UNITED STATES EUROPEAN COMMAND INSTRUCTION

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ECI 4202.01
3 July 2019

Health Service Support
United States European Command (USEUCOM) Theater Medical Entry Requirements

References: See Enclosure (G)

1. Purpose. This ECI delegates responsibility to Service Component Commanders to determine unit medical readiness and fitness requirements for military and civilian personnel participating in USEUCOM missions and operations. This ECI provides a recommended template from which Component Commands can formulate their own theater medical screening requirements.

2. Cancellation. None.

3. Applicability. As determined by Service Component Commanders.

4. Policy. The USEUCOM Commander delegates responsibility to Service Component Commanders to determine unit medical readiness and fitness requirements for military and civilian personnel participating in USEUCOM missions and operations. The information in this instruction, ECI 4202.01, Enclosures (A) through (G), can be used to formulate Service-specific policy.

5. Discussion.

a. In accordance with (IAW) references (a) through (ii), and specifically DoD Instruction (DoDI) 6490.07, "Deployment-Limiting Medical Conditions for Service Members and DOD Civilian Employees," the Combatant Commander establishes a minimum standard for theater medical entry requirements. This instruction provides an approved and standardized template from which components can form mission tailored medical screening criteria for troops deploying into the USEUCOM theater. Enclosures (A) through (G) contain recommended Force Health Protection (FHP) standards, medical screening guidance, and waiver request procedures for deployments within the European Theater. The information is meant to synthesize and supplement DoD and Service-specific guidance in deployment health, FHP, medical policy and health

guidance for military and civilian personnel deployed across the range of military operations.

b. Suggested deployment definition. IAW reference (d), DoDI 6490.07, "Deployment-Limiting Medical Conditions for Service Members and DOD Civilian Employees", 'deployment' is defined as the relocation of forces and material to areas designated as operational areas. Within the USEUCOM Theater, deployment includes named operations, contingencies, and other official missions (i.e. Operation Atlantic Resolve).

c. The USEUCOM theater medical entry template is synchronized across the geographic combatant commands to ensure standardization where applicable. It is widely staffed through the Surgeons of the Components, rotational units, deployment processing sites, and thoroughly vetted by clinical and operational experts in key DoD agencies. It incorporates extensive feedback following two years of fielding.

d. The attached standards for theater entry account for the advanced standards of care available in Europe.

e. The information is proven to reduce burden on commanders, units, medical staff, and incoming personnel by identifying conditions before deployment to avoid turmoil during the mission.

f. The recommended template provides a needed reference for inexperienced providers, or providers in the civilian sector, who have never deployed.

g. Recommended clearance requirements.

(1) Medical Clearance.

(a) Information regarding the medical and mental health clearance requirements and standards (Deployment Limiting Conditions (DLCs), Pharmacy, Medical Equipment, Contact Lens, Alert Tags, Immunizations, Labs, and Health Assessments) can be found in Enclosures (A) through (D) of this document.

(b) Administrative requirements regarding pre-, during-, and post-depoyment health activities are summarized in Reference (a), DoDI 6490.03, "Deployment Health".

(2) Waiver Request Process. According to DoDI 6490.07, a waiver process is required within the Combatant Command. Information regarding the recommended medical waiver process and authorities can be found in Enclosures (E) of this document.

(3) Theater Force Health Protection (FHP). FHP measures can be found in Enclosure (F) of this document. Medical threat briefs will be formulated using items in

Enclosure (C), in paragraphs 2–3 of Enclosure (F), and health risk assessments tailored to the regions of interest.

6. Recommendation. Service Components should utilize the theater entry medical standards outlined in Enclosures (A) through (G) to craft their Component-specific guidance.

7. Releasability. This publication is approved for public release; distribution is unlimited. Users may obtain copies on the USEUCOM network portal at the following website https://www.milsuite.mil/book/docs/DOC-127168.

8. Effective Date. This instruction is effective 3 July 2019.

PATRICK A. PIERCEY
Rear Admiral, U.S. Navy
Chief of Staff

Enclosures:

A. Medical Clearance – General
B. Medical Clearance – Deployment Limiting Conditions
C. Medical Clearance – Pharmacy, Medical Equipment, Contact Lens, Alert Tags, Immunizations, Labs
D. Medical Clearance – Health Assessments and Documentation
E. Medical Waiver Process and Authorities
F. Theater Force Health Protection
G. References
Glossary

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Enclosure A
Medical Clearance – General

1. Standards for Deployability to USEUCOM

a. Fitness for Duty. Individuals must meet Service specific standards of medical fitness.

b. Transparency to Command. An individual's medical condition must not create undue burden on the Command.

c. Stability of Treatment. An individual's medical condition must remain stable if treatment options become unavailable (i.e. loss of medication, malfunction of therapeutic equipment, delays in shipping, unavailability of therapist, etc.).

d. Proven Stability. Individuals must be mentally and physically stable without relapse for a minimum of 12 months following the last change of therapy or last episode of the disability (exceptions are listed within the Deployment Limiting Conditions in Enclosure (B)).

e. Successful Trial of Duty. Individuals that have completed a rehabilitative program should successfully demonstrate required fitness through a trial of duty which mimics expected conditions of deployment (i.e. environmental challenges, lifting and carrying challenges, alertness, and judgement challenges, etc.).

f. Extended Stay. An individual's condition will remain stable if an extension of deployment duty occurs.

g. Hazardous Materials. A means to secure or properly dispose of hazardous materials (i.e. needles) is available.

h. Prescription Medications.

(1) Personnel who require medication(s) will travel with up to a 180 day supply of their maintenance medications (see paragraph 1.h.(2) below for controlled medication requirements).

(2) Controlled Medications. All FDA controlled substances (Schedule CII-CV) are limited to maximum of a 90-day supply in-theater, with only 30 days' supply allowed on the person. All controlled substances need to be secured (i.e. to prevent diversion). Controlled substances must be monitored using a validated quality assurance program.

(3) Prior to deploying, individuals need to arrange to obtain a sufficient supply to cover the remainder of the deployment. Where applicable, Tricare eligible personnel should have prescription refills entered into the Tricare Mail Order Pharmacy (TMOP).

Individuals need to be aware certain countries (i.e. Germany) prohibit the mailing of prescription medications.

(4) See Enclosure (C), paragraph 1, for a detailed description of pharmacy requirements for entry into the USEUCOM AOR.

i. Border Clearance. Medical conditions must meet border clearance criteria of the countries in which the individual will be deployed.

j. Ability to Function During Flare-Up. Medical condition must not reach severity which completely incapacitates the individual.

k. Alert and Oriented. The individual must be alert and able to perform sensitive tasks with appropriate judgement when required (i.e. medications causing drowsiness must clear the body quickly).

l. Functional in Austerity. Individuals must be of sufficient fitness to successfully function and conduct the mission in the extremes of environmental conditions while wearing appropriate protective gear.

m. Clean Blood Supply. Individuals must be free of known blood-transmissible diseases. The expectation is to maximize the ability to serve as blood donors as part of a walking blood bank capability to assist in blood transfusions.

n. Low Risk to Command. The medical condition must not place coworkers at safety risk or at risk for mission failure.

o. Severity of medical condition. Conditions must be of sufficient simplicity to be managed by a general medical officer in facilities with limited equipment.

2. Medical Waiver Requirements. The following lists general medical waiver requirements for individuals with potential deployment limiting medical conditions:

a. Medical waiver is required.

(1) Deployment Limiting Conditions. Enclosure (B) contains a list of deployment limiting medical conditions that require a medical waiver.

(2) Specialist Required. A medical waiver is required for any individual who requires a follow-up evaluation with a specialist during the period of deployment; this includes follow-ups with behavioral health practitioners.

b. Medical waiver will not be granted.

(1) Special Storage or Handling Requirements. A medical waiver will not be granted for medications that require special handling, storage or other requirements

(e.g., refrigeration, cold chain, electrical power requirements, hazardous material (HAZMAT) disposal requirements, etc.) unless the individual is deploying to an installation in the AOR with the capability to support the special handling, storage, or other requirements. See Enclosure (C), paragraph 1 for more detailed information regarding medication requirements.

(2) Required Medical Equipment. A medical waiver will not be granted for medical equipment unless the device is dual-voltage (i.e. can support 220V connections) and can be supported at the deployed location. See Enclosure (C), paragraph 2 for more detailed information regarding specifications for medical equipment.

3. Medical Fitness, Initial, and Annual Screening.

a. Exam Intervals. An examination which addresses all medical issues and requirements will remain valid for a maximum of 12 months from the date of the physical examination IAW Reference (c). Extensions may be considered by the local provider when facilities are outside reasonable access range to accommodate.

(1) Medical Treatment During Deployment. Individuals treated within the theater and cleared by the treating physician may be returned to the unit without requesting a waiver. Component Surgeons may set an additional requirement to re-process as a waiver request [Note: Individuals treated for a medical condition outside of the AOR and desiring to return to the AOR to complete an existing deployment must be cleared anew by the appropriate waiver authority].

b. Cardiovascular Screening. Service members will follow service specific guidance for cardiovascular screening requirements.

c. Dental. All personnel entering the theater require a dental examination within 12 months preceding the start of travel. Dental status must be either a Class I or II. Individuals evaluated by a non-DoD civilian dentist should use a DD Form 2813, or equivalent, as proof of dental examination.

d. Psychoactive Medications. The use of psychoactive medications pose additional risk in the deployment environment, such as risk for heat injury, serotonin syndrome, lapses in judgment and alertness, etc. These medications are commonly used to treat depression, insomnia, drowsiness, concentration and alertness problems, mood disorders, anxiety, chronic pain, migraine headaches, seizures, etc. The following concerns will be scrutinized closely when considering waivers for psychoactive medications.

(1) Behavioral effects. Psychoactive medications affect alertness, sleep cycle, and judgment; all effects can be magnified when multiple medications are combined.

(2) Suicide risk. Psychoactive medications pose additional risk for suicide based on the physiologic effects of the medications, and in their normal use by patients at higher risk for suicide.

(3) Polypharmacy concerns. Medications prescribed to counter-act the side effects of other medications are problematic, due to compounding of side effects (i.e. treating awakeness and alertness, while also addressing insomnia) and contribution to polypharmacy.

(4) Prescribing practices to expedite grief recovery. Practices of prescribing medications early in the normal grieving process, prohibit sufficient non-medicated grief recovery time (minimum 6 months) to enable the strengthening of internal coping skills and maturation, especially in young (<25 years old) soldiers; these early prescribing practices can be problematic.

(5) Demonstrated stability. Must demonstrate clinical stability once a therapeutic dosage is established, over a minimum of 12 months, and tested by an adequate trial-of-duty under the expected stressful conditions of the deployment. Exceptions are provided in Enclosure (B).

(6) Serotonin syndrome concerns. Combinations of medications which activate the serotonergic system can increase the risk of serotonin syndrome, which can mimic heat injury. Both conditions (heat injury and serotonin syndrome) are difficult to recognize and diagnose, and require very different approaches to treatment.

(7) Antihistaminic properties. Psychoactive medications with antihistaminic properties not only cause drowsiness and alertness issues, but also increase the risk of heat injury.

e. DoD and Specialized U.S. Government Civilian Employees.

(1) General Standards. DoD Civilian employees are covered by the Rehabilitation Act of 1973. As such, an apparently disqualifying medical condition requires an individualized assessment to determine whether the employee can perform the essential duty functions in the deployed environment, without causing undue hardship. In evaluating undue hardship, the nature of the accommodation and the limited availability of care in certain USEUCOM AOR regions must be considered. Further, the employee's medical condition must not pose a substantial risk of significant harm to the employee or others when taking into account the conditions of the relevant deployed environment IAW Reference (d).

(2) Specific Standard. Specialized government civilian employees who must meet specific physical and mental standards (e.g., firefighters, security guards and police, aviators, aviation crew members and air traffic controllers, divers, marine craft operators, commercial drivers, etc.) must meet those standards without exception, in addition to being found fit for the specific deployment by a medical and dental

evaluation prior to travel. If fitness certifications expire while assigned within the USEUCOM AOR, it is up to the individual to plan in advance to recertify their compliance with respective fitness requirements (i.e. mid-tour leave, etc.).

(3) Screening Frequency. Government civilian employees, whose assignment exceeds 12 months, must be re-evaluated annually for fitness in order to remain in a deployed status. Annual in-theater rescreening may be focused on health changes, vaccination currency and monitoring of existing conditions, but should continue to meet all medical guidance as prescribed in this document. If government civilian employees are unable to adequately complete their medical screening evaluation in the theater, they should be redeployed to accomplish this annual requirement, or request an exception to policy through the appropriate component surgeon.

f. DoD Contract Employees.

(1) General Standards. DoD contract employees must meet similar standards of fitness as other military and DoD civilian personnel, to include the ability to tolerate the environmental and operational conditions of the duty location IAW their contract requirements. DoD contract employees must undergo a medical and dental evaluation, which documents fitness for duty without limitations prior to travel IAW Reference (e).

(2) Pre-Deployment. Contracting agencies will arrange provision of the pre-deployment medical and dental evaluations, and annual in-theater rescreening for the contracted employee. Medical requirements and evaluations must be completed prior to arrival at the deployment location and personnel must comply with immunization, DNA, and panograph x-ray requirements. All required immunizations are outlined in the FCG (https://www.fcg.pentagon.mil) for the countries to be visited, as well as in paragraph 5 of Enclosure (C). Travel medicine services for contracted employees, including immunizations, evaluation of fitness, and annual re-screening are the responsibility of the contracting agency per the contractual requirements. Questions should be submitted to the supported command's contracting and medical authority.

(3) Medical Screenings. All contracting agencies are responsible for providing the appropriate level of medical screening for their contracted employees based on the job the employees are hired to perform. The screening must be completed by a licensed medical provider (licensed in a country with oversight and accountability of the medical profession) and an English language copy of the completed medical screening documentation must be maintained by the contracting agency. Such documentation may be requested by base operations center personnel prior to issuance of access badges, as well as by medical personnel for compliance reviews. Installation commanders, in concert with their local medical assets and contracting representatives, may conduct quality assurance audits to verify the validity of medical screenings.

(4) Redeployment Due to Medical Condition. A new disqualifying medical condition, as determined by an in-theater competent medical authority, will be immediately reported to the contract employee's contracting officer. The affected

contract employee will then be immediately redeployed and replaced at contracting agency's expense, unless otherwise specified in the contract IAW Reference (e).

(5) Authorization of DoD Care. The guidance in this document should not be construed as authorizing use of Defense Health Program (DHP) or Military Health System (MHS) resources for such evaluations unless previously authorized. Generally, DHP and MHS resources are not authorized for the purpose of predeployment or travel medicine evaluations for contract employees IAW Reference (e). Local command legal, contracting, and resource management authorities should be consulted for questions on this matter.

g. Local National (LN) and Third Country National (TCN) employees. Minimum screening requirements for LN and TCN employees are as follows IAW Reference (e):

(1) Medical Screening. Pre-employment and annual medical screening of LN and TCN employees are normally not performed in U.S. DoD treatment facilities or by U.S. military medical personnel. Local contracting agencies must ensure screenings are conducted by a licensed medical provider (see paragraph 3.f.(3) above).

(2) Tuberculosis (TB) Screening Requirements. All LN and TCN employees in positions requiring close or frequent contact with non-LN/TCN personnel (e.g., dining facility workers, security personnel, interpreters etc.) must be screened for TB IAW service specific guidance.

(3) Food Service Employees. LNs and TCNs employed in food service, including work with water and ice production, must be screened annually for signs and symptoms of infectious diseases. Employees must be vaccinated against Typhoid and Hepatitis A. This information must be documented in the employees' medical record/screening forms.

4. Tricare Overseas Program (TOP) Requirements.

a. Enrollment Requirement. Units arriving in theater greater than 179 days for Active Duty, and 30 days for Reserve components are required to enroll into the TOP in order to receive routine medical care from Host Nation (HN) facilities.

b. To enroll in TOP, contact the local Tricare point of contact or the Global Tricare Service Center at: +44-20-8762-8384, option #4 (overseas) or 1-877-678-1207, option #4 (stateside)

c. Individuals with orders that do not meet the duration requirement stated in 3.a. are only eligible for Urgent/Emergent care at HN facilities.

d. For further information on the TOP:https://intelshare.intelink.gov/sites/eucom-logistics/TRICARE%20Prime%20Remote/Forms/AllItems.aspx.

