYMENT DATE AND NLT 30 DAYS AFTER REDEPLOYMENT.

3.B.1.C. (U) RESERVE COMPONENT AND ARNG SOLDIERS WILL COMPLETE THE PDHA (DD FORM 2796) BEFORE THEY ARE RELEASED FROM ACTIVE DUTY, ACTIVE-DUTY OPERATIONAL SUPPORT (ADOS), OR ACTIVE-DUTY TRAINING (ADT).

3.B.1.D. (U) COMPLETE THE POST-DEPLOYMENT HEALTH REASSESSMENT (PDHRA, DD FORM 2900) 90-180 DAYS AFTER REDEPLOYMENT, OR PRIOR TO SEPARATION. SOLDIERS TRANSITIONING DUE TO PERMANENT CHANGE OF STATION (PCS), TEMPORARY CHANGE OF STATION (TCS), OR TRANSITION TO THE ARNG OR USAR ARE REQUIRED TO COMPLETE THE PDHRA WITHIN THE 90-180 DAY WINDOW AFTER REDEPLOYMENT, BUT ARNG OR USAR SOLDIERS ARE NOT REQUIRED TO COMPLETE THE PDHRA PRIOR TO RELEASE FROM ACTIVE DUTY, ACTIVE-DUTY OPERATIONAL SUPPORT (ADOS), OR ACTIVE-DUTY TRAINING (ADT).

3.B.2. (U) COMBATANT COMMANDERS, ARMY SERVICE COMPONENT COMMANDERS (ASCC), OR COMMANDERS EXERCISING OPERATIONAL CONTROL (DEFINED AS COMMANDERS FROM THIS POINT ON) WILL CONDUCT HEALTH RISK ASSESSMENTS IAW REFERENCE B IOT DETERMINE THE NEED FOR DRHA COMPLETIONS FOR ALL OCONUS DEPLOYMENTS OF 30 DAYS OR LESS AND CONTINENTAL UNITED STATES (CONUS) DEPLOYMENTS TO ANY LOCATION.

3.B.3. (U) EACH DEPLOYMENT HEALTH ASSESSMENT PROVIDES PERSONNEL WITH THE OPPORTUNITY TO CONDUCT A SELF-ASSESSMENT, HAVE A CONFIDENTIAL CONVERSATION WITH A HEALTHCARE PROVIDER, AND RECEIVE PRIORITIZED CARE TO ADDRESS DEPLOYMENT-RELATED HEALTH CONCERNS.

## 3.C. (U) TASKS TO ARMY STAFF AND SUBORDINATE UNITS AND REQUESTS FOR SUPPORT.

3.C.1. (U) ASSISTANT SECRETARY OF THE ARMY (MANPOWER AND RESERVE AFFAIRS) (ASA (M&RA)). REQUEST ASA (M&RA):

3.C.1.A. (U) AS THE EXECUTIVE OFFICE OF THE ARMY DHAP, PROVIDE DA POLICY OVERSIGHT.

3.C.2. (U) HQDA DEPUTY CHIEF OF STAFF (DCS), G-9.

3.C.2.A. (U) DESIGNATE A DHAP EXECUTIVE OFFICER AND MAINTAIN A DHAP MANAGEMENT OFFICE.

3.C.2.B. (U) PROVIDE POLICY GUIDANCE FOR INCORPORATING THE DHAP INTO DEPLOYMENT CYCLE SUPPORT (DCS) TO ENSURE ALL ACTIVE COMPONENT (AC), ARMY NATIONAL GUARD (ARNG), U.S. ARMY RESERVE COMPONENTS (USAR), AND DA CIVILIAN PERSONNEL MEETING THE DRHA CRITERIA COMPLETE THEIR DRHAS IN COMPLIANCE WITH DEPARTMENT OF DEFENSE (DOD) AND ARMY DIRECTIVES.

3.C.2.C. (U) PROVIDE DHAP POLICY GUIDANCE THAT ADDRESSES LINE OF DUTY (LOD) REQUIREMENTS AND PROCEDURES FOR RESERVE COMPONENT SOLDIERS IOT ENSURE ACCESS TO HEALTHCARE FROM THE DIRECT CARE SYSTEM, THE TRICARE NETWORK VIA DHA GREAT LAKES, AND THE U.S. DEPARTMENT OF VETERANS AFFAIRS (VA).

3.C.2.D. (U) COLLABORATE WITH AND ASSIST THE OFFICE OF THE SURGEON GENERAL (OTSG) AND MEDICAL COMMAND (MEDCOM) IN ADDRESSING DHAP EXECUTION ISSUES, METRICS, AND STAFF ASSISTANCE VISITS.

3.C.2.E. (U) LEVERAGE THE KEY TENETS OF THE HQDA READY AND RESILIENT CAMPAIGN (R2C) WITH THE DHAP TO FORM A COMPREHENSIVE APPROACH IN ADDRESSING THE IMMEDIATE AND ENDURING NEEDS OF ALL SOLDIERS AND ARMY CIVILIANS.

3.C.2.F. (U) STRENGTHEN COORDINATION BETWEEN THE HUMAN RESOURCES (HR), MEDICAL, AND ARMY COMMAND COMMUNITIES TO MAXIMIZE SOLDIER PARTICIPATION, REDUCE NON-DEPLOYABLE RATES, AND INCREASE UNIT READINESS.

3.C.2.G. (U) DEVELOP PUBLIC AFFAIRS MESSAGES/METHODS TO COMMUNICATE DHAP BENEFITS AND ENCOURAGE SUPPORT FOR COMMANDERS, LEADERS, SOLDIERS, DA CIVILIANS, AND FAMILY MEMBERS.

3.C.2.H. (U) COORDINATE WITH OTSG/MEDCOM IN DEVELOPING PROTOCOLS TO RECORD COMPLETION OF THE DRHA SCREENING PROCESS IN THE PERSONNEL RECORDS OF ALL ELIGIBLE DA CIVILIANS UTILIZING THE MEDPROS SYSTEM.

3.C.2.I. (U) TRACK DRHA COMPLETION/COMPLIANCE FOR ELIGIBLE DA CIVILIANS. THE PDHRA (DD FORM 2900) SCREENING WILL BE COMPLETED WITHIN 90-180 DAYS ONLINE, WITH FOLLOW-UP SCREENING ASSESSMENT COMPLETED EITHER FACE-TO-FACE OR PERSON-TO-PERSON (E.G., VIRTUAL OR TELEPHONE) BY A HEALTHCARE PROVIDER.

3.C.2.I.1. (U) THE PDHRA (DD FORM 2900) SCREENING WILL BE COMPLETED ONLINE: WITHIN 90-180 DAYS FOLLOWING REDEPLOYMENT; 3-6 MONTHS AFTER DISCHARGE FROM A MEDICAL FACILITY AS AN INPATIENT IF EVACUATED FROM A COMBAT ZONE; OR 3-6 MONTHS FROM THE DATE OF MEDICAL EVACUATION FROM A COMBAT ZONE IF NEVER ADMITTED AS AN INPATIENT.

