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POST-DEPLOYMENT Health Assessment

Authority: 10 U.S.C. 136 Chapter 55. 1074f, 3013, 5013, 8013 and E.O. 9397

Principal Purpose: To assess your state of health after deployment outside the United States in support of military operations and to assist military healthcare providers in identifying and providing present and future medical care to you.

Routine Use: To other Federal and State agencies and civilian healthcare providers, as necessary, in order to provide necessary medical care and treatment.

Disclosure: **(Military personel and DoD civilian Employees Only)** Voluntary. If not provided, healthcare WILL BE furnished, but comprehensive care may not be possible.

INSTRUCTIONS: Please read each question completely and carefully before marking your selections. Provide a response for each question. If you do not understand a question, ask the administrator.

Demographics

Last Name

First Name **MI**

Deployed Unit

Today's Date (dd/mm/yyyy) / /

Social Security Number - -

DOB (dd/mm/yyyy) / /

Date of arrival in theater (dd/mm/yyyy) / /

Date of departure from theater (dd/mm/yyyy) / /

Gender

- O Male
- O Female

Service Branch

- O Air Force
- O Army
- O Coast Guard
- O Marine Corps
- O Navy
- O Other

Component

- O Active Duty
- O National Guard
- O Reserves
- O Civilian Government Employee

Pay Grade

O E1	O O1	O W1
O E2	O O2	O W2
O E3	O O3	O W3
O E4	O O4	O W4
O E5	O O5	O W5
O E6	O O6	O Other
O E7	O O7	
O E8	O O8	
O E9	O O9	
	O O10	

Location of Operation

- O Europe
- O SW Asia
- O SE Asia
- O Asia (Other)
- O South America
- O Australia
- O Africa
- O Central America
- O Unknown

Deployment Location (CITY, TOWN, or BASE):

List country (IF KNOWN):

Name of Operation:

Administrator Use Only

Indicate the status of each of the following:

Yes	No	N/A	
O	O	O	Medical threat debriefing completed
O	O	O	Medical information sheet distributed
O	O	O	Post-Deployment serum specimen collected, if required

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PLEASE FILL IN SOCIAL SECURITY # ___ - __ - ____

Health Assessment

1. Would you say your health in general is: ○ Excellent ○ Very Good ○ Good ○ Fair ○ Poor
2. Do you have any unresolved medical or dental problems that developed during this deployment? ○ Yes ○ No
3. Are you currently on a profile or light duty? ○ Yes ○ No
4. During this deployment have you sought, or intend to seek, counseling or care for your mental health? ○ Yes ○ No
5. Do you have concerns about possible exposures or events during this deployment that you feel may affect your health? ○ Yes ○ No

   Please list your concerns: _____

   _____

6. Do you currently have any questions or concerns about your health? ○ Yes ○ No

   Please list your concerns: _____

   _____

Service Member Signature

I certify that responses on this form are true.

Post-Deployment Health Provider Review (For Health Provider Use Only)

After interview/exam of patient, the following problems were noted and categorized by Review of Systems. More than one may be noted for patients with multiple problems. Further documentation of problem to be placed in medical records.

REFERRAL INDICATED

- ○ None
- ○ Cardiac
- ○ Combat / Operational Stress Reaction
- ○ Dental
- ○ Dermatologic
- ○ ENT
- ○ Eye
- ○ Family Problems
- ○ Fatigue, Malaise, Multisystem complaint
- ○ GI
- ○ GU
- ○ GYN
- ○ Mental Health
- ○ Neurologic
- ○ Orthopedic
- ○ Pregnancy
- ○ Pulmonary
- ○ Other _____

EXPOSURE CONCERNS (During deployment)

Provider see questions 5&6 on this form

- ○ Environmental
- ○ Occupational
- ○ Combat or mission related
- ○ None

Comments: _____

_____

_____

I certify that this review process has been completed.

Provider's signature and stamp:

Date (dd/mm/yyyy) __ / __ / ____

End of Health Review