Enclosure B
Medical Clearance – Deployment-Limiting Conditions (DLCs)

1. Remote assignments. The limited availability of DoD and host nation medical care in certain regions of the USEUCOM AOR pose challenges to individuals with chronic medical conditions. As a result, medical assessment of potentially disqualifying conditions should receive additional scrutiny to mitigate the risk of early evacuation from the theater to receive extensive medical care.

2. General waiver criteria.

a. Individuals who possess any of the following medical conditions require a medical waiver to deploy to the USEUCOM AOR unless stated otherwise.

b. Definition of “medical conditions”. "Medical conditions", as used in this context, also include those health conditions usually referred to as dental or psychological.

c. Ability to perform duties. A medical waiver must be requested if an individual possesses a medical condition that raises any doubt of whether the person can perform his/her duty in a deployed (contingency) environment (e.g. a condition that is infectious/communicable, prohibits function, degrades alertness/judgement, impairs stereoscopic vision/depth perception/color perception, impairs touch sensors, affects proprioception or impairs the ability to drive/operate heavy equipment).

d. Basic requirements. This list of Deployment-Limiting Conditions is not intended to be comprehensive; there are other conditions that may result in denial of medical clearance. Personnel with potentially disqualifying medical conditions must meet the following two criteria to be cleared for deployment: 1) Receive an evaluation by the appropriate medical provider to determine if the member can safely deploy; 2) Receive an approved medical waiver by the USEUCOM Command Surgeon or the delegated Service Component Surgeon for the potentially disqualifying medical condition(s).

e. Development of DLC while deployed. A USEUCOM waiver is not required if an individual develops a DLC while deployed and performing missions in the USEUCOM AOR. Component surgeons may set an additional requirement to re-process as a waiver request [Note: Individuals that are treated for a medical condition outside of the AOR and desiring to return to the AOR to complete an existing deployment must be cleared anew by the appropriate waiver authority].

Anaphylaxis and Allergy

An established diagnosis of anaphylaxis requires a waiver for deployment. A waiver is not needed for members with anaphylaxis to an allergen that is not present in the AOR. For example – if the member had a past anaphylactic reaction to an insect not found in USEUCOM, the member does not require a waiver for deploying to the USEUCOM AOR.

Sequence #	Condition	Description (Waiver Required for Any of the Following, Unless Stated Otherwise)
A1	Anaphylaxis/Allergy treatment with epinephrine	Clear risk that the individual will need epinephrine to treat anaphylaxis (i.e. self-treatment with an “epi-pen”)
A2	Food allergies	Food allergy to a food that would be difficult to avoid in-theater and where the symptoms of the allergic reaction are systemic and/or severe enough to the degree where it may interfere with ability to perform occupational duties

Table B-1. Anaphylaxis and Allergy DLCs

Cancers		
Cancer for which a service member will require treatment or surveillance examination testing or imaging during the anticipated deployment.		
Sequence #	**Condition**	**Description (Waiver Required for Any of the Following, Unless Stated Otherwise)**
B1	Remission requirements	All cancers should be in complete remission for at least one year for a waiver to be considered. Exceptions will be considered on a case-by-case basis.
B2	Percutaneous lesions	Precancerous lesions that have not been treated and/or evaluated and that require treatment/evaluation during the anticipated duration of the deployment will not be considered for a medical waiver.
B3	Skin cancers (surgically removed)	No waiver required for skin cancers that have been surgically removed with clear borders demonstrated on pathological report and no evidence of spread (Exception: Melanoma does require a waiver). Must be cleared by treating physician or qualified provider.

Table B-2. Cancer DLCs

Cardiovascular Conditions		
Any of the following conditions (excluding C15) must include written clearance from a cardiologist or specialist appropriate to that condition for a waiver to be considered.		
Sequence #	**Condition**	**Description (Waiver Required for Any of the Following, Unless Stated Otherwise)**
C1	Uncontrolled hypertension	**1.** Hypertension is worsening other significant medical problems, such as cardiovascular, cerebrovascular, renal or ophthalmological problems **2.** Hypertension has not been stable (i.e. on the same medication with good blood pressure control) for > 3 months during period before deployment **3.** Medication being used is producing side effects that would impair ability to function in a deployed environment.
C2	Coronary artery disease (CAD)	Waiver required for all
C3	Cardiac dysrhythmias or arrhythmias	Cardiac dysrhythmias or arrhythmias which require medication, electrophysiologic manipulation, surgical ablation, or implantable cardiac device will generally not be considered for a medical waiver. **NOTE: Exceptions for consideration**: History of atrial dysrhythmias, such as atrial fibrillation, premature supraventricular tachycardia (PVST), etc., without recurrence or symptoms for a minimum of 12 months and requiring no medication management.
C4	Heart failure	Waiver required for all
C5	Cardiomyopathy	Waiver required for all
C6	Coronary artery bypass grafting (CABG) **within one year of deployment**	Waiver required for all
C7	Coronary artery angioplasty and/or stenting **within one year of deployment**	Waiver required for all
C8	Carotid endarterectomy **within one year of deployment**	Waiver required for all
C9	Aneurysm repair **within one year of deployment**	Waiver required for all
C10	Anticoagulation therapy **within one year of deployment**	Waiver required for all
C11	Myocardial infarction **within one year of deployment**	Waiver required for all
C12	Elevated Framingham Risk (> 15%)	Age over 40 with a Framingham 10-year Coronary Heart Disease (CHD) risk of 15% or greater requires an evaluation by cardiology.
C13	Additional cardiac disease cases that require a waiver	Clinical suspicion that cardiac disease may exist which requires further evaluation (e.g. stress test, holter monitor, echocardiogram, cardiology consult, etc.)
C14	Specialist consultation required	Requirement to see a specialist (e.g. cardiologist or internal medicine) every 3 months or less (more frequently than every 3 months)
C15	Medications (for cardiovascular conditions)	Medication at higher risk for problematic side effects (e.g., Diuretics, Anticoagulants, Vasodilators, Antihypertensives)

Table B-3. Cardiovascular Conditions DLCs

Dermatological Conditions		
Sequence #	**Condition**	**Description (Waiver Required for Any of the Following, Unless Stated Otherwise)**
D1	Required Specialist care	Requires frequent (more often than every 3 months) specialist medical care
D2	Extensive lesions/disease	Extensive lesions/disease such that, in the opinion of a dermatologist, constitutes increased risk of illness, injury, or infection in the austere setting of a deployment
D3	Interference with duty	Interferes with the satisfactory performance of duty, wearing of the uniform, or using military equipment (e.g. deployment-specific equipment/clothing or eczema worsened by conditions in the AOR)
D4	Interference with insect repellent application	i.e. if unable to tolerate DEET and/or permethrin or other insect repellent or insecticide used in AOR
D5	Immunosuppressant treatment required	e.g. chronic systemic steroids or immunemodulating or suppressive medications, such as Cyclosporine, Tacrolimus, etc
D6	Biologic response modifier treatment required	e.g. immunomodulators or other biologic medications, such as Humira, Dupixent, etc
D7	Antineoplastic treatment required	Antineoplastics (oncologic or non-oncologic use). Includes antimetabolites, such as methotrexate, hydroxyurea, mercaptopurine, etc.
D8	Skin cancer remission requirements	Waiver required if condition has not been in complete remission for at least one year
D9	Skin cancers (surgically removed)	No waiver required for skin cancers that have been surgically removed with clear borders demonstrated on pathological report and no evidence of spread (Exception: Melanoma does require a waiver). Must be cleared by treating physician or qualified provider.

Table B-4. Dermatological DLCs

Endocrine-Related Disorders		
Any of the following conditions that require medications that have special hazardous materials (HAZMAT) require a Commander's Endorsement letter from the first O-5/O-6 in the individual's chain of command for a waiver to be considered (see Enclosure (E), Appendix B for example letters).		
Sequence #	**Condition**	**Description (Waiver Required for Any of the Following, Unless Stated Otherwise)**
E1	Diabetes Mellitus	**1.** Insulin **2.** Oral or injectable medications with a risk of hypoglycemia or severe complications **3.** Poor glycemic control (hemoglobin A1C > 7) **4.** Less than 90 days since last adjustment in medication regimen **5.** Diabetes mellitus complications (i.e. micro or macro neuro-vascular changes, history of hypo- or hyper-glycemic urgency) in the prior 6 months **NOTE:** Item 4 requires Glucagon Emergency Kit prescriptions if waiver approved
E2	Hypo/Hyperthyroid	**1.** New onset (within past 6 months) of either hypo- or hyper-thyroid function **2.** Changes in thyroid-related symptoms during previous 3 months **3.** Changes to medication or dose in preceding 3 months **4.** An episode of acute thyrotoxicosis in the preceding 6 months **5.** Requirements for physician follow-up within a 3 month period
E3	Replacement/adjustment therapy considerations	Condition must be stable, require no laboratory monitoring or specialty consultation, and require only routine follow-up which must be available in the deployed location or by specific arrangement.
E4	Hormonal preparation requirements	Must be administered by oral or transdermal routes, be within clinically appropriate dose parameters, have no special storage requirements, and not produce side effects which interfere with the normal performance of duties or require additional medications to manage.
E5	Injectable contraception	No waiver required

Table B-5. Endocrine-Related Disorder DLCs

Environment-Related Conditions (e.g., Heat-Related Injuries)		
Sequence #	**Condition**	**Description (Waiver Required for Any of the Following, Unless Stated Otherwise)**
F1	Heat stroke	**1**. Complicated by either acute renal failure and/or rhabdomyolysis **2**. Multiple episodes of heat stroke or persistent sequelae or organ damage will not be considered for medical waiver
F2	End-organ damage from single heat illness injury	i.e. renal, cardiovascular or neurological damage

Table B-6. Environment-Related DLCs

Gastrointestinal Conditions		
Sequence #	**Condition**	**Description (Waiver Required for Any of the Following, Unless Stated Otherwise)**
G1	Gastroesophageal Disease	Existence of associated diseases, such as esophageal stricture or Gastroesophageal Reflux Disease (GERD), that require active management or frequent (more often than every 6 months) medical care
G2	Inflammatory Bowel Disease (Crohns and Ulcerative Colitis)	**1.** Symptom frequency and/or severity affect ability to perform military duties **2.** Symptoms not fully responsive to dietary measures available in-theatre (including fiber supplementation) and medications (e.g. anti-diarrheals; anti-spasmodics and bulk-forming laxatives) **3.** Presence in-theater of triggers (e.g. irregular meals, poor sleep, loud noises, increased psychological stress) that will likely result in an exacerbation of the frequency and/or severity of the symptom pattern. **4.** Chronic medication treatment with immune modulators (i.e. Mesalamine, Sulfasalazine, Lubiprostone, injectables, etc.)

Table B-7. Gastrointestinal DLCs

Genitourinary Conditions (History of Kidney Stones/Renal Colic)		
Sequence #	**Condition**	**Description (Waiver Required for Any of the Following, Unless Stated Otherwise)**
H1	Kidney Stones/Renal Colic	**1.** History of more than three or more renal calculi **2.** One or more exacerbations or urologic pain (ureteric pain or calculi) in the preceding 12 months requiring urgent care or hospitalization **3.** CT Scan or intravenous pyelogram or flat plate x-rays confirms current existence of more than one calculi or a single calculi more than 5 mm in size **4.** Renal/urologic intervention (e.g. lithotripsy, uretoscopic extraction, etc.) in preceding 3 months

Table B-8. Genitourinary DLCs

Infectious Diseases		
IAW Enclosure A, paragraph 1.m., the standard to deploy to USEUCOM is for individuals to be free of known blood transmissible diseases and possess a clean blood supply. Therefore, an individual that has a known infectious disease/infectious condition (e.g. Hepatitis A, Hepatitis C, Human Immunodeficiency Virus (HIV), etc.) that could preclude someone from being a walking blood donor requires a medical waiver to deploy. Individuals possessing any of the conditions below with measurable viral titers, positive cultures, or systemic manifestations are non-deployable. Cases with no active disease, in complete remission, and with no risk of communicability, will be considered for waiver on a case-by-case basis. Active duty must comply with status of forces agreements; civilian deployers should contact the nation's embassy for up-to-date information. All of the following infectious diseases require a Commander's Endorsement letter from the first O-5/O-6 in the individual's chain of command for a waiver to be considered because they put the member at risk of not being able to remain a blood donor (see Enclosure (E), Appendix B for example letters).		
Sequence #	**Condition**	**Description (Waiver Required for Any of the Following, Unless Stated Otherwise)**
I1	Human Immunodeficiency Virus (HIV)	Waiver requests must demonstrate lack of active disease and evidence of remission, and must include clearance from appropriate specialist
I2	Hepatitis B	Waiver requests must demonstrate lack of active disease and evidence of remission, and must include clearance from appropriate specialist
I3	Hepatitis C	Waiver requests must demonstrate lack of active disease and evidence of remission, and must include clearance from appropriate specialist
I4	Tuberculosis (TB) - Active or Latent	**1.** Any active TB case with or without therapy **2.** Any recent purified protein derivative (PPD; i.e. the tuberculin intradermal test) conversion by infectious disease consultation **3.** Any history of TB case with evidence of brain, kidney or bone involvement **NOTE1:** Active duty servicemembers with a history of positive conversion on tuberculin skin testing, and who have documented completion of Latent Tuberculosis Infection (LTBI) evaluation and counseling for consideration of treatment and whose providers did not recommend LTBI treatment may deploy without a medical waiver as long as all service-specific requirements are met (See References f, g, and h) **NOTE2:** Evaluation and treatment of TB among DoD contract employees, LN and TCN employees are normally not provided within DoD facilities
I5	Host/transit nation infectious disease consideration	A USEUCOM waiver cannot override host or transit nation infectious disease or immunization restrictions.
I6	Refusing Mandatory USEUCOM Vaccinations	A waiver will not be granted for any individual that refuses mandatory USEUCOM vaccinations

Table B-9. Infectious Disease DLCs

Musculoskeletal Conditions		
Any musculoskeletal condition that significantly impairs activities of daily living or performing of duties in a deployed environment requires a waiver.		
Sequence #	**Condition**	**Description (Waiver Required for Any of the Following, Unless Stated Otherwise)**
J1	Chronic Low Back Pain	**1.** Low back pain secondary to a serious process (such as cancer, infection, cauda equina syndrome, spinal stenosis or radiculopathy, vertebral compression fracture or ankylosing spondylitis) **2.** Incapacitating low back pain that occurs on average more often than once every 6 months, or that exists for more than five days in any 3 month period **3.** The low back pain limits ability to perform duties during a deployment, which includes wearing of PPE, carrying full military equipment, travel in military vehicles, etc. **4.** Requirement to use CII-CV medications, such as benzodiazepines, opioids, Gabapentin, or Pregablin whose side effects may limit performance of duties/occupation while deployed **5.** Incomplete rehabilitation with significant functional limitations
J2	Musculoskeletal (MSK) Injuries	**1.** Waiver required for any musculoskeletal condition that significantly impairs activities of daily living or performance of duties/occupation while deployed (If there are concerns, an official functional capacity exam should be performed and results included with the waiver request) **2.** Musculoskeletal injury or condition, including any chronic pain syndromes, results in loss of motion or function to a degree that impairs performance of duties/occupation while deployed **3.** Incomplete rehabilitation with significant functional limitations **4.** Requires the use of a medication which may impair the individual from performing duties/occupation while deployed **5.** Diagnosed with a potentially progressive systemic or infectious disease (i.e. osteomyelitis or autoimmune diseases such as rheumatoid arthritis, ankylosing spondylitis, and others) **6.** MSK treated with controlled substances (i.e. narcotics, benzodiazepines, etc.)