3.C.2.I.2. (U) IF NOT PREVIOUSLY OFFERED THE OPPORTUNITY, SEPARATED DA CIVILIANS SHALL BE OFFERED THE OPPORTUNITY TO COMPLETE THE PDHRA DD FORM 2900. ELIGIBLE SEPARATED DA CIVILIANS ARE DEFINED AS EMPLOYEES NO LONGER ON THE AGENCY ROLLS YET ARE STILL DOD EMPLOYEES WHO HAVE DEPLOYED OCONUS. THE RESERVE HEALTH READINESS PROGRAM (RHRP) SHALL INCLUDE INFORMATION ON HOW THESE EMPLOYEES CAN COMPLETE THE ONLINE PORTION OF THE PDHRA AND WILL CLARIFY NECESSARY ACTIONS TO COMPLETE THEIR FOLLOW-UP SCREENING ASSESSMENTS WITH A HEALTH CARE PROVIDER. LINK TO THE RHRP PHONE AND WEBSITE 1-833-782-RHRP (7477) or [HTTPS://SMP.QTCM.COM](https://smp.qtc.com)

3.C.2.J. (U) TRACK DRHA COMPLETION FOR ELIGIBLE INACTIVE NATIONAL GUARD (ING), IRR, AND RETIREE RECALL SOLDIERS. ELIGIBLE ING, IRR, AND RETIREE RECALL SOLDIERS ARE DEFINED AS SOLDIERS ASSIGNED TO ONE OF THE AFOREMENTIONED CATEGORIES WHO HAVE DEPLOYED OCONUS AFTER 09 MARCH 2005.

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3.C.2.J.1. (U) PROVIDE NOTIFICATION TO THESE SOLDIERS TO ATTEND THE REQUIRED DRHA SCREENING OFFERED AT A SITE WITHIN THEIR STATES OR REGIONS OR OFFER THEM THE OPTION TO COMPLETE THE PDHRA (DD FORM 2900) ONLINE, WITH A FOLLOW-UP SCREENING ASSESSMENT BY A HEALTHCARE PROVIDER CONDUCTED EITHER FACE-TO-FACE OR PERSON-TO-PERSON (E.G., VIRTUAL OR TELEPHONE). THESE SOLDIERS WILL COMPLETE THE DRHA AND ATTEND THE SCREENING AFTER RETURNING FROM DEPLOYMENT AND PRIOR TO BEING RELEASED FROM ACTIVE DUTY, ACTIVE-DUTY OPERATIONAL SUPPORT (ADOS), OR ACTIVE-DUTY TRAINING (ADT).

3.C.3. (U) OFFICE OF THE SURGEON GENERAL (OTSG).

3.C.3.A. (U) PROVIDE PROGRAM OVERSIGHT, GUIDANCE, AND SUPPORT ASSOCIATED WITH DHAP PROCESSES FOR PRE-DHA, PDHA, AND PDHRA ASSESSMENTS; TRACKING REFERRALS FOR EVALUATION/TREATMENT PROGRAM EVALUATION; AND ELECTRONIC DOCUMENTATION IN MODS, THE ELECTRONIC HEALTH RECORD (EHR) OR THE HEALTH READINESS RECORD (HRR), AND OTHER SUPPORTING SYSTEMS.

3.C.3.B. (U) PROVIDE DIRECT LIAISON AND COORDINATION OF DHAP POLICIES AND PROCEDURES WITH OFFICE OF SECRETARY OF DEFENSE-HEALTH AFFAIRS (OSD-HA); DEFENSE HEALTH AGENCY; HQDA DCS, G-9; ARNG; USAR; U.S. NAVY; AND U.S. AIR FORCE.

3.C.3.C. (U) MAINTAIN, UPDATE, AND COORDINATE CURRENT DHAP POLICIES AND STAFFING PROCEDURES TO INCLUDE HQDA EXECUTION ORDERS (EXORDS), RELATED MEDCOM OPERATIONAL ORDERS (OPORDS), ALL ARMY ACTIVITY (ALARACT) MESSAGES, OTSG EXECUTIVE SUMMARIES (EXUMS), AND INFORMATION PAPERS.

3.C.3.D. (U) CONDUCT ORGANIZATIONAL INSPECTION PROGRAMS (OIPS) AND STAFF ASSISTANCE VISITS (SAVS) WITH SUPPORT FROM HQDA DCS, G-9 DHAP; CHIEF ARMY RESERVE/COMMANDING GENERAL (CG), U.S. ARMY RESERVE COMMAND (USARC); THE NATIONAL GUARD BUREAU (NGB); ASSISTANT CHIEF OF STAFF FOR INSTALLATION MANAGEMENT/INSTALLATION MANAGEMENT COMMAND (IMCOM); AND U.S. ARMY FORCES COMMAND (FORSCOM) AS APPROPRIATE.

3.C.3.E. (U) COLLABORATE WITH HQDA DCS, G-9 TO IMPLEMENT THE MEDICAL ASPECTS OF THE DHAP AND PROVIDE ASSISTANCE TO IMCOM, SOLDIER READINESS PROCESSING (SRP) SITES, AND COMMANDS WITH ORGANIC MEDICAL ASSETS AS REQUESTED.

3.C.3.F. (U) COORDINATE WITH OSD-HA AND HQDA DCS, G-9 DHAP OFFICE TO DEVELOP DHAP TRAINING, EDUCATIONAL, AND OUTREACH MATERIALS FOR SOLDIERS, DA CIVILIANS, HEALTHCARE PROVIDERS AND SUPPORT STAFF, UNIT LEADERS, AND LEADERSHIP AT ALL LEVELS. PRODUCE AND POST INFORMATION MATERIALS FOR UNIT COMMANDERS TO INCREASE UNDERSTANDING AND AWARENESS OF THE DHAP PROCESS BY UTILIZING A VARIETY OF COMMUNICATION MEDIUMS TO INCLUDE INFORMATION BRIEFS, WEBSITES, S1NET, AND OTHER ARMY-APPROVED STRATEGIC COMMUNICATION CHANNELS.

3.C.3.G. (U) MANAGE AND COORDINATE DHAP EXECUTION WITH MEDCOM TO ENSURE HEALTHCARE PROVIDERS WHO ADMINISTER DRHA SCREENINGS AT SRP SITES, MEDICAL READINESS CLINICS, OCCUPATIONAL HEALTH CLINICS SOLDIER RECOVERY UNIT (SRU), AND OTHER SITES THAT ARE ORIENTED, TRAINED, AND

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EQUIPPED TO SUPPORT DHAP.

3.C.3.H. (U) COORDINATE DHAP EXECUTION WITH THE SEPARATION HISTORY AND PHYSICAL EXAMINATION (SHPE) TO ADMINISTER THE APPROPRIATE DRHA FORM AS PART OF SEPARATION PHYSICALS FOR ELIGIBLE SOLDIERS SEPARATING FROM THE SERVICE FOR ANY REASON. PDHRA COMPLETION IS AUTHORIZED WITHIN THE 0-89 DAY WINDOW FOLLOWING DEPLOYMENT FOR SEPARATING AND TRANSITIONING SOLDIERS. SEPARATIONS INCLUDE RETIREMENT, INVOLUNTARY SEPARATIONS, AND EXPIRATION TERM OF SERVICE (ETS).

3.C.3.I. (U) ANALYZE DRHA COMPLETION/COMPLIANCE DATA AND ADVISE LEADERSHIP ACROSS THE ARMY ON THE CURRENT PROGRAM STATUS AND TRENDS ASSOCIATED WITH THE DHAP.

