

PRE-DEPLOYMENT MEDICAL CLEARANCE INSTRUCTIONS

FOR CIVILIAN PERSONNEL

This step-by-step guide serves as a supplement to “[Air Force Civilian Deployments: A Guide to Pre-Deployment Medical Clearance](#).”

Pre-deployment medical clearance is required for deployments greater than 30 days to OCONUS locations with non-fixed MTFs. If combat skills training [CST]/Fieldcraft Training for the Hostile Environment [FC-H] is required, medical clearances must be accomplished prior to departure from home station. DoD Civilian personnel must follow the instructions in this guidance; **individuals who fail to complete pre- deployment medical requirements will not be medically cleared to deploy.**

Note

Deployment medical clearance requirements (immunizations, labs, medical screening, dental screening, deployment health assessments, anti-malarials, TB screening, etc.) are provided **free of charge** at the servicing Medical Treatment Facility (MTF).

Additional or specialized evaluation, testing, or treatment for a medical, dental, or behavioral health condition is not covered; **costs associated with additional or specialized evaluation, testing, or treatment is your responsibility.**

Policy dictating the medical-clearance requirements in this guidance includes:

- [DoD Instruction \(DoDI\) 6490.03, *Deployment Health*, September 30, 2011](#)
- [DoDI 6490.07 *Deployment-Limiting Medical Conditions for Service Members and DoD Civilian Employees*, February 10, 2010](#)
- [DoD Instruction \(DoDI\) 1404.10, *DoD Civilian Expeditionary Workforce*, January 23, 2009](#)
- [DoD Directive \(DoDD\) 6490.02E, *Comprehensive Health Surveillance*, February 8, 2012](#)
- [Air Force Instruction \(AFI\) 10-403, *Deployment Planning and Execution*, September 20, 2012](#)
- [Combatant Commander \(COCOM\) reporting instructions](#)

This guidance applies to all deployment taskings regardless of type, authority, or nature of tasking (e.g., routine Air & Space Expeditionary Forces [AEF] tasking, Joint Expeditionary Tasking [JET], Office of the Secretary of Defense [OSD] volunteer, other, etc).

1. Notification of Deployment Tasking

Print the “MTF Notification of DoD Civilian Deployment and Request for Deployment Medical Clearance” in Attachment 1.

Your commander (or equivalent) must sign the memo, and you must bring the completed/signed memo with you, when you report to PH/FHM.

 2. Completion of OF-178, Part B

Print the OF-178 at <https://kx.afms.mil/kj/kx3/DeploymentHealth/Documents/OF-178-Certificate%20of%20Medical%20Examination-April%202012.pdf>.

Part B must be completed by your commander (or equivalent); Part B identifies deployment expectations, functional requirements and environmental factors for the MTF provider, for example:

- FC-H Reporting Instructions:
https://aef.afpc.randolph.af.mil/muteable/afrit/C625/FC-H_FC-CENTCOM+RIs_19+Jun+15-19Jun2015-150833.docx

If Part B is not completed, medical clearance will not be initiated. You must bring OF-178 *with Part B completed*, when you report to PH/FHM.

 3. Completion of DD Form 2807-1

Print DD Form 2807-1 at <http://www.dtic.mil/whs/directives/infomgt/forms/eforms/dd2807-1.pdf>.

You must complete Blocks 1-29. Answer honestly about your medical history, and disclose any pre-existing medical conditions that might limit your ability to deploy. Block 30 will be completed and signed by your private physician. You must bring the completed/signed DD Form 2807-1 with you, when you report to PH/FHM.

 4. Completion of DD Form 2795 (also referred to as DRHA #1)

Complete DD Form 2795 electronically via My IMR in ASIMS Web at <https://imr.afms.mil/imr/MyIMR.aspx>.

To begin the form, click the “Start DHA” button in MyIMR. If this button is not available, go to <https://asims.afms.mil/webapp/> and click “Pre-Deployment Health Assessment Form (DD2795).” DD Form 2795 (DRHA #1) must be completed electronically; PH/FHM cannot accept hard-copy or handwritten DD Forms 2795. This form must be completed electronically before you report to PH/FHM.

Note: If you encounter difficulty accessing this form, contact the ASIMS Helpdesk:

DSN: 969-9742

Commercial: 1-210-395-9742

EMAIL: afmsa.sg6hhid-helpdesk@us.af.mil

5. Completion of DD Form 2813

Complete DD Form 2813, DoD Active Duty/Reserve Forces Dental Examination

Print DD Form 2813 at <http://www.dtic.mil/whs/directives/infomgt/forms/eforms/dd2813.pdf>.

- You must complete Blocks 1-5 prior to reporting to PH/FHM
- Blocks 6-11 will be completed by an MTF dental provider

Note: If dental care is required, it will be completed at your expense prior to deployment.

 6. Completion of DD Form 771

Report to the TOPA Office/UBO for registration in CHCS.

Print DD Form 771, Eyewear Prescription at

<http://www.dtic.mil/whs/directives/infomgt/forms/eforms/dd0771.pdf>.

- Form will be completed by an MTF optometrist

Note: If ophthalmic care is required, it will be completed at your expense prior to deployment.

 7. Registration at the TOPA Office/UBO

Report to the TOPA Office/UBO for registration in CHCS.