Table B-10. Musculoskeletal DLCs

Neurological Conditions		
Sequence #	**Condition**	**Description (Waiver Required for Any of the Following, Unless Stated Otherwise)**
K1	Epilepsy and Seizure Disorder	Seizure disorder with active seizure activity within the last year or known trigger (such as sleep deprivation) that would likely be triggered in the deployed AOR (diagnosis of epilepsy with ongoing chronic risk for seizures may be considered for a medical waiver).
K2	Epilepsy and Seizure Disorder (Idiopathic)	Idiopathic seizure disorder patients on a stable anticonvulsant regimen (i.e. with normal MRI, EEG and lab work-up), and is seizure-free for one year
K3	Migraines and Headaches	**1.** Incapacitating headaches that typically last > 2 hours and occur more often than once every 3 months **2.** Any acute, urgent or emergent visits for treatment of a headache within last 3 months **3.** Requirement to use a medication whose side effects would preclude carrying out duties/occupation during a deployment (e.g. narcotics) **4.** Requirement for rescue medications (oral or injectable) for flare-ups greater than once a month (difficult to manage medications, i.e. ergotamines, are prohibited) **5.** The presence in-theater of triggers (e.g. irregular meals, poor sleep, loud noises, increased psychological stress) will likely result in an exacerbation of the frequency and/or severity of the headache pattern **6.** History of intractable migraines requiring Emergency Room care or inpatient admissions **7.** Management of migraines requiring controlled substances
K4	Syncope & Loss of Consciousness (LOC)	**1.** An episode of syncope requiring ongoing evaluation or treatment **2.** An episode of syncope that occurred < 1 year ago and was never evaluated fully by a physician to determine cause **3.** More than one idiopathic syncopal or near syncopal event **4.** Current restrictions or limitations of duties/occupation
K5	Traumatic Brain Injury (TBI)	**1.** Moderate or severe ongoing cognitive impairment precluding performance of full duties/occupation **2.** Significant psychiatric or neurological comorbidity which results in an inability to perform full duties/occupation **3.** History of a single mild TBI may deploy once released by a medical provider after 24-hours symptom free (See Reference i) **4.** Sustainment of a second mild TBI within a 12-month period may deploy after seven days symptom free and release by a medical provider (See Reference i) **5.** Three clinically diagnosed TBIs (of any severity, including mild) since last full neurological and psychological evaluation requires to such an evaluation completed prior to deployability determination (See Reference i)
K6	Cerebral Vascular Accident (CVA)	History of CVA to include Transient Ischemic Attack in previous 12 months require neurologist recommendation with waiver request

Table B-11. Neurological DLCs

Obesity (BMI > 35 Or Weight Greater Than 300 Pounds)		
Obesity not only poses an individual health risk, but also presents challenges of mobility when injured. Morbid obesity poses difficulties for stretcher movement and field operating table stability, as well as challenges for intubation, anesthesia, and vehicle extraction.		
Sequence #	**Condition**	**Description (Waiver Required for Any of the Following, Unless Stated Otherwise)**
L1	Body Mass Index (BMI) restrictions	**1.** Any individual with BMI > 35 with comorbidities (e.g., diabetes, cardiovascular disease, hypertension, sleep apnea, obesity-related cardiomyopathy, severe joint disease, etc.), will generally not be considered for a medical waiver. **2.** Civilians and contract employees with BMI of 35 to 39 without serious comorbidities may be considered for a medical waiver. **3.** Morbid obesity (BMI > 40) will generally not be considered for medical waiver. **NOTE1:** Service members do not require a waiver if compliant with Service body fat guidelines. **NOTE2**: Online BMI calculator: https://www.nhlbi.nih.gov/health/educational/lose_wt/BMI/bmi-m.htm.

Table B-12. Obesity-Related DLCs

Pregnancy		
Sequence #	**Condition**	**Description (Waiver Required for Any of the Following, Unless Stated Otherwise)**
M1	Currently pregnant	Currently pregnant or less than 6 months post-partum will not be considered for a waiver.
M2	Becoming pregnant while deployed	Decision whether to have the individual remain in theater or redeploy will be determined by the affected service component.
M3	Abortion or Miscarriage Recovery Time	Requires 3 months recovery time before a medical waiver will be considered.

Table B-13. Pregnancy DLCs

Psychiatry/Behavioral Health Conditions (Anxiety, Major Depressive Disorders, ADD/ADHD, Eating Disorders)

All of the following mental or behavioral health (BH) related diagnoses require that the waiver be signed by a BH specialist or a letter from a BH specialist for a waiver to be considered. All substance abuse disorders and significant BH conditions (e.g. History of suicidal ideation/attempt, severe depression/anxiety, and ongoing family/relationship problems) require a Commander's Endorsement letter from the first O-5/O-6 in the individual's chain of command for a waiver to be considered (see Enclosure (E), Appendix B for example letters). USEUCOM considers 12 months as the standard recovery time from BH conditions, with exceptions considered at 6 months onward (unless stated otherwise). See the contents of Tables B14 and B15 for disease specific information.

Sequence #	Condition	Description (Waiver Required for Any of the Following, Unless Stated Otherwise)
N1	Anxiety	**1.** Required regular, ongoing mental health treatment within the last six months, in order to gain stability. **2.** Ongoing symptoms of any type which affects ability to perform duties/occupation effectively. **3.** Lack of disease stability for < 6 months **4.** Any concern about the behavioral stability (social and occupational) and the potential for deterioration or recurrence of symptoms during deployment if treatment is interrupted **5.** Significant psychiatric co-morbidity **6.** Any requirement for antipsychotics, benzodiazepines, or lithium
N2	Major Depressive Disorders	**1.** Hospitalization for psychiatric reason within last 12 months (see N10 for further guidance) **2.** Any ongoing depressive symptoms (cognitive/sleep/mood/suicidal) affecting performance of duties/occupation **3.** Lack of disease stability for < 6 months **4.** Any requirement for antipsychotics or lithium **5.** Any evidence of bipolar disorder or psychotic features **6.** Reasonable concern about the behavioral stability and the potential for significant deterioration or recurrence of symptoms during deployment if treatment is interrupted **7.** Ongoing requirement for psychological or mental health counseling to maintain stability and functioning **8.** Any suicidal ideation/attempt in the preceding 12 months (see N9) **9.** Any ongoing depressive symptoms (cognitive/sleep/mood/suicidal) affecting performance of duties/occupation will not be considered for a medical waiver.
N3.1	ADHD/ADD - prerequisites for 'no waiver required'	Waiver is **not required** if **ALL** of the following are met: **1.** On stable treatment regimen with CII stimulant medications (defined as greater than 6 months on a stable dose without comorbidities) and the diagnosis has been validated by a physician or doctoral level mental health provider (Service Components may require a psychiatrist). **2.** The individual does not possess duty limitations or restrictions **3.** The individual is able to deploy with sufficient medications to complete deployment, or arrangements have been made for delivery of medications **4.** All controlled medications, to include CII stimulants, can be maintained in a locked container, properly secured
N3.2	ADHD/ADD - Items needed to accompany waiver request (if all items in N3.1 are not met, which would necessitate a waiver).	**ALL** of the following are **required** to be included in the waiver packet submission: **1.** A letter of fitness from the first O-5 in the chain of Command validating that the individual can indeed perform duties/occupation in an austere environment with a long-term irregular sleep schedule while on stimulant medication. **2.** Individuals will deploy with sufficient medications to complete deployment or arrange for delivery of medications (see Enclosure A, paragraph 1.h., for further guidance on prescription medication requirements) **3.** Statement from provider verifying the lack of adverse effects from stimulant medication (to include insomnia and/or hypertension) **NOTE1:** The USEUCOM medical supply system is not equipped to ship and/or store large amounts of controlled substances. **NOTE2:** All controlled medications to include CII stimulants must be maintained in a locked container, properly secured **NOTE3:** Germany prohibits the delivery of medications via mail to include the military postal service (MPS) (this includes personnel in countries that receive U.S. Mail that passes through Germany).
N4	Eating Disorders (i.e. Anorexia Nervosa, Bulimia Nervosa, or other specified/unspecified feeding or eating disorder)	1. Required regular, ongoing mental health treatment within the last six months in order to maintain stability 2. Ongoing symptoms of any type which affects ability to perform duties/occupation 3. Disease stability for < 6 months 4. Any concern about the behavioral stability (social and occupational) and the potential for deterioration or recurrence of symptoms during deployment 5. Medical evaluation indicates physical health concerns related to disorder (abnormal labs, cardiac concerns, etc)

Table B-14. Psychiatric/Behavioral Health Related DLCs – Part 1

Psychiatry/behavioral health conditions (Not Including Anxiety, Major Depressive, ADD/ADHD, Eating Disorders)

All of the following mental or behavioral health (BH) related diagnoses require that the waiver be signed by a BH specialist or a letter from a BH specialist for a waiver to be considered. All substance abuse disorders and significant BH conditions (e.g. History of suicidal ideation/attempt, severe depression/anxiety, and ongoing family/relationship problems) require a Commander's Endorsement letter from the first O-5/O-6 in the individual's chain of command for a waiver to be considered (see Enclosure (E), Appendix B for example letters). USEUCOM considers 12 months as the standard recovery time from BH conditions, with exceptions considered at 6 months onward (unless stated otherwise). See the contents of Tables B14 and B15 for disease specific information.

Sequence #	Condition	Description (Waiver Required for Any of the Following, Unless Stated Otherwise)
N5	Psychotic and bipolar disorders	History (within the last 12 months) of isolated brief, limited episodes which express bipolar or psychosis symptoms, now resolved. **NOTE:** Bipolar disorders and psychosis are both conditions requiring a Medical Examination Board and thus are non-deployable and will not be considered for medical waiver
N6	Psychiatric disorders affecting social and/or job performance	DSM IV/5 diagnosed psychiatric disorders with residual symptoms, or medication side effects which impair social and/or occupational performance will not be considered for medical waiver.
N7	Mental health conditions - risk of deterioration	Mental health conditions that pose a substantial risk for deterioration and/ or recurrence of impairing symptoms in the deployed environment will not be considered for medical waiver.
N8	Chronic insomnia	Required usage of sedative hypnotics/amnestics, benzodiazepines, and/or anti-psychotics for greater than three months will require a waiver to deploy (includes use of Zolpidem (Ambien) or similar medications for > 3 months)
N9	Psychiatric polypharmacy	Use of 3 or more psychotropics (e.g. antidepressants, anticonvulsants, antipsychotics, benzodiazepines) for stabilization, particularly if used to offset side-effects of other BH therapy, requires a waiver for deployment.
N910	Suicide ideation/attempt (including passive)	Suicide ideation/attempts within the last 12 months require a waiver to deploy.
N11	Psychiatric hospitalization (excludes brief overnight stays for observation)	Psychiatric hospitalization within the last 12 months require a medical waiver submission package with a specialty evaluation prior to deployment
N12	Marital and relationship counseling	Counseling required in order to gain stability; once stable, no waiver required
N13	Psychiatric disorders newly diagnosed during deployment	Psychiatric disorders newly diagnosed during deployment do not immediately require a medical waiver or redeployment. Disorders that are deemed treatable, stable and having no impairment of performance or safety by a credentialed mental health provider do not require a medical waiver to remain in theater **NOTE:** Exceptions include diagnoses featuring bipolar, psychotic, homicidal, or suicidal features. These individuals should be redeployed at soonest opportunity via medical evacuation with appropriate escorts and per TRANSCOM guidelines.
N14	Post Traumatic Stress Disorder (PTSD)	**1.** Currently being evaluated for possible diagnosis of PTSD **2.** Diagnosed with PTSD and currently has symptoms which interfere with ability to perform full duties/occupation **3.** Diagnosed with PTSD and with symptoms controlled but period of stability is less than 6 months **4.** Diagnosed with PTSD and has symptoms under control but requires frequent follow-up with a specialist (more often than every 6 months) **5.** Diagnosed with PTSD and with symptoms controlled and stabilized, but judged to be at risk for deterioration if deployed **6.** Requiring antipsychotics, benzodiazepines, lithium or anti-consultants
N15	Substance use disorders (SUD)	**1.** Current untreated substance use disorder (SUD) **2.** Formally enrolled in a substance abuse program and not expected to complete the program prior to deployment **3.** Use of Medication Assisted Therapies to treat SUDs **NOTE1:** Cases of isolated misuse of substance only require a waiver when there is/was concern of an underlying disorder requiring treatment **NOTE2:** A minimum of 3 months is required following formal completion of a substance abuse program before a waiver will be considered **NOTE3:** Waivers will be considered on a case-by-case basis for individuals that have formally completed a treatment program who are 3-12 months post-treatment at the time of deployment
N16	Narcolepsy	Required to take Wakefulness Agents such as Modafinil, Armodafinil, or other CNS stimulants

Table B-15. Psychiatric/Behavioral Health Related DLCs – Part 2

Respiratory Conditions		
Sequence #	**Condition**	**Description (Waiver Required for Any of the Following, Unless Stated Otherwise)**
O1	Respiratory conditions (mild)	Well controlled for 3 months and are evaluated to pose no risk of deterioration while deployed may be considered for waiver (e.g. mild interstitial lung disease, chronic bronchitis, emphysema (COPD), pulm fibrosis, etc)
O2	Respiratory conditions (moderate and severe)	Well controlled for 6 months and are evaluated to pose no risk of deterioration while deployed may be considered for waiver (e.g. mild interstitial lung disease, chronic bronchitis, emphysema (COPD), pulm fibrosis, etc)
O3	Asthma and Wheezing Disorders	**1.** Use of systemic (oral or injectable/intravenous) steroids in past 6 months **2.** Any asthma/wheezing disorder related hospitalizations in last 12 months **3.** Any asthma/wheezing disorder related visits to an Emergency Dept in last 12 months **4.** Forced Expiratory Volume in 1 second (FEV1) < 50% with treatment **5.** Requirement for physician assessment for asthma/wheezing disorder more often than once every 3 months **6.** Symptoms likely to be exacerbated by triggers in theater (e.g. dust, cold weather) **7.** Inability to wear personal protective equipment. **8.** Active treatment with approved biologics (i.e. Omalizumab (Xolair®) injections) in the last 6 months
O4	Obstructive Sleep Apnea (OSA)	**1.** Severe Sleep Apnea (AHI or RDI ≥ 30/hr) **2.** Non-compliant with Continuous Positive Airway Pressure (CPAP) **3.** Risk of sudden death if no equipment available or if equipment malfunctions **NOTE1:** Mild and moderate OSA with functional CPAP with battery back-up and documented compliance do not require a waiver **NOTE2:** In-laboratory polysomnography (PSG), with a minimum of two hours of total sleep time, is required objective testing for all personnel with the diagnosis of OSA. The PSG must yield an apnea-hypopnea index (AHI), and/or respiratory disturbance index (RDI), of greater than 5/hr. Home testing with portable monitors is acceptable on a case-by-case basis. For individuals previously diagnosed with OSA, updated or repeat PSG is not required unless clinically indicated (i.e., significant change in body habitus, corrective surgery or return of OSA symptoms). The USEUCOM waiver authority may request repeat PSG to further evaluate a specific waiver request.

Table B-16. Respiratory DLCs

Surgery or Surgical Conditions		
Sequence #	**Condition**	**Description (Waiver Required for Any of the Following, Unless Stated Otherwise)**
P1	Medical condition requiring surgery or ongoing treatment/rehabilitation	Device removal (e.g., external fixator placement) will not be considered for a medical waiver. This item refers to devices currently in place.
P2	Surgical repair	Surgical repair within the prior 12 weeks (minor skin repairs do not require a waiver)
P3	Colectomy	History of a total or partial colectomy
P4	Cosmetic, bariatric, or gender reassignment procedures	Disqualifying until fully recovered with all follow-up and revisions complete, to include adjuvant counseling, medical treatment, and completing all Service-specific requirements. Special dietary and hygienic requirements cannot be reliably accommodated and may be independently disqualifying.

Table B-17. Surgery or Surgical DLCs

Transgender

All gender transitioning or transitioned individuals require a waiver. All waiver requests must address the following:
1. History of suicidal behavior and dates of episodes
2. Past and current medications, therapies, and surgeries.
3. Documented gender stability for minimum of 12 months (24 months preferred)
4. Commander's Endorsement letter signed by the first O-5/O-6 in the individual's chain of command addressing the following:
a. Gaining unit possesses personnel who know the normal baseline of behavior of the transitioned person, and can recognize high risk variations.
b. The individual has demonstrated a successful trial of duty in the stable gender.
c. Leadership determination of risk, especially for high risk/sensitive positions.
5. Documentation from BH professional of how the individual defines successful gender transition end point.
6. The following monitoring requirements must be addressed:
a. Laboratory follow-ups (F/U)
b. Behavioral F/U
c. Specialist F/U
Note1: injectable medications are normally disqualifying.