3.C.3.J. (U) IMPLEMENT MEDICAL OPERATIONAL DATA SYSTEM (MODS) CHANGES AND ENHANCEMENTS TO ACCOMMODATE THE MOST RECENT DOD-APPROVED VERSIONS OF THE DRHA FORMS; FACILITATE COMPLETION OF THE FORMS BY SOLDIERS AND PROVIDERS; AND ENSURE MODS REPORTING CAPABILITIES ASSIST COMMANDS IN MONITORING COMPLETION AND COMPLIANCE.

3.C.3.K. (U) ENSURE MODS HELP DESK PERSONNEL ARE TRAINED, AVAILABLE, AND READY TO ASSIST THE FIELD IN EXECUTING THE DHAP.

3.C.3.L. (U) INCREASE AND IMPROVE THE MODS TRACKING AND MONITORING CAPABILITIES TO COVER ALL DRHA FORMS FOR SOLDIERS AND DA CIVILIANS.

3.C.4. (U) COMMANDERS, ARMY COMMANDS (ACOM), ARMY SERVICE COMPONENT COMMANDS (ASCC), DIRECT REPORTING UNITS (DRU), AND FIELD OPERATING AGENCIES (FOA).

3.C.4.A. (U) INTEGRATE THE DHAP INTO DEPLOYMENT CYCLE SUPPORT ACTIVITIES AND COMMUNICATE THE IMPORTANCE OF DRHAS.

3.C.4.B. (U) DEVELOP SUPPORTING PLANS TO EXECUTE IMPLEMENTATION OF THE DHAP FOR DEPLOYING AND REDEPLOYING UNITS IAW THIS EXORD AND DEPLOYMENT CYCLE SUPPORT GUIDANCE.

3.C.4.C. (U) TRACK DRHA COMPLETIONS, FOCUSING ON COMPLIANCE WITH THE SPECIFIED WINDOWS OF TIME FOR EACH ASSESSMENT (E.G., COMPLETION OF PDHRA 90-180 DAYS FOLLOWING DEPLOYMENT) AS A COMMAND ITEM OF INTEREST.

3.C.4.D. (U) COORDINATE WITH THE SUPPORTING IMCOM GARRISON TO ENSURE ALL SOLDIERS WHO ARE PCS'ING, ETS'ING, RETIRING, SEPARATING FROM SERVICE, OR TRANSITIONING BETWEEN ARMY COMPONENTS ARE DIRECTED TO COMPLETE THE APPROPRIATE PDHRA SCREENING. THESE PERSONNEL MAY COMPLETE THE PDHRA PRIOR TO THE 90-180 DAY WINDOW.

3.C.4.E. (U) UNIT COMMANDERS, TO INCLUDE MULTI-COMPONENT UNIT COMMANDERS, WILL ENSURE ALL ASSIGNED SOLDIERS AND DA CIVILIANS COMPLETE THE DRHA SCREENINGS ON TIME, REGARDLESS OF COMPONENT.

3.C.4.F. (U) UNIT COMMANDERS WILL TRACK DATA AS DIRECTED ON THEIR UNIT'S PROGRESS TOWARD ACHIEVING A DRHA COMPLIANCE RATE OF 95% OR GREATER WITHIN THE APPROPRIATE TIME WINDOW AND A DRHA COMPLETION RATE OF 95% OR GREATER FOR ALL APPLICABLE SOLDIERS AND DA CIVILIANS. COMPLIANCE IS DEFINED AS THOSE DRHAS COMPLETED ON TIME; COMPLETION IS DEFINED AS DRHAS COMPLETED EITHER ON TIME OR OVERDUE.

3.C.4.G. (U) COMMANDERS WILL REVIEW THE COMMANDER'S PORTAL AND WILL DIRECT ALL DEFICIENT PERSONNEL TO COMPLETE REQUIRED DRHAS.



3.C.4.H. (U) BE PREPARED TO REPORT ON PAST-DUE DRHAS TO SENIOR LEADERSHIP DURING SENIOR LEADER BRIEFS (E.G., STRATEGIC READINESS UPDATES, COMMAND UPDATE BRIEFS).

3.C.4.I. (U) UNIT COMMANDERS ARE RESPONSIBLE FOR ENSURING SOLDIERS COMPLETE ANNUAL PERIODIC HEALTH ASSESSMENTS (PHAS) AND DEPLOYMENT-RELATED HEALTH ASSESSMENT (DRHAS).

3.C.5. (U) CHIEF, NATIONAL GUARD BUREAU (CNGB)/DIRECTOR, ARMY NATIONAL GUARD (ARNG).

3.C.5.A. (U) COORDINATE WITH FORSCOM, ARMY HQDA DCS, G-9 AND OTSG TO ESTABLISH PLANS, POLICIES, AND PROGRAMS TO ENSURE ALL ARNG SOLDIERS WHO MEET ELIGIBILITY CRITERIA COMPLETE THEIR DRHA SCREENINGS IOT COMPLY WITH REFERENCE B.

3.C.5.B. (U) ESTABLISH THE ARNG NGB DHAP TEAM TO PROVIDE OVERSIGHT, GUIDANCE, AND SOLDIER EDUCATION TO ALL 54 STATES AND TERRITORIES INCLUDING THE DISTRICT OF COLUMBIA REGARDING DRHA COMPLETION/ COMPLIANCE AND DRHA REFERRALS. THE ARNG NGB DHAP TEAM WILL REPORT ALL ESTABLISHED METRICS AND SERVE AS THE ARNG DHAP POINT OF CONTACT WHEN REQUIRED.

3.C.5.C. (U) ESTABLISH REPORTING PROCEDURES AND METRICS TO MONITOR AND TRACK DRHA COMPLETION/COMPLIANCE OF ALL SUBORDINATE UNITS IAW REFERENCE B.

3.C.5.D. (U) NGB DHAP TEAM AND DHAP COORDINATORS WILL DEVELOP SUPPORTING PLANS TO EXECUTE IMPLEMENTATION OF THE DHAP FOR DEPLOYING AND REDEPLOYING UNITS IAW THIS EXORD AND DEPLOYMENT CYCLE SUPPORT GUIDANCE.

3.C.5.E. (U) NGB DHAP TEAM, DHAP COORDINATORS, AND UNIT COMMANDERS WILL TRACK DRHA COMPLETIONS, FOCUSING ON COMPLIANCE WITHIN THE SPECIFIED WINDOWS OF TIME FOR EACH ASSESSMENT AS A COMMAND ITEM OF INTEREST (E.G., COMPLETION OF PDHRA 90-180 DAYS FOLLOWING DEPLOYMENT).

3.C.5.F. (U) DEPENDING UPON THEIR ELIGIBILITY AT THE TIME OF THE DRHA SCREENINGS, DHAP COORDINATORS WILL EDUCATE ARNG SOLDIERS REQUIRING EVALUATION/TREATMENT AS A RESULT OF THEIR DRHA SCREENINGS ON THEIR OPTIONS TO RECEIVE CARE SERVICES THROUGH THE TRICARE NETWORK VIA: DRHA GREAT LAKES; A MILITARY TREATMENT FACILITY (MTF); OR A U.S. DEPARTMENT OF VETERANS AFFAIRS (VA) HEALTH FACILITY.

3.C.5.G. (U) DHAP COORDINATORS WILL EDUCATE SOLDIERS ON AVAILABLE BENEFITS FOR LOD CARE AND ENSURE REFERRALS ARE DOCUMENTED ON THE APPROPRIATE FORMS.