You cannot be seen by PH/FHM or have any medical services rendered at the MTF until you are registered with this office. Additionally, the correct patient category code must be applied to your patient record. Regardless of your current beneficiary status (e.g., retiree, dependent spouse, etc.), the patient category code must be updated to avoid billing for deployment-related medical services.

8. Initiation of Medical Clearance at PH/FHM

Report to PH/FHM within 120 days prior to the scheduled departure date.

PH/FHM will initiate pre-deployment medical clearance and schedule your appointment with the MTF provider. **You must bring the following:**

- a. A completed copy of the “MTF Notification of DoD Civilian Deployment and Request for Deployment Medical Clearance” memo, signed by your commander (or equivalent)
- b. OF-178, *Certificate of Medical Examination*, with Part B completed by your commander (or equivalent)
 - You must complete Part A prior to reporting to PH/FHM
 - Parts C and D will be completed by an MTF provider
- c. DD Form 2807-1, *Report of Medical History*, completed and signed
- d. DD Form 2813, *DoD Active Duty/Reserve Forces Dental Examination*
 - You must complete Blocks 1-5 prior to reporting to PH/FHM
 - Blocks 6-11 will be completed by an MTF dental provider
- e. DD Form 771, *Eyewear Prescription*
 - You will complete Blocks 1-5 prior to reporting to PH/FHM
 - Blocks 6-11 will be completed by an MTF optometrist

Complete the required medical exams with an MTF provider.

PH/FHM will schedule an appointment with an MTF provider (same day, if available), who will discuss the medical exam forms with you, including the DD Form 2795 (DRHA #1) you completed electronically. The provider will conduct the required medical assessments for deployment and will document any deployment- limiting medical conditions.

If you have a medical condition or pre-existing illness that might limit your ability to deploy, discuss it with the MTF provider. Failure to do so may cause further harm or injury down-range, or prevent you from successfully completing your deployment ([Reference: DoDI 6490.07](#)).

If you fail to disclose a pre-existing medical condition to the MTF provider—one that might restrict/limit your ability to deploy—and you have to be returned from theater for treatment, you may be liable for the cost.

Follow any additional instructions from PH/FHM for the deployment medical clearance process.

You must complete all medical requirements required by PH/FHM; your medical clearance requirements may include (but are not limited to) the following:

- Immunizations (e.g., anthrax, yellow fever, smallpox, typhoid, etc.)
- Medical & dental examinations
- Deployment health assessments
- Laboratory testing for HIV, G6PD, blood type, DNA, serum draws, TB, etc.
- Gas mask inserts
- Audiogram/hearing screening
- Force Health Protection Prescription Products (FHPPPs)

**Notify your commander (or equivalent) and UDM immediately
if you are informed by the MTF provider or PH/FHM
that you cannot deploy due to a deployment-limiting medical condition.**

- 9. Obtain a Deployment Medical Record (DD2766) from PH/FHM upon completion of the medical clearance process.**

This record will be placed in a sealed envelope for privacy purposes. You must bring this record with you and deliver it to the medical or Personnel Support for Contingency Operations (PERSCO) representatives upon arrival in theater.

- 10. Report to the MTF Finance Office, if required.**

Upon completion of the medical clearance process, you may be required to out-process through the MTF Finance Office.

- 11. Report back to your UDM and Personnel Readiness Function (PRF), upon completion of the medical clearance process.**

NOTE: Upon return from deployment, you must report to PH/FHM within 7 duty days to accomplish required medical screenings, post-deployment health assessments, and other post-deployment medical requirements.

Additional Guidance and Information

Air Force Civilian Deployments: A Guide to Pre-Deployment Medical Clearance

<https://kx.afms.mil/kj/kx3/DeploymentHealth/Documents/1AFCivilianDeployments--AGuidetoPre-DeploymentMedicalClearance.pdf>

Civilian Pre-Deployment Medical Requirements Checklist for DoD/GS Civilian Personnel

<3DoD-GSCivilianPre-DeploymentMedicalRequirementsChecklist>

Deployment Medical Requirements for DoD Civilian Personnel

<https://kx.afms.mil/kj/kx3/DeploymentHealth/Documents/Guide--DeploymentMedicalRequirementsforDoDCivilianPersonnel.pdf>

ATTACHMENT 1

**MTF NOTIFICATION OF DOD CIVILIAN DEPLOYMENT AND
REQUEST FOR DEPLOYMENT MEDICAL CLEARANCE**

MEMO

**MTF NOTIFICATION OF DOD CIVILIAN DEPLOYMENT AND REQUEST
FOR DEPLOYMENT MEDICAL CLEARANCE**

DATE (MM/DD/YY): _____/_____/_____

MEMORANDUM FOR MTF (Attn: Public Health/Force Health Management Element):

FROM (Unit/Organization/Agency Name): _____

SUBJECT: Request for Deployment Medical Clearance

1. Name: _____ has been officially tasked to deploy and requires deployment medical clearance. This individual has been instructed to report to the MTF within 120 days of their Required Delivery Date (or departure from home station) to obtain this clearance. Failure to report, obtain a medical clearance, or meet the requirements established in federal law, DoDI, AFI, or COCOM Reporting Instructions may result in shortfall or cancellation of their deployment assignment.

2. My Unit Deployment Manager (UDM) has been notified of this deployment and will service as my official POC to monitor and tracking the status of this individual. If you have any questions or need

further assistance, please contact my UDM at Phone:

(Comm) _____ - _____ - _____ (DSN) _____ - _____

(Unit Commander's Signature Block)