Sequence #	Condition	Description (Waiver Required for Any of the Following, Unless Stated Otherwise)
Q1	Gender dysphoria	**NOTE:** Personnel with history of gender dysphoria present a significantly higher risk of suicide, life dissatisfaction, and interpersonal relationship dysfunction pre-, during, and post-transition. Such disturbances can pose a safety risk due to interpersonal stress. This is especially concerning when performing high risk jobs, such as long-haul transport, aviation, heavy equipment operation, personnel reliability program missions (i.e. nuclear surety), etc. Waiver requests must address stability of the above concerns.
Q2	Gender transitioning	**NOTE1:** USEUCOM requires that deloying individuals are therapeutically stable. **NOTE2:** USEUCOM generally disapproves of deploying individuals who are actively undergoing therapeutic adjustments; thus, individuals actively in transition are generally considered nondeployable. **NOTE3:** Several countries supported by Operation Atlantic Resolve (OAR) have policies which only support traditional classifications of gender.

Table B-18. Transgender-Related DLCs

Vascular Conditions

Sequence #	Condition	Description (Waiver Required for Any of the Following, Unless Stated Otherwise)
R1	Abdominal/Thoracic Aortic Aneurysms	**1.** Aortic or arterial aneurysm that requires a surgical intervention or at risk of rupture are non-deployable and will not be considered for medical waiver **2.** History of aortic aneurysms (past and present) **3.** Any evidence of aneurysm enlargement during follow-up (i.e. disease is progressive) will be considered on a case-by-case basis
R2	History of Pulmonary Embolism (PE)/Deep Venous Thrombosis (DVT)	**1.** Anyone on anti-coagulant therapy **2.** History of more than one DVT (i.e. the disease has proven to be recurrent) **3.** History of major/proximal DVT **4.** DVT with evidence of a Post Thrombotic Syndrome (PTS) **5.** History of large PE with evidence of a permanent functional limitation which prevents performance of full duties/occupation
R3	Venous Insufficiency	**1.** Current symptomatic varicose pathology with significant functional impairment or edema or interference with wearing normal equipment (including boots) **2.** History of varicose veins in the lower limbs with chronic significant skin pathology, such as hypodermatitis, and/or skin ulcers, that has not yet been treated definitively.

Table B-19. Vascular DLCs

Eye, Ear, Nose, Throat And Dental Conditions		
Sequence #	**Condition**	**Description (Waiver Required for Any of the Following, Unless Stated Otherwise)**
S1	Refractive eye surgery	**1.** Currently using ophthalmic steroid drops post-procedure **2.** Attending ophthalmologist or optometrist determines that refractive surgery recovery is NOT complete **3.** Does not meet service specific retention standards and/or Air Force Specialty Code/Military Occupational Specialty (AFSC/MOS) specific duty standards **NOTE:** Clearance letter by the attending ophthalmologist or optometrist must be submitted with the waiver packet
S2	Visual impairment	**1.** Service member's best corrected visual acuity does not meet the occupational or retention standards of the military **2.** Visual problem (cataracts; night blindness; scotomata, etc.) that is currently affecting the ability to perform full duties/occupation
S3	Hearing loss	**NOTE:** 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 (See Reference d). Those traveling to combat areas should have an occupationally focused assessment of ability to hear and wake up to emergency alarms unaided and hear instructions in the absence of visual cues (such as lip reading). If there are any safety questions regarding the individual's hearing ability, speech recognition in noise test (SPRINT) or equivalent is a recommended adjunct.
S4	Meniere's disease (or, other vertiginous/motion sickness conditions)	**NOTE:** A medical waiver will be granted only if the condition is well controlled with medications available in the US EUCOM AOR (e.g. Meclizine) and without any degradation in duty performance.
S5	Open tracheostomy or aphonia	**NOTE:** Will not be considered for a medical waiver
S6	Healed prior tracheostomies	**NOTE:** Waiver not required if follow-up is not required

Table B-20. Eye, Ears, Nose, Throat and Dental DLCs

Medication Deployment Limiting Conditions (DLCs)

Although not exhaustive, use of any of the following medications (specific medication or class of medication) is disqualifying for deployment, unless a waiver is granted. A Commander's Endorsement letter signed by the first O-5/O-6 in the individual's chain of command is required for individuals taking controlled substances and individuals using medications that require special hazardous material storage & disposal requirements (e.g. Needles for injections of medicines) (see Enclosure (E), Appendix B for example letters). In this table, use of the word 'chronic' is defined as use of any combination of medications for more than 30 days over a three month period, currently, or within the last year. Medication changes or discontinuations mut have sufficient time and trial of duty to demonstrate stability IAW Enclosure (A), paragraphs 1.c. – 1.e.

Sequence #	Medication (or, class of medication)	Description (Waiver Required for Any of the Following, Unless Stated Otherwise)
T1	Medication that Requires Laboratory Monitoring	Any medication that requires regular laboratory monitoring less than every 6 months.
T2	Blood Modifiers - Therapeutic Anticoagulants	e.g. warfarin (Coumadin®), rivaroxaban (Xarelto®), Eliquis
T3	Blood Modifiers - Platelet Aggregation Inhibitors or Reducing Agents	e.g. clopidogrel (Plavix®), anagrelide (Agrylin®), Dabigatran (Pradaxa®), Aggrenox®, Ticlid (Ticlopidine®), Prasugrel (Effient®), Pentoxifylline (Trental®), Cilostazol (Pletal®)
T4	Blood Modifiers - Hematopoietics	filgrastim (Neupogen®), sargramostim (Leukine®), erythropoietin (Epogen®, Procrit®)
T5	Blood Modifiers - Antihemophilics	Factor VIII, Tranexamic Acid (TXA), Kcentra, etc
T6	Antineoplastics (oncologic or non-oncologic use)	e.g., antimetabolites (methotrexate, hydroxyurea, mercaptopurine, etc.), alkylators (cyclophosphamide, melphalan, chlorambucil, etc.), antiestrogens (tamoxifen, etc.), aromatase inhibitors (anastrozole, examestane, etc.), medroxyprogesterone (except use for contraception), interferons, etoposide, bicalutamide, bexarotene, oral tretinoin (Vesanoid®), Tyrosine Knase Inhibitors (imatinib, Nilotnib, etc.), or other biologic agents
T7	Immunosuppressants	e.g., chronic systemic steroids, mycophenolate, oral tacrolimus, etc.
T8	Biologic Response Modifiers (immunomodulators)	e.g., abatacept (Orencia®), adalimumab (Humira®), anakinra (Kineret®), etanercept (Enbrel®), infliximab (Remicade®), leflunomide (Arava®), omalizumab (Xolair®), etc.
T9	Benzodiazepines	Chronic use of Benzodiazepines require a waiver to deploy (e.g., lorazepam (Ativan), alprazolam (Xanax), diazepam (Valium), clonazepam (Klonopin), etc.) (see paragraph at top of the table for a definition of chronic)
T10	Central Nervous System Stimulants (to include treatment of ADHD/ADD and Narcolepsy)	Ritalin, Concerta, Adderall, Dexedrine, Focalin XR, Vyvanse, Provigil, Nuvigil etc. **NOTE:** For individuals requiring medication for ADHD/ADD, a waiver is not required if all condition in Table B-14, sequence number N3.1, are met
T11	Sedative Hypnotics/Amnestics	Taken for greater than three months for treatment of chronic insomnia: zolpidem (Ambien, Ambien CR), eszopiclone (Lunesta),zaleplon (Sonata), estazolam (ProSom), triazolam (Halcion), temazepam (Restoril), flurazepam (Dalmane), etc.
T12	Antipsychotics	Including atypical antipsychotic medication **NOTE:** Refer to Table B-15, Sequence # N7 for antipsychotic usage for chronic insomnia
T13	Antimanic (bipolar) agents	e.g., Lithium, etc.
T14	Anticonvulsants (i.e. for seizure control or psychiatric diagnosis)	
T15	Valproic acid	e.g., Depakote®, Depakote ER®, Depacon®, etc.
T16	Carbamazepine	e.g, Tegretol®, Tegretol XR®, etc.
T17	Varenicline (and similar medication for smoking cessation)	e.g. Chantix® - Blackbox warning for neuropsychiatric potential removed in December 2016; however, need to address stability on medicine in waiver request
T18	Narcotics	Chronic use of narcotics require a waiver to deploy (e.g., opioids, opioid combination drugs, tramadol for chronic use, etc.) (see top of table for the definition of chronic)
T19	Insulin and exenatide	Any insulin preparation or insulin mimetic (Byetta®, Victoza®, etc)
T20	Polypharmacy	Any individual taking 3 or more psychoactive medications requires a waiver to deploy into the USEUCOM AOR (includes medication for pain, sleep, depression, ADD/ADHD and other behavioral health conditions).
T21	Injectable Medications	excludes Medroxyprogestrone **NOTE:** Need to establish proper disposal procedures for all used needles
T22	Special Handling Medications	Any medication requiring refrigeration, extensive preparation and/or administrations, HAZMAT items, etc.
T23	SUD Medication Assisted Therapy	e.g. Disulfram, Naltrexone, Acamprosate, etc. (chance of relapse is high)
T24	Allergy Specific Immunotherapy	Sublingual Immunotherapy, unless stable dose for 6 weeks (high risk of anaphylaxis)
T25	Emergency Anaphylaxis Preparations	Epinephrine autoinjectors, such as Epipen, AuviQ, etc
T26	Inflammatory Bowel Diseases (i.e. Ulcerative Colitis, Crohn's)	e.g. Mesalamine, Sulfasazine, Lubiprostone
T27	Severe Asthma	Severe asthma treated with immunomodulators/biologics (i.e. Omalizumab (Xolair®), Nucala, Faserna, Cinqair), and moderate to high dose inhaled corticosteroids +/- long-acting beta-agonists (e.g., Flovent, Asmanex, Advair, Symbicort)
T28	Chronic Neurological Diseases Minus BH/MH	Treatment for Multiple Sclerosis, Parkinson's, Syncope, etc.
T29	Chronic Infectious Diseases	IAW Enclosure A, paragraph 1.m., and Table B-9, treatment for Chronic Infectious Diseases (e.g. HIV, HBV, HCV, active Tb)
T30	Migraine Rescue Medications	Treatment with IV, SQ, or oral medications (excludes migraine prophylaxis medications)
T31	Cardiac Conditions Requiring Aspirin Therapy	Scheduled Aspirin therapy on daily basis (Increased risk of CV events, adverse bleeding)
T32	Weight Loss Medications	e.g. Liguritide (Saxenda), Lorcaserin (Belviq, Belviq XR), Naltrexone/Bupropion SR (Contrave), Orlistat (Xenical), Benzphetamine (Didrex), Phenterimine (Adipex-P)

Table B-21. Medication DLCs

Enclosure C
Medical Clearance – Pharmacy, Medical Equipment, Contact Lens, Alert Tags, Immunization, Labs

1. Pharmacy requirements.

a. Supply. Personnel who require medication(s) and who are traveling to the USEUCOM AOR will travel with up to a 180 day supply of maintenance medications with arrangements to obtain a sufficient supply to cover the remainder of the deployment using a follow-on refill prescription. Where applicable, Tricare eligible personnel should have prescription refills entered into the Tricare Mail Order Pharmacy (TMOP) per the deployment prescription program.

b. Exceptions. Exceptions to the 180-day prescription quantity requirement include:

(1) Malaria prophylaxis. Personnel requiring malaria chemoprophylactic medications (e.g., doxycycline, atovaquone/proguanil (Malarone®), etc.) will travel with enough medication, from an approved source, for their entire period in theater. The deployment or travel period will be considered to include an additional 28 days after leaving the malaria risk area for doxycycline, or 7 days for Malarone® to account for required primary prophylaxis. Terminal prophylaxis with primaquine for 14 days should begin once the individual member has left the area of malaria risk.

(a) Side effects. Medical personnel shall be knowledgeable of the possible side effects of all malaria medications and educate individuals that, if they experience intolerable side effects, they should seek medical attention and possibly switch to an alternate drug. The individual shall not stop taking the medication without first consulting their medical provider.

(b) Terminal prophylaxis with primaquine. Currently, primaquine is the only drug used for prevention of *Plasmodium vivax* and *Plasmodium ovale* relapse after possible exposure. Most malaria endemic areas of the world have either or both of these species, and terminal primaquine prophylaxis is required after several weeks' exposure unless in situations of low risk for *Plasmodium vivax* or *Plasmodium ovale* infection. In this case, consult with a service-specific preventive medicine or infectious disease specialist early in the planning process.

(c) Glucose-6-Pohsphate Dehydrogenase (G6PD) deficiency testing. Individuals must have been tested for G6PD deficiency before taking Primaquine.

(d) Mefloquine usage. Mefloquine should only be used for personnel with contraindications to doxycycline and atovaquone-proguanil and who do not have any contraindications to the use of mefloquine.

Mefloquine should be prescribed by a licensed provider on an individual basis because of its history of causing psychiatric symptoms in a number of patients, ranging from anxiety, paranoia, and depression to hallucinations and psychotic behavior. See references (j) and (k) for guidance on medications for prophylaxis of malaria.

(2) Controlled Substances. All FDA controlled substances (Schedule CII-CV) are limited to maximum of a 90 day supply in-theater, with only 30 days supply allowed on the person (USEUCOM/SG acknowledges the potential burden on the Command to store/secure the remainder of an individual's medication). An approved USEUCOM waiver is required prior to deployment and all prescription renewals. Individuals will initiate follow-up medical care shortly after arriving in theater to prevent any disruptions in therapy and to resolve any potential logistical issues.

(3) Deployment Prescription Program (DPP). If a required medication is not available in the USEUCOM AOR, personnel will use the Tricare Mail Order Pharmacy (TMOP), when possible, to deliver the individual's medication to the temporary duty/deployed location. Those eligible for Tricare Mail Order Pharmacy (TMOP) will complete online enrollment and registration prior to deployment to the maximum extent possible and will update "Permanent" address to the new APO/FPO address once in theater. Instructions and registration for TMOP are located at www.express-scripts.com/TRICARE.

(a) Potential DPP issues. The German Law prohibits mailing of prescription medications to include Army Post Office (APO) or Fleet Post Office (FPO) addresses. Additionally, utilization of the DPP requires an Army Post Office (APO) or Fleet Post Office (FPO) address.

(b) Over-The-Counter (OTC) Drugs – TMOP does not mail medications that are available without a prescription. Exceptions to the policy are: Omeprazole (Prilosec®), Loratadine (Claritin®), Loratadine /Pseudoephedrine (Claritin-D®), Cetirizine (Zyrtec), and Cetirizine/Pseudoephedrine (Zyrtec-D®).

(c) Prescriptions take an average of 3-4 weeks to arrive by mail. Therefore, service members are strongly encouraged to request medication refills around two months early to prevent any breaks in treatment.

2. Medical Equipment

a. Permitted Equipment. Deploying personnel who require medical equipment (e.g., corrective eyewear, hearing aids, etc.) must travel with all required items in their possession to include two pairs of eyeglasses, protective mask eyeglass inserts, ballistic eyewear inserts, and hearing aid batteries, as applicable IAW reference (d)). Individuals should address possible cyber security concerns associated with devices that are equipped with wireless or cellular communication capabilities.

b. Non-permitted Equipment. Personal durable medical equipment is not permitted (e.g. nebulizers, scooters, wheelchairs, catheters, dialysis machines, insulin pumps, implanted defibrillators, spinal cord stimulators, cerebral implants, Ventriculoperitoneal (VP) shunts, etc.). Medical maintenance, logistical support and infection control protocols for personal medical equipment might not be available and electricity can be unreliable. A waiver for a medical condition requiring personal durable medical equipment will also be considered applicable to the equipment. For example, if an individual is medically waived for obstructive sleep apnea requiring the use of a CPAP machine, the CPAP machine is also considered waived; a separate waiver is not required. Durable medical equipment that is not medically compulsory, but used for relief or maintenance of a medical condition will require a waiver. The waiver should compellingly argue for continued readiness despite presumed failure of the equipment. Maintenance and resupply of non-permitted/non-waived equipment is the responsibility of the individual.