3.C.5.H. (U) ENSURE THAT LOD INVESTIGATIONS ASSOCIATED WITH DRHA REFERRALS ARE COMPLETED IAW ARMY REGULATIONS, AND THAT EVALUATION/TREATMENT OFFERED TO THE SOLDIER COMMENSURATE WITH ELIGIBILITY CRITERIA.

3.C.5.I. (U) DHAP COORDINATORS WILL BE PREPARED TO ASSIST THE NGB DHAP TEAM WITH STAFF ASSISTANCE VISITS AS REQUIRED.

3.C.5.J. (U) DHAP COORDINATORS WILL COORDINATE WITH THE SUPPORTING COMMANDS AND ENSURE ALL SOLDIERS WHO MUST COMPLETE THEIR DRHAS THAT

ARE PCS'ING, ETS'ING, RETIRING, SEPARATING FROM THE SERVICE, OR TRANSITIONING BETWEEN ARMY COMPONENTS, COMPLETE THE APPROPRIATE PDHRA SCREENING. THESE PERSONNEL MAY COMPLETE THE PDHRA PRIOR TO THE 90-180 DAY WINDOW.

3.C.5.K. (U) DHAP COORDINATORS AND UNIT COMMANDERS WILL ENSURE ALL ASSIGNED SOLDIERS AND DA CIVILIANS COMPLETE ALL DRHA SCREENINGS WITHIN COMPLIANCE TIME FRAMES IAW PARAGRAPH 1.B. SERVICEMEMBERS ARE TO BE FLAGGED FOR NON-COMPLETION. IAW REFERENCE MM, THE FLAG CAN BE REMOVED ON THE DATE OF COMPLIANCE.

3.C.5.L. (U) THE ELECTRONIC CASE MANAGEMENT (ECASE) IS THE DATABASE OF RECORD FOR DRHA REFERRALS. DHAP COORDINATORS AND UNIT COMMANDERS WILL ASSIST SOLDIERS IN SCHEDULING AND ATTENDING APPOINTMENTS FOR FURTHER CARE. DRHA REFERRALS WILL BE CONSIDERED OVERDUE AFTER 30 DAYS. IAW REFERENCE F, SERVICEMEMBERS HAVE UP TO 180 DAYS AFTER COMPLETION OF QUALIFIED DUTY STATUS TO REQUEST CONSIDERATION FOR AN IN-LOD DETERMINATION ABSENT SPECIAL CIRCUMSTANCES.

3.C.5.M. (U) DHAP COORDINATORS WILL SCHEDULE ALL PDHRA EVENTS (ON-SITE AND CALL CENTER) FROM THE RHRP SERVICING ORDERING PLATFORM. THE NGB DHAP TEAM WILL APPROVE ALL EVENT REQUESTS THROUGH THE RHRP SERVICING ORDERING PLATFORM.

3.C.5.N. (U) PERSONNEL WITH A PAST-DUE OR INCOMPLETE DRHA (PRE-DHA, PDHA AND PDHRA) OLDER THAN 24 MONTHS ARE CONSIDERED NON-COMPLIANT PER REFERENCE B AND PER THIS EXORD. THE DRHA WILL NO LONGER DISPLAY AS A DEFICIENCY IN MODS PORTAL HUBS OR MODULES. EACH DRHA THAT IS GREATER THAN 24 MONTHS PAST THE DOD COMPLIANCE WINDOW WILL NO LONGER BE COUNTED IN THE ARMY NATIONAL GUARD DRHA COMPLETION OR COMPLIANCE RATES.

3.C.5.O. (U) BPT REPORT ON PAST-DUE DRHAS TO SENIOR LEADERSHIP DURING SENIOR LEADER BRIEFS (E.G., STRATEGIC READINESS UPDATES, COMMAND UPDATE BRIEFS).

3.C.6. (U) OFFICE OF THE CHIEF, ARMY RESERVE (OCAR)/COMMANDER, U.S. ARMY RESERVE COMMAND (USARC)

3.C.6.A. (U) COORDINATE WITH FORSCOM, HQDA DCS, G-9; CONTRACTED PROGRAM SUPPORT; AND OTSG TO ESTABLISH PLANS, POLICIES, AND PROGRAMS TO ENSURE ALL USAR SOLDIERS WHO MEET ELIGIBILITY CRITERIA COMPLETE THEIR DRHA SCREENINGS IAW REFERENCE B.

3.C.6.B. (U) ESTABLISH REPORTING PROCEDURES AND METRICS TO TRACK DRHA COMPLETION/COMPLIANCE AS A COMMAND ITEM OF INTEREST FOR SOLDIERS ASSIGNED, TO INCLUDE USAR SOLDIERS ASSIGNED TO SRU IAW REFERENCE B.

3.C.6.C. (U) ESTABLISH THE USAR DHAP TEAM TO PROVIDE OVERSIGHT AND GUIDANCE TO OPERATIONAL, FUNCTIONAL, TRAINING, AND SUPPORT (OFTS) COMMANDS AND DIRECT REPORTING UNITS (DRUS) REGARDING DRHA COMPLETION/COMPLIANCE, DRHA REFERRALS, AND SOLDIER EDUCATION. THE USAR DHAP TEAM WILL REPORT ALL ESTABLISHED METRICS AND SERVE AS THE ARMY RESERVE REPRESENTATIVE WHEN REQUIRED.

3.C.6.D. (U) BPT ASSIST APPROPRIATE ORGANIZATIONS WITH STAFF ASSISTANCE VISTS AS REQUIRED.

3.C.6.E. (U) ALL DRHA SCREENING SERVICES WILL BE REQUESTED THROUGH RHRP SERVICING ORDERING PLATFORM. THE USAR DHAP TEAM IS THE APPROVAL AUTHORITY FOR ALL ACCESS REQUESTS FOR THE PDHRA MODULE IN RHRP AND ALL RHRP-MANAGED EVENTS REQUESTED THROUGH THE SERVICING ORDERING PLATFORM.

3.C.6.F. (U) PROVIDE DHAP EDUCATION BRIEFS AND ONE-ON-ONE SESSIONS AS REQUIRED TO ALL SOLDIERS PROCESSING THROUGH THE MOBILIZATION PLATFORM. USAR DHAP TEAM LIAISONS WILL PROVIDE DIRECT ASSISTANCE TO UNIT COMMAND TEAMS CONCERNING PRE-DHA, PDHA, AND PDHRA COMPLETION.

3.C.6.G. (U) OFTS AND DRU COMMANDERS WILL APPOINT DHAP COORDINATORS TO MANAGE DRHA COMPLETION/COMPLIANCE REPORTING REQUIREMENTS, DRHA EVENT SCHEDULING, AND LOD FOLLOW-UP FOR DRHA REFERRALS.

3.C.6.H. (U) UNIT COMMANDERS WILL COMPLETE LOD INVESTIGATIONS ASSOCIATED WITH DRHA REFERRALS IAW ARMY REGULATIONS AND ENSURE THAT EVALUATION/TREATMENT OFFERED TO THE SOLDIER IS COMMENSURATE WITH ELIGIBILITY REQUIREMENTS.