3. Contact Lenses. Personnel requiring corrected vision will travel with two pairs of eyeglasses and a supply of contact lens maintenance items (e.g., cleansing solution) adequate for the duration of the travel IAW reference (c).

a. Army, Navy, Marine personnel will not travel to operational locations with contact lenses except IAW Service policy.

b. Air Force personnel (non-aircrew) will travel to operational locations with contact lenses IAW service policy. Air force aircrew personnel deploying with contact lenses must comply with the USAF aircrew contact lens policy IAW reference (l).

4. Medical Alert Tags. Deploying personnel requiring medical alert tags (e.g., medication allergies, G6PD deficiency, diabetes, sickle cell disease, etc.) will deploy with red medical alert tags worn in conjunction with their personal identification tags. Medical personnel identify need for medical warning tags and prepare documentation. Installation or organization commanders will direct embossing activities to provide tags IAW service procedures. If an individual is found to be G6PD-deficient, they will be issued medical alert tags (red dog tags) that state "G6PD deficient".

5. Immunizations.

a. Administration. All of the following immunizations will be administered IAW Reference (b) and can be found on the Defense Health Agency - Immunization Healthcare Branch website https://health.mil/MILITARY-HEALTH-TOPICS/HEALTH-READINESS/IMMUNIZATION%20HEALTHCARE/VACCINE-RECOMMENDATIONS/VACCINE-RECOMMENDATIONS-BY-AOR.

b. Requirements. DoD Service Members (SMs) traveling for any period to the AOR will be current with ACIP immunization guidelines and service individual medical readiness requirements IAW references (a) and (b). DoD civilians and contract employees should refer to reference (b), paragraphs 3-3 and 3-4, for vaccination

requirements. In addition, all DoD personnel must comply with the FCG for the countries by which they are entering/exiting in Europe. The following are mandatory vaccines for DoD personnel traveling for any period of time in the USEUCOM AOR:

(1) Hepatitis A. First dose given at least 14 days prior to departure, or documentation of immunity through a titer is mandatory for all DoD military personnel with subsequent completion of series in theater IAW reference (b).

(2) Hepatitis B. First dose given at least 14 days prior to departure, or documentation of immunity through a titer is mandatory for all DoD military personnel with subsequent completion of series in theater IAW reference (b).

(3) Seasonal influenza. All DoD SMs must be current on annual seasonal flu vaccine. This includes event specific vaccines (e.g., H1N1). Commanders will continue to immunize unvaccinated assigned/attached SMs until all flu vaccines are either exhausted, expired, unavailable, or upon achieving 100% compliance.

(4) Measles/Mump/Rubella (MMR). It is to be assumed all individuals born before 1957 are considered immune and do not require the MMR immunizations. For all personnel born in 1957 or after, documentation of immunity by titer or immunization records of two lifetime doses is required.

(5) Meningococcal vaccine is not generally indicated within the USEUCOM AOR. Additional vaccination may be recommended on a case-by-case basis when exposure risk is evaluated and recommended by NCMI or CDC. For updated information within the USEUCOM AOR refer to NCMI (https://www.ncmi.detrick.army.mil/index.php).

(6) Pneumococcal vaccine is required for personnel in a high-risk category per Advisory Committee on Immunization Practice recommendations (e.g., adults with immunocompromising conditions, functional or anatomic asplenia, cerebrospinal fluid leaks, or cochlear implants should be vaccinated). Administer a second dose to persons without spleens or severely immunocompromised five years after the initial dose IAW reference (b).

(7) Polio-Inactivated Polio Vaccine (IPV). Completion of primary series plus a single adult booster of inactivated poliovirus vaccine (or previously administered oral vaccine) is required for all personnel IAW reference (b), para 4-13, and https://www.cdc.gov/travel/yellowbook). Service members likely received this booster upon accession to the military.

(8) Rabies. For planning purposes (except as noted below) rabies pre-exposure vaccination series may be considered for personnel who are not expected to receive prompt medical evaluation and risk-based Rabies post-exposure prophylaxis within 72 hours of exposure to a potentially rabid animal IAW references (b), (m), and (n). Deploying staff should consider alternate methods to obtain both Rabies Immune

Globulin and post-exposure prophylaxis (i.e. U.S. embassies, Tricare Remote, other U.S. installations within close proximity).

(a) Pre-exposure vaccination is required for veterinary personnel, military working dog handlers, animal control personnel, certain security personnel, laboratory personnel who work with Rabies suspect samples, personnel assigned long-term to regions with endemic rabies, and civil engineers occupationally at risk of exposure to rabid animals, bats, or bat colonies. Additionally, personnel assigned or attached (enablers) to Special Operations Command Europe may have unique requirements for rabies vaccination, per service-specific policies.

(b) Personnel previously immunized against Rabies will have titers drawn to determine continued protective immunity (every two years) following the most recent immunization and be provided booster immunizations when titers indicate.

(9) Anthrax and Smallpox: Not required in the USEUCOM AOR with exception of specially missioned units that have a current Exception to Policy (ETP) approved and on file with Department of Defense – Health Affairs (DoD(HA)).

(10) Tetanus/Diphtheria/Acellular Pertussis (Tdap). Receive a one-time adult dose of Tdap. Receive tetanus/diphtheria (TD) if ~ 10 years since last Tdap or TD booster. For adults who previously have not received a dose of Tdap, one dose should be given regardless of the interval since the last tetanus vaccine.

(11) Typhoid vaccine is required every two years for injectable or every five years for oral when traveling to the following countries that have been determined to be either an intermediate or high risk, as characterized in the NCMI website (https://www.ncmi.detrick.army.mil/index.php): Albania, Georgia, Israel, Kosovo, Macedonia, Moldova, Montenegro, Romania, Russia, Serbia, Turkey & Ukraine (as of the date this ECI was published). Where risk is present, it typically exists year round. See para 5.b.(14) for Regionally Aligned Forces, Theater Support Packages and State Partnership Programs.

(12) Varicella (chickenpox). Personnel must have documentation of varicella vaccine or serologic proof of immunity. The required documentation must include one of the following: Born before 1980 (assumed immunity except for healthcare workers), documented history of disease by the provider who treated the member at that time (either by an epidemiologic link or laboratory confirmation), sufficient varicella titer, or administration of vaccine (two lifetime doses). See Reference (b), para 4-18, for screening details.

(13) Yellow Fever. Not required in the USEUCOM AOR. However, as of the date this ECI was published, Albania requires proof of vaccination on CDC 731 for personnel traveling from or transiting through a yellow fever endemic country. While there is no risk for yellow fever in Albania, health authorities require proof of vaccination to prevent importation of this disease via infected personnel. Yellow fever endemic

countries can be determined by referring to the NCMI, (https://www.ncmi.detrick.army.mil/index.php) or CDC (https://wwwnc.cdc.gov/travel/yellowbook) websites. Individuals arriving in Albania that have traveled from or through a yellow fever endemic area without proof of yellow fever vaccination may be quarantined, refused entry or subjected to onsite vaccination. As of 11 July 2016, a ten year booster is not required.

(14) All Regionally Aligned Forces (RAF), Theater Support Package and/or State Partnership Program personnel deploying to the USEUCOM AOR in support of USEUCOM missions, regardless of initial entry point or staging site, shall be vaccinated and up to date with vaccines or have proof of immunity as listed in para 5.b (1) through 5.b.(13), to include current seasonal influenza vaccine and typhoid vaccination prior to arrival in the USEUCOM AOR.

(15) Adverse medical events related to immunizations should be reported through reportable medical events if case definitions are met. All immunization related unexpected adverse events are to be reported through the vaccine adverse events reporting system (VAERS) at http://www.vaers.hhs.gov.

6. Medical / Laboratory Testing.

a. HIV Testing must be current IAW service specific guidelines and must not expire while deployed.

(1) HIV screening for DoD Civilians will be IAW DoD, Service, Status of Forces Agreements and Host Nation requirements.

(2) HIV screening for contract employees will be IAW their contract requirements.

(3) Serum Sample. IAW reference (o), when required, pre and post deployment samples will be taken within the previous 365 days. If the individual's health status has recently changed or has had an alteration in occupational exposures that increases health risks, a healthcare provider may choose to have a specimen drawn closer to the actual date of deployment.

b. Glucose-6-Phosphate Dehydrogenase (G6PD) testing. Documentation of one-time G6PD deficiency testing is IAW reference (p). Ensure result is recorded in the medical record or draw the sample prior to departure. Pre-deployment medical screeners will record the result of this test in the member's permanent medical record, deployment medical record (DD form 2766) and Service-specific electronic medical record.

c. Pregnancy. A medically performed pregnancy test is required within 30 days of deployment into the USEUCOM AOR for all women, as well as those female to male transgendered individuals who have retained female anatomy. Female personnel with a

documented history of a hysterectomy are exempt from the pregnancy test. Active duty or Guard/Reserve females who become pregnant during deployment will follow parent service requirements for disposition.

d. DNA Sample. Required for all DoD SMs, including civilians and contract employees. Prior to departure, a sample should be obtained, or confirmation made that an existing sample is on file by contacting the Armed Forces Repository of Specimen Samples for the Identification of Remains (AFRSSIR) at Comm: 302.346.8800, DSN: 366; Fax: 366.8766, IAW references (a), (c), and (q).

e. Blood type, Rh-Factor and sickle cell trait screening IAW reference (p) must be recorded prior to deployment to the USEUCOM AOR.

f. Tuberculosis (Tb) Testing IAW reference (r).

(1) Tb testing for service members will be performed and documented IAW Service policy. Current policy is to avoid universal testing, and instead use targeted testing based upon risk assessment, usually performed with a simple questionnaire. Deployment to Tb endemic countries, even for periods in excess of a year, has not been shown to be a risk factor for Tb for most average-risk service members. Tb testing for DoD civilians, contract employees, volunteers, and other personnel should be similarly targeted IAW centers for disease control and prevention (CDC) guidelines, with testing for Tb to be accomplished within 90 days of deployment if indicated. If testing is performed tuberculin skin test (TST) or an interferon-gamma release assay may be used unless otherwise indicated.

(2) Positive Tb tests will be handled IAW Service policy and CDC guidelines. Personnel with a positive Tb test should be evaluated and counseled. Evaluation will include at least a symptom questionnaire for active Tb disease, exposure history, and chest x-ray.

(3) The decision to treat latent tuberculosis infection (LTBI) in U.S. forces and civilians during deployment instead of after redeployment should include consideration of the risks and benefits of treatment during deployment, including: risk of Tb activation, risk of adverse events from LTBI treatment, time remaining in deployment, availability of medical personnel trained in LTBI treatment, availability of follow-up during treatment, and availability of medication. Lack of treatment for LTBI is not a contraindication for deployment into the USEUCOM AOR and no waivers are required for a diagnosis of LTBI if appropriate evaluation and counseling, as noted above, is completed.

(4) Unit-based/large group or individual LTBI testing should not be performed in the AOR except among close contacts of cases of known Tb disease.

(5) U.S. forces and DOD civilians deployed with active Tb disease will be evacuated from the deployed location for definitive treatment. Evaluation and treatment of Tb among U.S. contract employees, LN and TCN employees will be at contract

employee’s expense. Employees with suspected or confirmed pulmonary Tb disease will be excluded from work until cleared by the theater preventive medicine consultant for return to work.

g. Other Laboratory Testing. Other testing may be performed at the medical provider's discretion commensurate with ruling out disqualifying conditions and ensuring personnel meet standards of fitness.

Enclosure D
Medical Clearance – Health Assessments and Documentation

1. Health Assessments.

a. Health Assessments and Exams. Periodic health assessments must be current IAW Service policy at time of deployment and special duty exams must be current for the duration of the deployment period IAW references (c) and (e).

b. Pre-Deployment Health Assessment (PDHA). All rotating forces will complete or confirm as current a PDHA. All other personnel identified in page 1, paragraph 3.a. will complete PDHAs IAW reference (a). and Service Component specific requirements. The assessment will be completed on a DD Form 2795 IAW reference (a). See http://www.pdhealth.mil for additional information on deployment-related Health Assessments.

c. Automated Neuropsychological Assessment Metric (ANAM). All rotating forces will undergo ANAM testing within 12 months prior to deployment. All other personnel identified in page 1, paragraph 3.a. will complete ANAM testing IAW references (i) and (s) and Service Component specific requirements. ANAM testing will be recorded in the appropriate Service database and electronic medical record IAW references (a) and (s). Special Operations Forces will incorporate the ImPACT neurocognitive assessment, when appropriate.

d. Post-Deployment Health Assessment (DD form 2796).

(1) All personnel who were required to complete a pre-deployment health assessment will complete a post-deployment health assessment on a DD Form 2796. The post deployment health assessment must be completed no earlier than 30 days before expected redeployment date and no later than 30 days after redeployment.

(a) Individuals who were not required to complete a pre-deployment health assessment may be required to complete a post-deployment health assessment by the combatant commander, service component commander, or commander exercising operational control IAW reference (a).

(2) All redeploying personnel who complete a DD Form 2796 will undergo a person-to-person health assessment with an independent practitioner to ensure appropriate medical follow-up. The assessment will include the patient's answers on the questionnaire, mental health or psychosocial issues commonly associated with deployments, Force Health Protection Prescription Products (FHPPPs) taken during deployment and concerns about possible environmental or occupational exposures.

The original completed copy of the DD Form 2796 must be placed in the individual's medical record and an electronic copy transmitted to the Defense Medical Surveillance System (DMSS) at the Armed Forces Health Surveillance Center (AFHSC). Contract employee personnel are not required to submit the DD Form 2796 electronically; a paper version will suffice.

(3) Mental health assessment. IAW reference (jj), all service members will undergo a person-to-person mental health assessment with a licensed mental health professional or trained and certified health care personnel (specifically a physician, physician assistant, nurse practitioner, advanced practice nurse, independent duty corpsman, special forces medical sergeant, independent duty medical technician, or independent health services technician). Assessments will be accomplished within 120 days prior to deployment, once during each 180-day period during which a member is deployed (in-theater mental health assessment), and after redeployment within 3 timeframes (3-6, 7-18, and 18-30 months after redeployment), or as required by service policy. Assessments will be administered at least 90 days apart. Currently administered periodic and other person-to-person health assessments, such as the post-deployment health reassessment, will meet the time requirements if they contain all psychological and social questions IAW reference (jj).

(a) In-theater mental health assessments will be conducted by personnel in deployed units whose responsibilities include providing unit health care services, if such personnel are available, and the use of such personnel for the assessments would not impair the capacity of such personnel to perform higher priority tasks.

(b) Scheduling in-theater mental health assessments must be made in consideration of and seek to lessen potential impacts on the operational mission.

(c) Mental health assessment guidance does not directly apply to DoD contract employees unless specified in the contract or there is a concern for a mental health issue. All related mental health evaluations will be at the contract employee’s expense.

(4) Post-deployment health re-assessment (DD form 2900). All personnel who were required to complete a pre- and post-deployment health assessment will complete a post-deployment health reassessment (DD form 2900) 90 to 180 days after return to home station. The original completed copy of the DD Form 2900 must be placed in the individual's medical record and an electronic copy transmitted to the DMSS at the AFHSC. Contract employee personnel are not required to electronically submit the DD form 2900; a paper version will suffice.

2. Medical Record.

a. Deployed Medical Record. All rotating forces will use the DD Form 2766, adult preventive and chronic care flowsheet, or equivalent, instead of an individual's entire medical record. All other personnel identified in page 1, paragraph 3.a. will use the DD

Form 2766 IAW reference (a). and Service Component specific requirements. The deployed DD Form 2766 should be re-integrated into the main medical record as part of the redeployment process.

b. Medical Information. The following health information must be part of an accessible electronic medical record for all personnel (Service members, civilians and contract employees), or be hand-carried as part of a deployed medical record:

(1) Annotation of blood type and Rh factor, G6PD, Sickle Cell trait screening IAW Reference (p), HIV, and DNA.

(2) Current medications and allergies. Include any FHPPPs prescribed and dispensed to an individual.

(3) Special duty qualifications.

(4) Annotation of corrective lens prescription.

(5) Summary sheet of current and past medical and surgical conditions.

(6) Most recent DD form 2795, Pre-deployment Health Assessment.

(7) Documentation of dental status class I or class II.

(8) Immunization Record. Medical deployment sites/sections will enter immunization data into Service Tracking Systems (Army – Medical Protection System (MEDPROS), Air Force – Aeromedical Services Information Management System (ASIMS), Coast Guard – Medical Readiness Reporting System (MRRS), Navy-MRRS (ashore) or Shipboard Automated Medical System (SAMS) or Theater Medical Information Program (TMIP) (afloat) and Marine Corps – MRRS). Deployment sites will not enter DoD contract employee immunization data into the medical health system resource unless they are authorized DoD members (i.e., Retired, Dependents, Guard or Reserve).

(9) Framingham 10-year coronary heart disease risk % calculation, if required.

(10) Body Mass index (BMI) score.

(11) All approved medical waivers.

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Enclosure E
Medical Waiver Authorities and Process

1. Medical Waiver Authorities. In general, medical waivers for deploying into the USEUCOM AOR are different from a medical profile an individual might receive because being considered 'non-deployable' into this theater is not a recommendation. The Commander, USEUCOM's (CDRUSEUCOM) authority belongs to every medical waiver to enter the USEUCOM AOR, IAW reference (d). Designation of status of 'non-deployable' to an individual is an authoritative decision made by the CDRUSEUCOM instead of a recommendation that can be overridden (unlike a medical profile, which is a recommendation to an individual's Commander).

a. The parent (home station) Command must support the deployment of a person with an apparently disqualifying condition. IAW Service-specific guidelines and the items identified in Enclosure (B), the medical waiver may be required to be endorsed by the first O-5/O-6 in the individual's chain of command. This endorsement indicates the individual's command has identified them as mission critical and accepts the risk of deploying medically unfit personnel to a region of the theater that might have sparse medical care. Two examples of Commander's Endorsement Memorandums are included in Appendix B of this Enclosure.

(1) The Commander's Endorsement letter should reassure USEUCOM leadership that the individual's unit leadership is aware of the conditions and are appropriately resourced to manage the issues (including special storage/disposal requirements for hazardous waste and needles, storage/security requirements of controlled substances, etc.).

(2) In addition to the conditions listed in Enclosure (B), a Commander's Endorsement letter should accompany any medical waiver where the O-5/O-6 is taking major risk or when an individual has a condition that could involve a special management of his/her time in the deployed environment.

b. The healthcare provider evaluating personnel for deployment must endorse the waiver form indicating the medical assessment was consistent with criteria detailed in Enclosure (A) of this document.

c. Medical waiver adjudicating authority lies at the USEUCOM Command Surgeon level (See reference (d)).

d. Waivers for non-Service affiliated personnel. The USEUCOM Command Surgeon is the waiver authority for DoD civilians, contract employees and organizations such as Defense Intelligence Agency and American Red Cross, etc., who are not directly associated with a particular USEUCOM Component.

e. Delegation authority.

(1) As delegated by the USEUCOM Commander, the USEUCOM Command Surgeon has the final approval and appeals authority for medical waivers for any deploying personnel (uniformed or civilian) with apparently disqualifying medical condition(s). Commanders of the traveling member, unlike the military profile system, are not authorized to override the medical deployable determination of the medical waiver authority.

(2) The USEUCOM Command Surgeon retains medical waiver authority for:

(a) Any DoD support agency personnel (civilian or contract employee) unaffiliated with a specific Service, (e.g., Defense Intelligence Agency (DIA), Defense Threat Reduction Agency (DTRA), OSD, etc.) entering the USEUCOM AOR on DoD orders.

(b) Any non-DoD personnel (e.g., uniformed, civilian, contract employee) entering the USEUCOM AOR on DoD orders (i.e., other agency personnel (United States Coast Guard (USCG), Interagency, etc.) on a specific DoD mission under DoD responsibility.

(c) Complex, chronic conditions challenging for a primary care physician in a remote situation (e.g., cancer, auto immune disorders, seizures, hepatitis, diabetes, heart failure, etc.).

(d) Poorly controlled pain syndromes.

(e) Polypharmacy conditions (where polypharmacy is defined as an individual taking ≥ 3 psychoactive medications).

(f) Any suicidal ideation that included a plan to commit suicide or any attempt of suicide that resulted in hospitalization.

(3) Delegation to component surgeons. Waiver authority is delegated to the USEUCOM Component Surgeons by the USEUCOM Command Surgeon for all deploying personnel within their respective component for all health conditions excluding the ones listed in sections 1.e.(2)(c)-(f). The Service affiliation of contract employee and sub-contractor employees is determined by the contracting issuing agency block on their letter of authorization.

(a) The SOCEUR Surgeon has medical waiver authority for all special operations personnel (Uniformed, Civilian, Contract employee) entering the USEUCOM AOR on DoD orders.

(b) Excluding personnel and conditions covered in para 1.e.(2)(a)-(f) and 1.e.(3)(a), Service Component Surgeons (United States Air Forces in Europe (USAFE),

Naval Forces in Europe (NAVEUR), USAREUR, Marine Forces in Europe (MARFOREUR)) have medical waiver authority for respective Service-specific personnel (uniformed, civilian, contract employee) entering the USEUCOM AOR on DoD orders. Additionally, component surgeons will have medical waiver authority for personnel traveling to and through the USEUCOM AOR in support of their respective component activities (regardless of service affiliation).

(5) Sub-delegation. Waiver authority sub-delegated to a Component Surgeon representative is subject to approval by the USEUCOM Command Surgeon. A letter of designation should be forwarded to the USEUCOM Command Surgeon via email at eucom.stuttgart.ecj4.list.force-health-protection@mail.mil (See Appendix A to Enclosure (E) for a template).

(6) A USEUCOM waiver request does not preclude the need for a Service-specific psychotropic medication small arms waiver (e.g., US Navy Small Arms Waiver).

(7) A USEUCOM medical waiver cannot override host or transit nation infectious disease or immunization restrictions. Active duty must comply with status of forces agreements (SOFA); civilian travelers should contact the nation's embassy for up-to-date information as well as complying with the provisions of this document.

2. Medical Waiver Process.

a. If the local Command supports the deployment, a medical waiver request must be submitted to, and approved by the appropriate USEUCOM medical waiver authority before that person is cleared for entry into the theater. Except in the case of DoD civilian employees who are covered by the Rehabilitation Act of 1973, an individual may be denied deployment by the local unit medical authority or Chain of Command. For civilian employees, an individualized assessment must be conducted to determine if they can perform the essential functions of a DoD civilian expeditionary workforce position with or without reasonable accommodations. (See references (a) and (e)).

b. Authorized agents (local medical provider, Commander/supervisor, representative or individual member) will forward the medical waiver request form to the office of the Surgeon that will be adjudicating the waiver. It is recommended that authorized agents allow for ample processing time (at least 30 days) for medical waiver adjudication.

c. The USEUCOM medical waiver form is located at https://www.milsuite.mil/book/docs/DOC-127168, or contact the USEUCOM FHP branch via the organizational e-mail at eucom.stuttgart.ecj4.list.force-health-protection@mail.mil.

(1) Ensure all supporting documentation is included with the medical waiver request form to allow the adjudicating Surgeon to properly assess the ability of the individual to travel. The adjudicating Surgeon may consider consulting the receiving

medical authority with any questions regarding the deployable status of the service member, civilian or contract employee. Adjudication may account for specific medical support capabilities in the local region of the AOR.

(2) Additional USEUCOM medical evaluation guidance and considerations for medical waiver submission. Medical waivers for uniformed service members, DoD civilian personnel and DoD contract employees will be considered only if all the following circumstances are met:

(a) The condition does not require frequent clinical visits (more than quarterly) or ancillary tests (more than twice/year), does not necessitate significant limitations of physical activity, or does not constitute increased risk of illness, injury, or infection.

(b) It must be determined, based upon an individualized assessment, that the member 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 member's medical condition must not pose a significant risk of substantial harm to the member or others taking into account the condition of the relevant deployed environment, with particular consideration of areas of armed conflict in the theater.

(c) The medical condition does not prevent the wear of personal protective equipment, including protective mask, ballistic helmet and/or body armor, if required.

(d) The medical condition does not prohibit required theater immunizations or medications.

(e) Any unresolved acute illness or injury must not impair the individual's duty performance during the duration of the deployment.

(3) Submit completed medical waiver requests to the office of the Surgeon that will be adjudicating the waiver. All medical waivers must be encrypted or password protected as they contain protected health information and are subject to both the health insurance portability and accountability act (1996) and the health information technology for economic and clinical health acts (2009); violators are subject to penalties as determined by the U.S. Department of Health and Human Services Office of Civil Rights.

(4) The adjudicating Surgeon will return the adjudicated/signed medical waiver form to the request originator for dissemination and inclusion in the patient's deployment medical record and/or the electronic medical record, as applicable. Documented disapprovals for valid conditions are required and should not be given telephonically.

(5) All adjudicating Surgeons will maintain a waiver database and record/archive of all medical waiver requests and status. Additionally, adjudicating Surgeons will send copies of the adjudicated waivers to the USEUCOM Command Surgeon's office at: eucom.stuttgart.ecj4.list.force-health-protection@mail.mil.

(6) Once approved, waivers are valid only for that location, for the timeframe specified on the medical waiver. Waiver coverage begins on the date of the initial deployment or travel, and remains valid IAW service specific guidelines (all waivers require renewal after 36 months).

(7) All adjudicated medical waiver requests will be archived at the USEUCOM FHP branch.

(8) In cases of in-theater/deployed personnel identified as unfit IAW this document due to conditions that existed prior to deployment, a waiver will be forwarded to the appropriate medical waiver authority (i.e., the Surgeon who would have received the waiver request had one been submitted) for investigation and potential redeployment determination. Findings/actions will be forwarded after completion to the USEUCOM Surgeon at email: eucom.stuttgart.ecj4.list.force-health-protection@mail.mil.

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Appendix A to Enclosure E
Waiver Adjudication Authority Template

(Agency Letterhead)
(Office Symbol) DD MMYYYY

SUBJECT: Service Component Surgeon Office Waiver Adjudication Authority

Per ECI 4202.01 – USEUCOM Theater Medical Entry Requirements DD MM YYYY, the following individuals within (the Service Component's) Surgeon office have been given authority to adjudicate medical waivers:

Rank, Name (Unit) Title/position

Surgeon Signature
Surgeon Signature Block

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Appendix B to Enclosure E
Commander Endorsement Letter Templates
(Air Force Example)

(Agency Letterhead)
(Office Symbol) DD MMYYYY

MEMORANDUM FOR: ***EUCOM/SG***

FROM**:** ***Commander of member's current unit***

SUBJECT: Deployment Medical Waiver Request

1.Request medical deployment waiver for ***Rank, Full Name, Last 4 of SSN***, to fill an upcoming deployment tasking. This member has an Assignment Limitation Code (***XX***), valid until INDEF. In order to ensure medical support for this member at the gaining location, coordination through local MDG/SGP (***XX/CC***) to deployment waiver authority is required IAW AFI 41-210 and AFI 48-123.

2.***Rank Last Name*** has demonstrated the ability to perform all mission-related duties at home station despite the medical condition. I have every confidence that this Airman can perform all duties in a deployed environment with little or no risk to personal safety or mission effectiveness.

3.Deployment tasking specifics:
Departure Date: ***DD MMM YEAR***
AFSC: ***XXXXX***
ETL (number of days projected): ***# days***
Deployment Location (Base/MAJCOM): ***Base, Country, MAJCOM***
Member Duties (will duties be performed outside the wire): ***example: ProductionSuperintendant-Flightline (No)***
Other relevant info (earlier training, dates): ***example: Member will not require offstation training***.

4.Please contact the following for further assistance: ***Rank First Name MI Last Name***, ***DSN: 123-4567, email.address@us.af.mil***

Signed,
Commander

Commander Endorsement Letter Templates
(Army Example)

(Agency Letterhead)
(Office Symbol) DD MMYYYY

MEMORANDUM FOR: ***EUCOM/SG***

SUBJECT: Deployment Medical Waiver Request

1.Request medical waiver for, ***Rank, Full Name, Last 4 of SSN***, for deployment to ***Unit, Base, Country***.

2.***Rank Last Name*** has been diagnosed with ***Deployment limiting condition***. The soldier is currently prescribed Medication(s). The soldier's symptoms are well controlled with this medication.

3. Rank, Last Name has demonstrated the ability to perform all mission-related duties at home station and during multiple field training exercises despite the medical condition. I have every confidence that this Soldier can perform all duties in a deployed environment with little or no risk to personal safety or mission effectiveness.

4. The Commander understands the risks of deploying this service member (SM) and accepts full responsibility for any unfavorable health outcomes resulting from deploying this SM for the indicated waiver.

5. The point of contact for this memorandum is the undersigned at DS ***XXX-XXX-XXX,*** ***email.address***.mil@mail.mil.

Signature Block of O5/O6

Enclosure F
Theater Force Health Protection

1. Medical threat briefs. A medical threat brief for the USEUCOM AOR could be constructed using the items in paragraphs 2. and 3. below along with the items in Enclosure (C).

2. Disease risk assessment. Despite the numerous areas of Europe that contain host nation healthcare infrastructure and standards comparable to the U.S., deployments to USEUCOM could be in austere environments or in regions with less-developed healthcare organizations. Therefore, it is imperative to deliver comprehensive force health protection and medical guidance for those deploying to the USEUCOM AOR to ensure mission effectiveness and protect personal health. Balanced with mission requirements, prevention of disease and injury must receive the highest priority by all Commanders, supervisors and individuals alike.

a. National Center for Medical Intelligence (NCMI) information. Refer to the NCMI website at non-secure internet protocol router (NIPR): https://www.ncmi.detrick.army.mil or secure internet protocol router (SIPR): http://www.ncmi.dia.smil.mil for the most current medical threat assessment (e.g. endemic disease and environmental health threats) for assessed countries in the USEUCOM AOR.

b. Sexually Transmitted Infection (STI). Syphilis, gonorrhea (to include antibiotic resistant gonorrhea), chlamydia, human papillomavirus (HPV), and other common STIs are present at low to intermediate levels depending on the STI and location. STI incidence in general is increasing in many areas, including western Europe, similar to the current situation in the United States. HIV is also present and a growing concern in some countries, especially in eastern Europe. Preventive measures including abstinence, the use of condoms, and other prophylaxis are recommended to ensure a high-level of protection. Personnel should be educated on appropriate prophylaxis and encouraged to seek prompt medical diagnosis and treatment for STI symptoms.

c. Avian influenza concerns. Avian influenza virus may be highly pathogenic with pandemic potential if a virus gains the ability to be transmitted from birds to humans. Highly pathogenic avian influenza viruses H5N8 and H5N6, in addition to numerous low pathogenic viruses, are circulating throughout Europe. Though no human cases have been reported in the USEUCOM Theater with these subtypes, emergence of viruses with ability to transmit from human to human are of concern. Most cases of avian influenza infection in humans have resulted from direct or close with contact with infected birds or surfaces contaminated with secretions and excretions from infected birds. Minimizing contact with potentially infected birds and following general sanitation practices can help to prevent catching and spreading the virus.

d. Zoonotic and vector-borne diseases. Zoonotic and vector-borne diseases are prevalent across the AOR in varying levels. Common vector species and reservoirs include ticks, mosquitoes, sandflies, fleas, and rodents. Significant infections include

tick-borne encephalitis (TBE), Crimean-Congo Hemorrhagic Fever (CCHF), Leishmaniasis, Lyme disease, hantavirus, rabies, brucellosis, Q-fever, and typhus among others.