3.C.6.I. (U) ARMY RESERVE REGIONAL SUPPORT COMMANDS (RSCS) WILL APPOINT DRHA REFERRAL APPROVERS AND TRACKERS TO APPROVE AND TRACK DRHA REFERRALS IN THE ELECTRONIC MEDICAL MANAGEMENT PROCESSING SYSTEM (EMMPS). DRHA REFERRAL TRACKERS WILL ASSIST THE DRHA REFERRAL APPROVAL AUTHORITY WITH TRACKING AND REFERRAL FOLLOW-UP DATA ENTRY INTO APPROPRIATE MEDICAL DATA SYSTEMS.

3.C.6.J. (U) RSC REFERRAL TRACKERS, ARMY RESERVE CONTRACTED SUPPORT (RECOVERY CARE COORDINATORS), AND DHAP COORDINATORS WILL EDUCATE USAR SOLDIERS REQUIRING EVALUATION/TREATMENT AS A RESULT OF A DRHA SCREENING ON THEIR OPTIONS FOR RECEIVING CARE SERVICES THROUGH TRICARE NETWORK VIA DRHA GREAT LAKES, AT AN MTF, OR A VA HEALTH FACILITY DEPENDING UPON THEIR ELIGIBILITY AT THE TIME OF THE DRHA SCREENING.

3.C.6.K. (U) DHAP COORDINATORS AND UNIT COMMANDERS WILL ENSURE ALL ASSIGNED SOLDIERS AND DA CIVILIANS COMPLETE ALL DRHA SCREENINGS WITHIN COMPLIANCE TIME FRAMES IAW PARAGRAPH 1.B. AT THE COMMANDER'S DISCRETION, SERVICEMEMBERS CAN BE FLAGGED FOR NON-COMPLETION.

3.C.6.L. (U) BPT REPORT ON PAST-DUE DRHAS TO SENIOR LEADERSHIP DURING SENIOR LEADER BRIEFS (E.G., STRATEGIC READINESS UPDATES, COMMAND UPDATE BRIEFS.

3.C.7. (U) COMMANDER, U.S. ARMY FORCES COMMAND (FORSCOM).

3.C.7.A. (U) INTEGRATE THE DHAP INTO THE DEPLOYMENT CYCLE SUPPORT ACTIVITIES AND COMMUNICATE THE IMPORTANCE OF THE DEPLOYMENT HEALTH ASSESSMENTS.

3.C.7.B. (U) ESTABLISH REPORTING PROCEDURES TO TRACK COMPLETION/COMPLIANCE OF DRHAS WITHIN SPECIFIED TIME FRAMES FOR ALL SUBORDINATE UNITS.

3.C.7.C. (U) ASSIST MEDCOM WITH OIPS AND SAVS TO FORSCOM INSTALLATIONS AS REQUIRED.

3.C.7.D. (U) BPT REPORT ON PAST-DUE DRHAS TO SENIOR LEADERSHIP DURING SENIOR LEADER BRIEFS (E.G., STRATEGIC READINESS UPDATES, COMMAND UPDATE BRIEFS).

3.C.8. (U) COMMANDER, U.S. ARMY MEDICAL COMMAND (MEDCOM).

3.C.8.A. (U) PROVIDE OVERSIGHT, GUIDANCE AND SUPPORT IN THE EXECUTION AND STANDARDIZATION OF DHAP PROCESSES AT ALL MEDICAL TREATMENT FACILITIES (MTF) AND SOLDIER READINESS PROCESSING (SRP)/REVERSE SOLDIER READINESS PROCESSING (RSRP) SITES WITHIN THE MEDICAL READINESS COMMAND'S (MRC) AREA OF RESPONSIBILITY (AOR).

3.C.8.B. (U) ENSURE MEDICAL SRP/RSRP PERSONNEL AND PROVIDERS AT ALL SRP/RSRP SITES ARE TRAINED ON DHAP PROCESSES.

3.C.8.C. (U) IDENTIFY A MEDICAL READINESS COORDINATOR AND DHAP COORDINATOR TO PROVIDE OVERSIGHT AND EXECUTION OF THE DHAP, AND MONITOR TIMELY COMPLETION/COMPLIANCE OF DRHAS IN THEIR AORS.

3.C.8.D. (U) CONDUCT OIP OF MRC DHAP IAW MEDCOM COMMANDER'S OIP SCHEDULE.

3.C.8.E. (U) ENSURE HEALTHCARE PROVIDERS AT EACH MTF ARE TRAINED IN THE COMPLETION AND VALIDATION OF PRE-DHA, PDHA, AND PDHRA FORMS; REFERRAL AND FOLLOW-UP CARE PROCESSES; AND DOCUMENTATION OF DRHAS IN MODS AND THE EHR OR HRR.

3.C.8.F. (U) ENSURE HEALTHCARE PROVIDERS HAVE ACCESS TO DRHAS IN MODS AND THE EHR OR HRR.

3.C.8.G. (U) MONITOR MEDPROS WEB DATA ENTRY (MWDE) DRHA PRIORITY SOLDIER/CIVILIAN REPORTS TO ENSURE SERVICEMEMBERS COMPLETE THEIR DRHAS WITHIN 28 DAYS OF BEING PLACED ON THE REPORT.

3.C.8.H. (U) COLLABORATE WITH MEDCOM G-37 MEDICAL READINESS DIVISION TO ASSESS AND MONITOR DRHA COMPLETION/COMPLIANCE WITHIN THE MRC'S AOR.

3.C.8.I. (U) BPT REPORT ON PAST-DUE DRHAS TO SENIOR LEADERSHIP DURING SENIOR LEADER BRIEFS (E.G., STRATEGIC READINESS UPDATES, COMMAND UPDATE BRIEFS).

3.C.9. (U) COMMANDERS, U.S. ARMY MATERIAL COMMAND (AMC)/U.S. ARMY INSTALLATION MANAGEMENT COMMAND (IMCOM).

3.C.9.A. (U) COORDINATE FACILITIES SUPPORT AT ARMY INSTALLATIONS CONDUCTING DRHA SCREENINGS TO ENSURE ALL INSTALLATION SUPPORT REQUIREMENTS ARE IDENTIFIED AND MET.

3.C.9.B. (U) ENSURE SRP AND REVERSE RSRP FACILITIES SUPPORT REQUIREMENTS ARE PROVIDED IAW ESTABLISHED DOD/ARMY STANDARDS/SPECIFICATIONS TO INCLUDE BUT NOT LIMITED TO FACILITY SPACE,

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PRIVACY, AND AUTOMATION EQUIPMENT.

3.C.9.C. (U) INSTALLATIONS WILL STANDARDIZE AND INCLUDE A SEPARATE DRHA ENTRY ON INSTALLATION IN-PROCESSING AND OUT-PROCESSING FORMS AND PROCEDURES (REFERENCE KK).

3.C.9.D. (U) COORDINATE WITH SUPPORTING MILITARY TREATMENT FACILITY (MTF) TO ADMINISTER THE APPROPRIATE DRHA SCREENING DURING INSTALLATION IN- AND OUT-PROCESSING AS REQUIRED. PDHRA COMPLETION IS AUTHORIZED WITHIN THE 0-89 DAY WINDOW FOLLOWING DEPLOYMENT FOR TRANSITIONING SOLDIERS. SEPARATING SOLDIERS ARE NOT REQUIRED TO COMPLETE DEPLOYMENT HEALTH ASSESSMENTS. SEPARATIONS INCLUDE RETIREMENT, INVOLUNTARY SEPARATIONS, AND ETS. TRANSITIONING SOLDIERS INCLUDE USAR, ING, IRR, AND ARNG TRANSITIONS (E.G., REFRAD).