(1) Tick-borne encephalitis (TBE). TBE is a potentially chronic and deadly disease present across parts of Western, Central, and Eastern Europe. Research with the US military has shown an incidence of exposure that approaches 5.7%. This risk is greatest in forested areas with a high density of infected ticks in Northeast Poland, the Baltic region, Russia, southern Germany, Austria, and Slovenia. Since there is currently no Food and Drug Administration-licensed vaccine for TBE, commanders cannot require this vaccine for FHP. Therefore, obtaining voluntary immunization using European Union-licensed vaccine is currently available as a viable alternative for US Forces anticipating prolonged periods in high risk areas. Refer to the NCMI website, https://www.ncmi.detrick.army.mil/index.php, to identify locations that are labeled as high risk of operationally significant infection of TBE. Review personal protective measures in section 3 below for prevention requirements.

(2) Lyme disease. Lyme disease, also called Lyme borreliosis, is a significant tick-borne infection in Northern, Central and Eastern Europe caused by the bacterium *Borrelia burgdorferi*. Lyme disease can be treated with appropriate antibiotics if diagnosed in the early stages of infection, though a post-treatment syndrome has been characterized with non-specific neurologic and arthritic symptoms. The highest incidence occurs in Central Europe, specifically Czech Republic, Estonia, Lithuania and Slovenia, but areas at high risk for transmission exist across Europe in other countries including Austria, Belarus, Belgium, Croatia, Norway, Finland, Germany, Hungary, Poland, Slovakia, Switzerland and Russia. The estimated prevalence of infected ticks in Europe is approximately 14% and transmission may occur anywhere with a high-density of infected ticks in the region. Review personal protective measures in section 3 below for prevention requirements.

e. Tuberculosis (TB). TB is endemic at low to intermediate levels, depending on the country. The risk may be elevated in those personnel with close contact in enclosed spaces with local populations or medical personnel dealing with patients. As with many regions of the world, resistance to some or all of the current therapeutic regimens has been reported, including areas in the USEUCOM AOR with multi drug resistant (MDR) – TB strains.

f. Measles. An ongoing epidemic of measles has affected numerous countries across Europe since late 2016. Declining vaccination rates across the European region have contributed to increased susceptibility of populations and widespread transmission of the disease. In 2017, 14,600 cases were reported in EU countries alone, including 37 deaths. Measles is a highly contagious viral disease, and any child or adult who has not received at least 2 doses of the MMR vaccine is at risk. All DoD personnel and family members traveling to the USEUCOM AOR should review their vaccination status.

g. Cross border disease transmission. Washing clean of dirt, then sanitizing boots and other personal items (using current host nation guidance), as well as unit equipment items, is essential in preventing the importation of agriculturally important diseases (e.g. African Swine Fever) during redeployment operations.

3. Personal Protective Measures.

a. Vector protection. A significant risk of vector-borne disease caused by insects and ticks exists year-round in numerous regions within the USEUCOM AOR (e.g. TBE, Lyme disease, typhus, Crimean-Congo hemorraghic fever, leishmaniasis, West Nile virus, Dengue, Chikungunya, etc.). Seasonal variations should be considered though some countries have year-round risk of transmission. A number of cases have occurred from exposure during recreational activities in civilian clothes. The threat of disease may be minimized by avoiding vectors, proper wear of uniform/other clothing, and utilizing the DoD insect repellant system/bed nets. For additional information, visit the Armed Force Pest Management website at NIPR: http://www.acq.osd.mil/eie/afpmb (See Reference (t)).

(1) Members should deploy with treated uniforms and insect repellents (i.e. DEET or Picaridin) using the DoD Insect Repellent System.

(2) Permethrin treatment of uniforms and clothing. Uniforms are available for issue/purchase that are factory-treated with permethrin. The uniform label indicates whether it is factory treated. Uniforms that are not factory treated should be treated with the Individual Dynamic Absorption (IDA) kit (NSN: 6840-01-345-0237) or other approved method (e.g., 2 gallon sprayer permethrin treatment). Information on treating uniforms and number of washes that the permethrin remains effective (e.g., cotton or 50% cotton/nylon mix retains repellency for at least 50 washes) is available in Armed Forces Pest Management Board Technical Guide 36 available on NIPR at: http://www.acq.osd.mil/eie/afpmb/docs/techguides/tg36.pdf.

(3) Apply repellent to exposed skin. Wear treated uniform properly to minimize exposed skin (cover, sleeves down and pants bloused or tucked into boots). Additionally, individuals should be reminded to apply protective measures before performing recreational activities in civilian clothes.

(4) Permethrin & bed nets. Use permethrin or other approved treated bed nets properly in at risk areas to minimize exposure during rest/sleep periods. Permethrin treated pop up bed nets are available: NSN: 3740-01-516-4415 or 3740-01-518-7310.

(5) Risk. Commanders/supervisors at all levels will inform personnel that not using the DoD insect repellent system will increase the risk for contracting vector-borne or arthropod-borne diseases, many of which chemoprophylaxis or vaccines may not be available (See Reference (t)).

b. Animal Contact.

(1) General. Personnel will avoid contact with local animals (e.g., livestock, cats, dogs, birds, reptiles, arachnids, and insects) and will not feed, adopt or interact with them in any way. Local animals are carriers and reservoirs for multiple diseases, including Leishmaniasis, Rabies, Q-Fever, Leptospirosis, Avian Influenza, and diarrheal disease. Mascots should be strictly prohibited by commanders at all levels.

(2) Rabies. Rabies is essentially a 100% fatal disease if not treated immediately All situations that are medically assessed to be potential rabies exposures must be medically managed properly ensuring that appropriate bite-wound management, risk assessment, and administration of appropriate post-exposure prophylaxis (PEP) are accomplished IAW references (m), (n), (u), and (v)). If PEP is not available, a medical evacuation plan should be in place to evacuate the patient to the appropriate level of care to render rabies PEP treatment within 72 hours post exposure. Expert military veterinary resources should be consulted to ensure animal quarantine (if applicable and safely possible) and/or rabies testing is coordinated. If the animal must be euthanized, avoid damaging the head because it could be needed for rabies testing. Medical personnel must complete required documentation for every animal bite patient. Any contact with local animals, whether initiated or not, that results in a bite, scratch or potential exposure to any animal's bodily fluids (saliva, venom, etc.), will be immediately reported to the chain of Command and local medical personnel for evaluation and consideration of rabies prevention measures and follow-up, as determined by the documented exposure risk.

(3) Hantavirus. Hantavirus exists in the USEUCOM AOR. Highest risk occurs when breathing dusts in warehouses and enclosed places where rodents frequent, thus personal protective equipment (PPE) should include simple, surgical-like masks to prevent the inhalation hazard of dusts from rodent feces. Personnel should refer to the Armed Forces Pest Management Board at https://www.acq.osd.mil/eie/afpmb for additional guidance on recommended PPE.

(4) Snakes. Various species of poisonous snakes are present, but uncommon, throughout the USEUCOM AOR. Awareness and avoidance are key.

c. Food and Water Sources.

(1) General. Acute diarrheal diseases (“traveler’s diarrhea”) constitute a great infectious disease threat to the force. Viral, bacterial, and protozoal pathogens, including hepatitis A, *E. coli, Salmonella*, and Typhoid are endemic in some countries, posing an intermediate to high level risk in many locations, and are primarily transmitted by ingestion of contaminated water or food products. To counter these threats in risk areas: Precautions should be implemented for procurement and consumption of food and water. Food or water (including ice) should be procured from approved U.S. military medical authorities which can be accessed in the worldwide directory of sanitarily approved food sources for the armed forces procurement website for more

information:
http://phc.amedd.army.mil/topics/foodwater/ca/pages/dodapprovedfoodsources.aspx.

(a) Minimizing Risk in Austere Environment. Deploying personnel must be provided with information on how to minimize risk of consuming potentially contaminated food and water when in austere locations. Risks can be mitigated by eating hot, fully-cooked foods, and avoiding raw or undercooked food items that have not been properly stored or handled. Peeled fruits and vegetables are generally considered safe, but are safest when first externally sanitized. Emphasis should be placed on field sanitation and maintaining good hygiene (e.g. hand-washing) IAW reference (dd). Personnel deploying to areas at high risk for bacterial diarrhea may be provided with an appropriate antibiotic for the location and specific instructions for self-treatment of traveler's diarrhea if treatment facilities are not expected to be quickly accessible. Current risk assessments, recommendations, and other information can be found at NCMI (https://www.ncmi.detrick.army.mil/index.php) or CDC Yellow Book (https://wwwnc.cdc.gov/travel/yellowbook).

(2) Food and waterborne illnesses. Consumption of contaminated, tainted, or adulterated food and beverages can cause a variety of illnesses, from mild gastrointestinal upset, to debilitating multi-organ infections, and occasionally death. Food and water-borne illnesses can have a significant impact on mission success.

(3) Troop feeding. Food and bottled water procured/purchased by military or contract personnel (to include provision agreements with host nation (HN) militaries) for troop feeding must come from DoD-approved sources IAW references (w), (x), and (y).

(4) Food and water risk assessments (FWRAs). FWRAs may be conducted for limited duration feeding of deployed military personnel from non-approved sources (e.g. HN military dining facilities, caterers and restaurants) under certain circumstances such as initial entry operations, short-term deployments or exercises IAW references (a) and (y). FWRAs will be conducted by trained U.S. Army Veterinary Corps Officers or FWRA credentialed public health personnel from any Service to assess food operations to identify and mitigate risk from intentional and unintentional contamination. FWRA reports will be presented to the operational commander for decision making on utilization of the food facility for troop feeding and implementation of health risk mitigation actions. All FWRAs will be completed IAW MIL STD 3041 and MIL HDBK 3041 and uploaded into the DoD FWRA database within the U.S. Army veterinary services portal (https://vet1.amedd.army.mil/food/inspection/fwra_reports.nsf/atmfwra.xsp) for routing and final approval. The current USEUCOM FWRA POC is available at usarmy.apg.medcom-phc.list.vet-eucom@mail.mil. Service components will forward informational copies of completed FWRAs to the USEUCOM FHP office at eucom.stuttgart.ecj4.list.forcehealth-protection@mail.mil.

(5) Commanders assumption of risk. Mission commanders are responsible for enforcing the requirement for procurement of class 1 supplies from approved sources or implement health risk mitigation actions identified in FWRAs. Operational commanders accept the medical readiness risks and associated mission assurance consequences if other options are selected. Mission commanders may prohibit individual consumption or purchase of local unapproved foodstuffs.

(6) Commanders must minimize the risk of food and water-borne illness. If neither procurement from an approved source or FWRA completion is possible, the best mitigation of food and water borne risk is to utilize operational rations.

(7) Inspections. Periodic inspections of food storage, preparation and service centers along with water storage facilities are required and must be conducted by qualified personnel.

(8) Potable water testing requirements. All water (including ice) is considered non-potable until tested and approved by appropriate medical personnel (Army preventive medicine; Air Force bioenvironmental engineering or independent duty medical technician; Navy preventive medicine or independent duty corpsman; or Special Forces medical sergeant (18D)). When used, commercial sources of drinking water must also be approved.

(9) Security. Commanders will ensure the necessary security to protect water and food supplies against tampering based on recommendations provided in food/water vulnerability assessments. Medical personnel will provide continual verification of quality and periodic inspection of storage and preparation facilities.

d. Environmental Exposures of Concern.

(1) Cold injury risk. Cold injury risk will depend on the specific region. Hypothermia, a life-threatening condition, mostly occurs up to 55 degrees Fahrenheit air temperature. Risk of cold injury increases for personnel who are at increased altitude, in poor physical condition, dehydrated, or wet. Countermeasures include proper wear of clothing and cover, hydration and nutrition, and physical activity. Exposed skin is more likely to develop frostbite. Ensure clothing is clean, loose, layered, and dry. Cover the head to conserve heat.

(2) Heat stress/solar injuries/illness. Heat injuries may be the greatest overall threat to military personnel deployed to warm climates. Acclimatization to increased temperature and humidity may take 10 to 14 days. Heat injuries can include dehydration, sunburn, heat syncope, heat exhaustion and heat stroke. Ensure proper work-rest cycles, adequate hydration, and command emphasis on heat injury prevention (i.e. scheduling outdoor work during coolest times of the day). Ensure availability and use of individual protection supplies and equipment such as sunscreen, lip balm, sun goggles/glasses, and potable water.

Personnel should be made aware that diarrhea, over exposure to the sun without protection, drinking alcohol, fever, obesity, older age, poor physical condition, and use of certain drugs (e.g. atropine, antihistamines, etc.) increase an individual's vulnerability to heat.

(3) Altitude. Operations at high altitudes (over 9888 ft) can cause a spectrum of illnesses, including acute mountain sickness, high altitude pulmonary edema, high altitude cerebral edema, or red blood cell sickling in service members with sickle cell trait. Ascend gradually, if possible. Try not to go directly from low altitude to >9,888 ft (3,013 m) in one day. A health care provider may prescribe acetazolamide (diamox) or dexamethasone (decadron) to speed acclimatization if abrupt ascent is unavoidable. Treat an altitude headache with simple analgesics; more serious complications require oxygen and immediate descent.

(5) Other threats. Other environmental threats are from the contamination of surface and ground water with raw sewage and industrial wastes, urban air pollution and locally grown vegetables contaminated with pesticides or fertilized with manure.

(6) To avoid waterborne infections, such as schistosomiasis and leptospirosis, bodies of fresh water should be off limits unless performing mission critical tasks.

e. Hygiene and sanitation. Commander emphasis on good field sanitation practices are essential to maintain force health. They include: frequent handwashing, proper dental care, clean and dry clothing (especially socks, underwear, and boots), bathing and dental care with water from a potable source. Change socks frequently; foot powder helps prevent fungal infections. Proper waste disposal is essential to mitigate health risks associated with environmental exposure.

f. CBRN concerns. In deployment planning and preparation commanders must consider the potential for deliberate use by an enemy of chemical, biological, radiological, or nuclear agents (including toxic industrial materials). Medical countermeasures include immunizations, personal protective equipment, mission oriented protective posture gear, biological/chemical warfare antidotes, and food, water, and environmental vulnerability assessments. If indicated by intelligence reports, environmental and/or disease and injury surveillance may be increased. Increased disease rate(s) may be the first indication of a terrorist-mediated bioterrorism event.

(1) Medical countermeasures. Medical chemical, biological, radiological and nuclear (CBRN) defense material (MCDM). Some examples of MCDM are: Ciprofloxin, antidote treatment nerve agent auto injectors, convulsant antidote nerve agent auto injectors, pyridostigmine bromide tablets (soman nerve agent treatment), and potassium iodide tablets (for beta/gamma radiation exposure). MCDM are not routinely issued, however, there are operational locations requiring these items. The specifics of which items are issued for certain locations are provided in operational tasking orders (TASKORDS) or by contacting the USEUCOM FHP office at DSN: 314-324-412-4232/4197.

(a) Distribution responsibilities. USEUCOM Service Component Commands will determine MCDM availability requirements, based upon best estimates of risk and command policy, for all forces that fall under their respective force protection authorities, in the appropriate minimum essential quantities. Contract employees will receive these items per their contract.

(b) MCDM accountability and maintenance. Individual deployers receiving MCDM medications and/or equipment during pre-deployment processing should turn in these items to a pre-designated individual or unit upon arrival in the AOR. If no individual or unit is pre-designated, member will be responsible for maintaining accountability of MCDM medications and/or equipment for the duration of their travel.