3.C.9.E. (U) REPORT STATUS OF INCOMPLETE AND PRIORITY DRHAS AS AN ITEM OF INTEREST AT PERIODIC INSTALLATION TENANT MEETINGS/IPRS AS REQUIRED BY THE COMMANDER.

3.C.9.F. (U) BPT REPORT ON PAST-DUE DRHAS TO SENIOR LEADERSHIP DURING SENIOR LEADER BRIEFS (E.G., STRATEGIC READINESS UPDATES, COMMAND UPDATE BRIEFS).

3.D. (U) COORDINATING INSTRUCTIONS.

3.D.1. (U) DRHAS (DD FORMS 2795, 2796 AND 2900) ARE COMPLETED IN THE MEDICAL HEALTH ASSESSMENT MODULE ACCESSED VIA THE MEDICAL HEALTH ASSESSMENT WEBSITE AT [HTTPS://RC.MODS.ARMY.MIL/MHA/](https://rc.mods.army.mil/mha/).

3.D.2. (U) DEPLOYMENT-RELATED CONDITIONS WILL BE DOCUMENTED AND REFERRALS MADE IN THE EHR OR HRR AS REQUIRED.

3.D.3. (U) SRP, RSRP, AND PCS. COMMANDERS OF SRP/RSRP AND PCS LOCATIONS AND EMBEDDED MEDICAL ASSETS WILL PROVIDE FOR THE IMPLEMENTATION OF STANDARDIZED MEDICAL PROCESSES IAW REFERENCE BB TO PROVIDE STANDARDIZED AND PREDICTABLE MEDICAL SUPPORT AT SRP AND PCS LOCATIONS FOR THE DEPLOYING AND REDEPLOYING FORCE IN EACH PHASE OF THE DEPLOYMENT CYCLE SUPPORT.

3.D.4. (U) SOLDIERS IN TRANSITION ASSIGNED OR ATTACHED TO SOLDIER RECOVERY UNIT (SRU) OR COMMUNITY CARE UNITS (CCUS) WILL COMPLETE ALL REQUIRED DRHA SCREENINGS. THERE ARE NO EXCEPTIONS OR EXEMPTIONS REGARDLESS OF COMPONENT FOR SOLDIERS IN A WARRIOR TRANSITION UNIT.

3.D.5. (U) COMMANDERS OF ACTIVE ARMY SERVICEMEMBERS ENROLLED IN TRICARE PRIME REMOTE (TPR) AND TRICARE OVERSEAS PRIME REMOTE (TOPR) PROGRAMS WILL INSTRUCT SOLDIERS TO COMPLETE THE PDHRA (DD FORM 2900) SELF-ASSESSMENT VIA MODS MHA PORTAL. THEY MAY COMPLETE THE PDHRA PROVIDER INTERVIEW VIA TELEPHONE.

3.D.6. (U) COMMANDERS OF SOLDIERS AND DA CIVILIANS RECEIVING CARE FROM U.S. AIR FORCE (USAF) AND/OR U.S. NAVY HEALTHCARE PROVIDERS WILL INFORM PERSONNEL THAT THE SELF-ASSESSMENT PORTIONS OF THE DRHA OR PHA FORMS CAN BE COMPLETED VIA THE USAF OR NAVY DHAP SYSTEMS. PERSONNEL WITH USAF PROVIDERS CAN COMPLETE THEIR DHAP SELF-ASSESSMENTS AT [HTTPS://ASIMSIMR.HEALTH.MIL/IMR/APPDIR.ASPX](https://asimsimr.health.mil/imr/appdir.aspx). PERSONNEL RECEIVING CARE FROM NAVY PROVIDERS CAN COMPLETE THEIR DHAP SELF-ASSESSMENTS AT [HTTPS://EHA.HEALTH.MIL/EHA/](https://eha.health.mil/eha/). PERSONNEL SHOULD SELECT "CREATE

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TO BEGIN THEIR HEALTH ASSESSMENT. UPON COMPLETION OF THE SELF-ASSESSMENT IN THE USAF OR NAVY SYSTEMS, CONTACT THE SUPPORTING MEDICAL

CLINIC AND SCHEDULE THE PROVIDER INTERVIEW. SERVICING MTFs CONTACT INFORMATION CAN BE FOUND ON THE TRICARE MTF LOCATOR PAGE AT [HTTPS://TRICARE.MIL/MTF/](https://TRICARE.MIL/MTF/).

3.D.7. (U) NON-BEHAVIORAL HEALTH UNIFORMED AND CIVILIAN PHYSICIANS, PHYSICIAN ASSISTANTS, AND NURSE PRACTITIONERS WHO CONDUCT PHA AND DRHA SCREENINGS MUST COMPLETE THE MANDATORY DOD MENTAL HEALTH ASSESSMENT HEALTHCARE PERSONNEL TRAINING AND FILE COMPLETION INFORMATION WITH PROVIDERS' OTHER CREDENTIALING AND CERTIFICATION INFORMATION. MANDATORY SELF-DIRECTED TRAINING FOR THESE MENTAL HEALTH ASSESSMENTS' OTHER REQUIRED TRAININGS ARE AVAILABLE AT JOINT KNOWLEDGE ONLINE. A CERTIFICATE OF COMPLETION OF THE TRAINING WILL BE PROVIDED FOLLOWING THE SUCCESSFUL COMPLETION, TO BE FILED WITH PROVIDERS' OTHER CREDENTIALING AND CERTIFICATION INFORMATION. PROVIDERS WHO ARE NOT CREDENTIALLED AS PHYSICIANS, PHYSICIAN ASSISTANTS, AND NURSE PRACTITIONERS ARE NOT AUTHORIZED TO COMPLETE DRHA FORMS IN MODS. COMMANDERS WILL WORK WITH THE CONTRACTING OFFICER TO ENSURE CONTRACT PHYSICIANS, PHYSICIAN ASSISTANTS, AND NURSE PRACTITIONERS COMPLETE ANY DRHA-RELATED TRAINING MANDATED BY THEIR CONTRACT. INDEPENDENTLY LICENSED MENTAL HEALTH PROVIDERS MAY COMPLETE DEPLOYMENT MENTAL HEALTH ASSESSMENTS AND ARE NOT REQUIRED TO COMPLETE THE ADDITIONAL TRAINING.

3.D.8. (U) PRE-DHA (DD FORM 2795).

3.D.8.A. (U) THE PRE-DEPLOYMENT HEALTH ASSESSMENT, DD FORM 2795, IS COMPLETED WITHIN 120 DAYS BEFORE THE ESTIMATED DEPLOYMENT DATE. THE DD 2978 REQUIRED FOR SERVICEMEMBERS DURING THIS TIMEFRAME IS INCORPORATED INTO DD FORM 2795

3.D.8.B. (U) SOLDIERS EXPECTED TO DEPLOY AND FOUND BY A CREDENTIALLED PROVIDER TO BE MEDICALLY READY TO DEPLOY WITHIN 72 HOURS, YET WHO REQUIRE MEDICAL READINESS UPDATES (E.G., IMMUNIZATIONS, DENTAL EXAM, OR EYE EXAM), OR ARE NOT MEDICALLY READY TO DEPLOY DUE TO POTENTIALLY DISQUALIFYING CONDITIONS OR STILL REQUIRING ADDITIONAL EVALUATIONS, WILL BE ADVISED TO RESOLVE DEFICIENCIES. SOLDIERS WITH OVERDUE IMMUNIZATIONS, LABS, AND INDIVIDUAL MEDICAL READINESS (IMR) ARE CONSIDERED PARTIALLY MEDICALLY READY PER REFERENCE NN AND THEREFORE ARE DEPLOYABLE. THIS CATEGORY INCLUDES IMR DEFICITS THAT MUST BE ACTIONED IMMEDIATELY UPON IDENTIFICATION TO GUARANTEE THAT SOLDIERS REMAIN OR BECOME FULLY MEDICALLY READY.

3.D.8.C. (U) PROVIDERS WILL COPY AND PASTE, OR PRINT AND SCAN, THE ASSESSMENT RESULTS FOR ALL COMPONENT SERVICEMEMBERS AND DA CIVILIANS INTO THE EHR OR HRR. A HARD COPY OF THE PRE-DHA WILL BE PRINTED FOR THE DEPLOYMENT HEALTH RECORD (DD FORM 2766).

3.D.9. (U) PDHA (DD FORM 2796).

3.D.9.A. (U) ONLY THE MOST CURRENT VERSION OF DD FORM 2796 IS AUTHORIZED FOR USE. COMPLETION OF THE CURRENT DD FORM 2796 REQUIRES ELECTRONIC DEVICES WITH INTERNET ACCESS. DD FORM 2796 IS TO BE COMPLETED 30 DAYS BEFORE OR AFTER THE ESTIMATED REDEPLOYMENT DATE. PROVIDERS WILL COPY AND PASTE, OR PRINT AND SCAN, THE ASSESSMENT RESULTS FOR ALL COMPONENT SERVICEMEMBERS INTO THE EHR OR HRR. PRINTING

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A HARD COPY OF THE PDHA IS NOT REQUIRED.

3.D.9.B. (U) OCONUS DEPLOYMENT MAY IMPACT INFRASTRUCTURE CAPABILITIES

TO CONDUCT THE PDHA IN-THEATER. COMBATANT COMMANDS MAY CONDUCT THE PDHA IN-THEATER WHERE APPROPRIATE SUPPORT INFRASTRUCTURE (AUTOMATION, PROVIDERS, FACILITIES, ETC.) IS AVAILABLE. THE 'EDIT/RE-SIGN' FEATURE IN MODS CAN BE USED, PRECLUDING THE NEED FOR THE SOLDIER TO COMPLETE ANOTHER SELF-ASSESSMENT FOLLOWING DEPARTURE FROM THEATER.

3.D.9.C. (U) ALL PDHAS COMPLETED IN-THEATER MUST BE COMPLETED VIA THE MODS WEB APPLICATION. THE PDHA CAN BE COMPLETED UP TO 30 DAYS PRIOR TO DEPARTURE FROM THEATER OR UP TO 30 DAYS FOLLOWING DEPARTURE FROM THEATER. PERSONNEL WITHOUT READY ACCESS TO MODS IN THEATER CAN COMPLETE THE PDHA FOLLOWING DEPARTURE FROM THEATER.

3.D.10. (U) PDHRA (DD FORM 2900).

3.D.10.A. (U) DOD AND U.S. ARMY ARE SPECIFICALLY MONITORING THE MANDATORY PDHRA COMPLIANCE RATE OF 95% OR GREATER WITHIN THE 90-180 DAY WINDOW AFTER REDEPLOYMENT, AND THE PDHRA COMPLETION RATE OF 95% OR GREATER (REFERENCE E). ACOMS', ASCCS', AND DRUS' EMPHASIS WILL BE PLACED ON COMPLETING THE PDHRA WITHIN THE 90-180 DAY COMPLIANCE WINDOW AFTER REDEPLOYMENT.

3.D.10.B. (U) EARLY COMPLETION OF THE PDHRA IS REQUIRED PRIOR TO INSTALLATION CLEARANCE DUE TO ETS, RETIREMENT, SEPARATION FROM THE SERVICE, OR TRANSITION TO INDIVIDUAL READY RESERVE (IRR) REGARDLESS OF TIMEFRAME.

3.D.10.C. (U) PERSONNEL WHO DEPLOY AGAIN WITHIN 180 DAYS FOLLOWING THE END OF A DEPLOYMENT MAY NOT HAVE SUFFICIENT TIME TO COMPLETE THE PDHRA (DD FORM 2900). A PRE-DHA (DD FORM 2795) COMPLETED WITHIN 180 DAYS AFTER RETURNING FROM A DEPLOYMENT WILL BE ACCEPTED TO MEET THE PDHRA REQUIREMENT. FOR REPORTING PURPOSES, COMPLETION OF THE DD FORM 2795 WILL BE CONSIDERED MEETING COMPLIANCE EVEN IF THE SERVICEMEMBER DOES NOT DEPLOY AGAIN.

3.D.10.D. (U) PROVIDERS WILL COPY AND PASTE, OR PRINT AND SCAN, THE ASSESSMENT RESULTS FOR ALL COMPONENT SERVICEMEMBERS AND DA CIVILIANS INTO EHR OR HRR. PRINTING A HARD COPY OF THE PDHRA IS NOT REQUIRED.

3.D.11. (U) DHAP PRINTING GUIDANCE. A HARD COPY OF THE PRE-DHA (DD FORM 2795) WILL BE PRINTED FOR THE FIELD FILE AS STATED IN PARAGRAPH 3.D.8.C.

3.D.11.A. (U) COMPLETED DRHAS (DD FORMS 2796 AND 2900, AND THE MHAS) DO NOT NEED TO BE PRINTED AND PLACED IN THE INDIVIDUAL'S MEDICAL FOLDER IF AN ELECTRONIC COPY IS AVAILABLE IN THE EHR OR HRR.

3.D.12. (U) THE DRHAS CAN BE COMPLETED AS A PART OF THE PHA WHEN TIMELINES COINCIDE. THE DOD PHA MUST BE COMPLETED IN ITS ENTIRETY AND SEPARATELY FROM ANY DRHA.

3.D.13. (U) COMPLETION OF THE MENTAL HEALTH ASSESSMENT, DD FORM 2978,

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IS REQUIRED FOR SERVICEMEMBERS ONCE DURING EVERY 180 DAYS OF DEPLOYMENT FOR DEPLOYMENTS ANTICIPATED TO BE >179 DAYS. A MINIMUM OF 90 DAYS IS REQUIRED BETWEEN EACH ADMINISTRATION. SCHEDULING THIS ASSESSMENT DURING DEPLOYMENT MUST BE MADE IN CONSIDERATION OF, AND SEEK TO LESSEN, POTENTIAL IMPACTS ON THE OPERATIONAL MISSION. ADMINISTRATION OF THIS ASSESSMENT SHALL NOT IMPAIR THE CAPACITY OF LOCAL PERSONNEL TO PERFORM HIGHER PRIORITY TASKS. DD FORM 2978 IS INCORPORATED INTO DD FORM 2796; THEREFORE, COMPLETION OF DD FORM 2796 DURING THE APPROPRIATE TIMEFRAME FULFILLS THIS REQUIREMENT. THE IN-THEATRE MENTAL HEALTH ASSESSMENT IS NOT REQUIRED FOR CIVILIANS.

3.D.14. (U) COMPLETION OF DD FORM 2978 IS REQUIRED FOR SERVICEMEMBERS IN THE TIMEFRAME FROM THE DATE OF REDEPLOYMENT UNTIL 21 DAYS AFTER RETURN FROM REDEPLOYMENT LEAVE. THE DD FORM 2978 IS INCORPORATED INTO DD FORM 2796 AND DD FORM 3024. THE SEPARATION HEALTH ASSESSMENT (SHPE, SHA) ALSO CONTAINS A MENTAL HEALTH ASSESSMENT. THEREFORE, SERVICEMEMBERS WHO COMPLETE ANY OF THESE ASSESSMENTS DURING THE APPROPRIATE TIMEFRAME FULFILL THE REQUIREMENT.

3.D.15. (U) MHAS IN CONJUNCTION WITH DRHAS AND PHAS. THE ARMY CONDUCTS MHAS AT FOUR RECOGNIZED TOUCH POINTS THROUGHOUT THE DEPLOYMENT CYCLE (REFERENCE D): NOT EARLIER THAN 120 DAYS BEFORE DEPLOYMENT COMPLETED VIA PRE-DHA; 90-180 DAYS AFTER RETURN FROM DEPLOYMENT COMPLETED VIA PDHRA; BETWEEN 181 DAYS AND 18 MONTHS AFTER RETURN FROM DEPLOYMENT COMPLETED VIA PHA; AND BETWEEN 18 AND 30 MONTHS AFTER RETURN FROM DEPLOYMENT COMPLETED VIA PHA.

3.D.16. (U) GUIDANCE ON PAST-DUE OR INCOMPLETE DEPLOYMENT HEALTH ASSESSMENTS (PRE-DHA, PDHA, AND PDHRA).

3.D.16.A. (U) PERSONNEL WILL COMPLETE REQUIRED DRHAS (PRE-DHA, PDHA, AND PDHRA) WITHIN PRESCRIBED TIMELINES IAW PARAGRAPH 3.B.1. PERSONNEL WITH PAST-DUE OR INCOMPLETE DRHAS (PRE-DHA, PDHA, AND PDHRA) OLDER THAN 24 MONTHS ARE CONSIDERED NON-COMPLIANT PER REFERENCE B. THE MEDPROS WEB REPORTING STATUS WILL REFLECT "NON-COMPLIANT". THE DRHA WILL NOT DISPLAY AS A DEFICIENCY IN THE COMMANDER PORTAL. EACH DRHA THAT IS GREATER THAN 24 MONTHS PAST THE DOD COMPLIANCE WINDOW WILL NOT BE COUNTED IN THE ACOMS'S, ASCC'S, OR DRU'S DRHA COMPLETION OR COMPLIANCE RATES.

3.D.16.B. (U) MEDPROS WEB REPORTING WILL HAVE THE CAPABILITY TO EXCLUDE PAST-DUE OR INCOMPLETE DRHAS (PRE-DHA, PDHA, AND PDHRA) GREATER THAN 24 MONTHS PAST THE DOD COMPLIANCE WINDOW. MEDPROS WEB DATA ENTRY (MDWE) AND INDIVIDUAL MEDICAL READINESS (IMR) DRHA REPORTING WILL EXCLUDE THESE PAST-DUE DEFICIENCIES BY DEFAULT.

3.D.16.C. (U) PERSONNEL WILL COMPLETE REQUIRED DRHAS (PRE-DHA, PDHA, AND PDHRA) WITHIN PRESCRIBED TIMELINES IAW PARAGRAPH 3.B.1. TO RESOLVE PAST-DUE OR INCOMPLETE DRHAS LESS THAN 24 MONTHS PAST DOD COMPLIANCE WINDOW, PERSONNEL WILL COMPLETE THE LAST REQUIRED DRHA FOR THE SAME DEPLOYMENT. THIS WILL WAIVE THE COMPLETION REQUIREMENTS FOR THE PREVIOUS DRHAS ON THE INDIVIDUAL MEDICAL READINESS (IMR) REPORT. FOR EXAMPLE, WHEN AN OVERDUE PDHRA IS COMPLETED, IT WILL WAIVE THE COMPLETION REQUIREMENTS FOR THE OVERDUE PRE-DHA AND PDHA FOR THAT SAME DEPLOYMENT. THE WAIVED DRHAS WILL NOT BE DISPLAYED AS DEFICIENT IN THE COMMANDER PORTAL. AN OVERDUE PDHA THAT IS COMPLETED WILL WAIVE THE OVERDUE PRE-DHA REQUIREMENT FOR THAT SAME DEPLOYMENT. THE PDHRA



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MUST STILL BE COMPLETED ONCE IT BECOMES DUE WITHIN THE 90-180 DAY WINDOW.

3.D.16.D. (U) THE TECHNICAL SYSTEM UPDATES ASSOCIATED WITH INCOMPLETE AND OVERDUE DRHAS WILL BE AVAILABLE AFTER THE RELEASE OF THIS EXORD.

3.D.17. (U) ANY TASKINGS TO THE SECRETARIAT CONTAINED IN THIS EXORD HAVE BEEN REVIEWED AND APPROVED BY THE DIRECTOR OF THE ARMY STAFF (DAS).

4. (U) SUSTAINMENT.

4.A. (U) HEALTH ASSESSMENT ANSWERS ARE CONFIDENTIAL AND SUBJECT TO THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) OF 1996.

4.B. (U) COMMANDERS WILL IDENTIFY A DHAP COORDINATOR WHO WILL PROVIDE OVERSIGHT OF SOLDIERS' DRHA REQUIREMENTS, INCLUDING COORDINATION AND TIMELY COMPLETION AS REQUIRED.

5. (U) COMMAND AND SIGNAL.

5.A. (U) ASA (MANPOWER AND RESERVE AFFAIRS) POC IS COL JAMES FUHRIMAN, ASSISTANT DEPUTY FOR MEDICAL AFFAIRS, COMM: 703-695-4791, DSN: 223; EMAIL: JAMES.L.FUHRIMAN.MIL@ARMY.MIL.

5.B. (U) OFFICE OF THE DEPUTY CHIEF OF STAFF, G-9 POC IS MAJ SERENA STAPLES, DHAP EXECUTIVE OFFICER, COMM: 703-571-7237, DSN: 671; EMAIL: SERENA.K.STAPLES.MIL@ARMY.MIL.

5.C. (U) OFFICE OF THE SURGEON GENERAL/U.S. ARMY MEDICAL COMMAND POC IS COL ELIZABETH DUQUE, CHIEF, G37 MEDICAL READINESS DIVISION, COMM: 703-681-1514, EMAIL: ELIZABETH.H.DUQUE.MIL@HEALTH.MIL.

5.D. (U) HQDA AOC: SURGEON ACTION OFFICER, COMM: 703-693-4821, DSN: 223-4821, EMAIL: OTSG.AOCCAT@CONUS.ARMY.MIL.

6. (U) EXPIRATION DATE OF THIS EXORD IS 31 SEPTEMBER 2029, UNLESS FORMALLY RESCINDED OR SUPERSEDED.

ATTACHMENTS: NONE.

BT  
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Received from AUTODIN 102156Z Jan 25

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