(c) Service components with base operating support (BOS) responsibility for bases in theater that are key transportation and support nodes will ensure adequate amounts of the MCDM items listed in paragraph 3.f.(1) of this enclosure are pre-positioned and stored to support the transient population (non deployers, PCS personnel, etc.) that may reside or be present at these locations for any period of time and any individual deployers not attached to a troop unit movement.

g. Work-related, sports, and other recreational injuries are significant contributors to non-effectiveness. Command emphasis of safety awareness is important.

h. Stress concerns. Commanders and all personnel should be aware of combat and deployment-related stress and injuries (i.e. post-traumatic stress disorder and mild traumatic brain injuries), their signs/symptoms, and how to seek help for themselves, their peers, or their troops. Personnel should be cognizant of sleep discipline and the impact of alcohol misuse.

i. Aspirin use in combat areas. Deployed service members and civilians should not take aspirin (acetylsalicylic acid) while in a combat zone as its use may increase blood loss immediately after injury IAW reference (z). Members should be advised during the pre-deployment process to stop taking aspirin, alone or in drug combinations, at least 10 days prior to departure, unless advised by their health care provider to continue use. The dangers of unnecessary aspirin use should be explained, and if continued use is necessary for medical reasons, it should be documented in the member's medical record. Over-the-counter non-aspirin based medications (e.g. acetaminophen, ibuprofen, and naproxen) are safer alternatives in deployed settings for colds, fever, muscle aches, and general pain relief.

j. Occupational and industrial health threats. Occupational health threats are site and country specific and information may be obtained from base camp assessments (BCAs), occupation and environmental health site assessments (OEHSAs), FWRAs, periodic occupational and environmental monitoring summaries (POEMS), and NCMI located at https://www.ncmi.detrick.army.mil/index.php. Occupational health information should include known physical, mechanical, biological, chemical and psychosocial

hazards which may affect the force. Examples of occupational health hazards are excessive noise levels, chemicals/pesticides, and militarily unique (depleted uranium, ionizing / non-ionizing radiation) or electrical hazards. All FWRAs for USEUCOM are stored in the United States Army Europe Force Health Protection MilSuite website at: https://login.milsuite.mil/?goto=https%3A%2F%2Fwww.milsuite.mil%3A443%2Fbook%2Fgroups%2Fusareur-force-health-protection. To get access to the MilSuite site, please send an email requesting access to usarmy.wiesbaden.usareur.list.ocsurg@mail.mil. You will receive an email from MilSuite once access is granted.

4. Occupational and environmental health (OEH) surveillance. Conduct comprehensive occupational and environmental health hazard surveillance IAW reference (a). Ensure a preliminary overall health hazard assessment has been considered during the beginning stages of operational planning and preparation. Completed site-specific health assessment reports should be accomplished prior to troop deployment to a site and should be provided to the mission commander immediately upon completion, regardless of the requesting agency. Ensure health risk communication plans are developed and implemented, and that deployment health risk assessments and health risk communication support are provided, when required, and documented. Requests to task assets to conduct occupational and environmental health site assessments and/or food and water risk assessments (e.g., U.S. Army Veterinary Services or other service component preventive medicine assets) must be coordinated well in advance as planning/tasking/execution can take months.

a. Occupational and environmental health site assessment (OEHSA).

(1) Authority. An OEHSA is a joint approved product used to provide a comprehensive assessment of both occupational and environmental health hazards associated with deployment locations and activities and missions that occur there IAW References (c) and (aa).

(2) Timeframe. An OEHSA is initiated within 30 days of date of establishment and completed within three months for all permanent and semi-permanent base camps. OEHSAs are conducted to validate actual or potential health threats, evaluate exposure pathways, and determine courses of action and countermeasures to control or reduce the health threats and protect the health of deployed personnel.

(3) Classification/publication/access. OEHSA will be sent by the completing unit through the designated service component or joint task force (JTF) preventive medicine/force health protection officer for review and submitted directly to the defense occupational and environmental health readiness system (DOEHRS) at https://doehrs-ih.csd.disa.mil/ IAW References (a) and (bb). If the submitter does not have access to DOEHRS submit the OEHSA to the military exposure surveillance library (MESL) https://mesl.apgea.army.mil/mesl/. If the MESL is not available, email the document to oehs.data.army@mail.mil. Classified exposure data should be submitted directly to MESL-s https://mesl.csd.disa.smil.mil. If access to the MESL-s is not available, email the document to oehs.data.army@mail.smil.mil.

(4) Responsibilities. Service components and JTFs are responsible for approving OEHSA completion.

b. Periodic occupational and environmental monitoring summary (POEMS).

(1) Authority. POEMS is a Joint approved product used to address environmental exposure documentation requirements established by references (aa), (bb) and (cc).

(2) Timeframe. POEMS will be created and validated for every major deployment site as soon as sufficient data is available. In general, POEMS are a summary of information reflecting a year or more of environmental and occupational health data to ensure adequate collection of exposure information.

(3) Classification/publication/access. POEMS will be unclassified but posted on the password protected deployment occupational and environmental health surveillance data portal at https://mesl.apgea.army.mil/mesl/ where joint occupational and environmental health surveillance data and reports are stored. The POEMS template can be found at http://phc.amedd.army.mil.

(4) Responsibilities. Service components and JTFs are responsible for ensuring POEMS are completed for sites in their respective AOR. They should develop site prioritization lists and enlist the support of service public health organizations (e.g., U.S. Army Public Health Command-Europe (USAPHC-E)) to draft the content of a site POEMs. The USAPHC-E oversees the data archival website for publication of final POEMs and associated documents. However, approval of "final" POEMs must come from the Service component/JTF FHP officer with input from preventive medicine resources in direct or general area support.

c. Environmental monitoring. If specialty trained personnel are deployed, ensure environmental monitoring of air, water, soil, arthropod vectors of disease, and radiation based on assessment of actual and/or potential medical threats in deployed locations.

d. OEH report submission. Submit all OEH exposure and incident investigation records via DoD or service specific systems (hard copy or electronic) for further disposition and archiving (See reference (a)).

e. Investigate, report and document all OEH and CBRN exposure incidents. All newly identified health threats should additionally be communicated to both NCMI and the USEUCOM FHP office at eucom.stuttgart.ecj4.list.forcehealth-protection@mail.mil.

f. Medical record requirements. IAW OUSD P&R Policy Memorandum, “Request for Waiver of Requirements to Include Occupational and Environmental Monitoring Summaries in Individual Medical Records,” OEH monitoring data summaries are no longer required to be filed in the individual medical records.

5. Disease and non-battle injury (DNBI) reporting. Ensure compliance with all DoD and USEUCOM specific FHP and deployment health surveillance directives, policies and guidance. Disease surveillance will be conducted for all land-based deployments where there is not a pre-existing medical facility that is collecting the data (See references (a) and (aa)) to detect any trends in the health of deployed personnel.

a. The list of DNBI reporting categories, their definitions, and the essential elements of the standard DNBI report can be found in Enclosure (C) of reference (aa).

b. Component and JTF surgeons are responsible for ensuring units within their AOR are collecting and reporting prescribed DNBI data through service-specific guidance.

c. Medical personnel at all levels will analyze the DNBI data from their unit and the units subordinate to them and make changes and recommendations as required to reduce DNBI and mitigate the effects of DNBI upon operational readiness.

d. In addition to U.S. military disease reporting requirements, NATO deployments also require redundant DNBI reporting via EPINATO-2 IAW NATO guidance, Allied Medical Publication 4-1.

6. Reportable medical event (RME) surveillance (See reference (aa)).

a. The list of diseases and conditions that must be reported can be found in the tri-service reportable events guidelines and case definitions (See Reference (u)).

b. Component and JTF surgeons are responsible for ensuring units within their AOR are collecting the appropriate RME data and reporting that data through their service specific reporting mechanisms.

c. It is required to notify EUCOM/SG at eucom.stuttgart.ecj4.list.force-health-protection@mail.mil: for the following RMEs: anthrax; botulism; CBRN and toxic industrial chemical/material (TIC/TIM) exposure; severe cold weather/heat injuries; dengue fever; hantavirus disease; hemorrhagic fever; hepatitis b or c, acute; HIV; malaria; measles; meningococcal disease; norovirus; outbreak or disease cluster; plague; pneumonia, eosinophilic; q-fever; rabies, severe acute respiratory infections (SARI); streptococcus, invasive group a; tetanus; tick-borne encephalitis; tuberculosis, active; tularemia; typhoid fever; varicella.

d. RME reporting is to occur in the Disease Reporting System Internet (DRSI) IAW DoD and Service specific requirements.

7. Ensure appropriate storage, use and disposal of hazardous materials including appropriate biohazard disposal.

8. Ensure the integrity of field hygiene and sanitation, and occupational health and

safety programs.

9. Point of Contact. The USEUCOM POC for Preventive Medicine/FHP is the USEUCOM office of the Command Surgeon, FHP Branch, at DSN 314-324-412-4232/4197; Comm: 011 (49) (0)711 7080 4232/4197; NIPR: eucom.stuttgart.ecj4.list.force-health-protection@mail.mil.

Enclosure G
References

a. DODI 6490.03, "Deployment Health", 11 August 2006, certified current as of 30 September 2011

b. Tri-Service AR 40-562, BUMEDINST 6230.15B, AFI 48-110_IP, CG COMDTINST M6230.4G, "Immunizations and Chemoprophylaxis for the Prevention of Infectious Diseases", 7 October 2013

c. DODI 6025.19, "Individual Medical Readiness", 9 June 2014

d. DODI 6490.07, "Deployment-Limiting Medical Conditions for Service Members and DOD Civilian Employees", 5 February 2010

e. DODI 3020.41, "Operational Contract Support", 20 December 2011, incorporating change 1, 11 April 2017

f. Air Force Instruction 48-105, "Surveillance, Prevention, and Control of Diseases and Conditions of Public Health or Military Significance", 15 July 2014, certified current on 19 January 2016

g. BUMEDINST 6224.8C. "Tuberculosis Surveillance and Control Program", 25 April 2018

h. MEDCOM REG 40-64, "The Tuberculosis Surveillance and Control Program", 26 November 2018

i. DODI 6490.11. "DOD Policy Guidance for Management of Mild Traumatic Brain Injury/ concussion in the Deployed Setting", 18 September 2012

j. ASD(HA), Memorandum, “Guidance on Medications for Prophylaxis of Malaria” https://health.mil/Reference-Center/Policies/2013/04/15/Guidance-on-Medications-for-Prophylaxis-of-Malaria, 15 April 2013

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Glossary

Part I – Abbreviations and Acronyms

ACIP – Advisory Committee on Immunization Practices
ADHD/ADD – Attention Deficit Hyperactivity Disorder/Attention Deficit Disorder
AFHSC – Armed Forces Health Surveillance Center
AFSC – Air Force Specialty Code
AHI – Apnea-Hypopnea Index
AIDS – Acquired Immune Deficiency Syndrome
ANAM – Automated Neuropsychological Assessment
AOR – Area of Responsibility
APO – Army Post Office
AR – Army Regulation
ASIMS – Aeromedical Services Information Management System
BH – Behavioral Health
BMI – Body Mass Index
BOS – Base Operating Support
CII – Class Two
CABG – Coronary Artery Bypass Grafting
CAD – Coronary Artery Disease
CBRN – Chemical, Biological, Radiological, and Nuclear
CCQAS – Centralized Credentials Quality Assurance System
CDRUSEUCOM – Commander, United States European Command
CHD – Coronary Heart Disease
CJCS – Chairman Joint Chiefs of Staff
CPAP – Continuous Positive Airway Pressure
CT – Computerized Axial Tomography
CVA – Cerebral Vascular Accident
Dept – Department
DHP – Defense Health Program
DIA – Defense Intelligence Agency
DMSS- Defense Medical Surveillance System
DNA – Deoxyribonucleic Acid
DNBI- Disease and Non Battle Injury
DoD – Department of Defense
DOEHRS – Defense Occupational and Environmental Health Readiness System
DPP – Deployment Prescription Program
DRHA – Deployment-Related Health Assessments
DRSI – Defense Reporting System Internet
DSM IV/5 – Diagnostic and Statistical Manual of Mental Disorders, 4th or 5th Edition
DTRA – Defense Threat Reduction Agency
DVT – Deep Venous Thrombosis
ECI – European Command Instruction
EEG – Electroencephalogram
EPINATO – Deployment Health Surveillance System of NATO

FCG – Foreign Clearance Guide
FDA – Food and Drug Administration
FEV1 – Forced Expiratory Volume in 1 Second
FHP – Force Health Protection
FHPPP – Force Health Protection Prescription Products
FPO – Fleet Post Office
F/U – Follow-ups
FWRA – Food and Water Risk Assessment
G6PD – Glucose-6-phosphate Dehydrogenase
GERD – Gastroesophageal Reflux Disease
HAZMAT – Hazardous Materials
H1N1 – Hemagglutinin1/Neuraminidases1
HIV – Human Immunodeficiency Virus (HIV)
HN – Host Nation
IAW – In Accordance With
ICTB – Inter-facility Credentials Transfer Brief
IDC – Independent Duty Corpsmen
IDA – Individual Dynamic Absorption
IDMT – Independent Duty Medical Technician
IMR – Individual Medical Readiness
IPV – Inactivated Polio Vaccine
JS – Joint Staff
JTF – Joint Task Force
LN – Local Nationals
LOC – Loss of Consciousness
LTBI – Latent Tuberculosis Infection
MARFOREUR – Marine Forces in Europe
MCDM – Medical CBRN Defense Material
MEDPROS – Medical Protection System
MESL – Military Exposure Surveillance Library
MMR – Measles/Mump/Rubella
MSK – Musculoskeletal
MI – Myocardial Infarction
MIL HDBK – Military Handbook
MIL STD – Military Standard
MOS – Military Occupational Specialty
MPS – Military Postal Service
MRI – Magnetic Resonance Imaging
MRRS – Medical Readiness Reporting System
MTF – Medical Treatment Facility
NATO – North Atlantic Treaty Organization
NAVEUR – Naval Forces in Europe
NCMI – National Center for Medical Intelligence
NIPR – Non-Secure Internet Protocol Router
OAR – Operation Atlantic Resolve
OCONUS – Outside of the Continental United States

OEH – Occupational and Environmental Health
OEHSA – Occupational and Environmental Health Site Assessment
OSA – Obstructive Sleep Apnea
OSD – Office of the Secretary of Defense
OUSD P&R – Office of the Under Secretary of Defense Personnel and Readiness
PCM – Primary Care Manager
PCS – Primary Change of Station
PDHA – Preliminary Deployment Health Assessment
PE – Pulmonary Embolism
POEMS – Periodic Occupational and Environmental Monitoring Summary
PPD – Purified Protein Derivative
PPE – Personal Protective Equipment
SPRINT – Speech Recognition in Noise Test
PSG – Polysomnography
PSVT – Premature Supraventricular Tachycardia
PTS – Post Thrombotic Syndrome
PTSD – Post Traumatic Stress Disorder
RDI – Respiratory Disturbance Index
RME – Reportable Medical Event
SAMS – Shipboard Automated Medical System
SARI – Severe Acute Respiratory Infections
SM – Service Member
SOCEUR – Special Operations Command Europe
SOFA – Status of Forces Agreement
STI – Sexually Transmitted Infection
TASKORDS – Tasking Orders
TB – Tuberculosis
TBE – Tick borne Encephalitis
TBI – Traumatic Brain Injury
TCN – Third Country Nationals
TD – Tetanus/diphtheria
TDAP – Tetanus/Diphtheria/Acellular Pertussis
TDY – Temporary Duty
TIC/TIM – Toxic Industrial Chemical/Toxic Industrial Material
TMIP – Theater Medical Information Program
TRANSCOM – Transportation Command
TST – Tuberculin Skin Test
USAF – United States Air Force
USAFE – United States Air Forces in Europe
USAFRICOM – United States Africa Command
USAPHC-E – United States Army Public Health Command - Europe
USAREUR – United States Army Europe
USCENTCOM – United States Central Command
USCG – United States Coast Guard
USEUCOM – United States European Command
VP – Ventriculoperitoneal

Part II – Definitions

Contingency – A situation requiring military operations in response to natural disasters, terrorists, suvversives, or as otherwise directed by appropriate authority to protect US interests.

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 materials is to an operational area in which a contingency is or may be occurring.

Deployment – IAW reference d, “deployment” is defined as the relocation of forces and material to areas designated as operational areas.

Deployment Limiting Condition (DLC) – Any physical or psychological condition that may interfere with the Service member’s ability to perform duties while deployed. A DLC is a medical condition that requires further evaluation to consider climate, altitude, rations, housing, duty assignment, and medical services available in theater to decide whether an individual is deployable. Unless stated otherwise, individuals with the conditions in Enclosure B shall not deploy unless a waiver is granted.

Health Risk Assessment – Assessments which include information from sources such as occupational and environmental health site assessments, preliminary hazard assessments, industrial hazard assessments, environmental baseline surveys, health surveillance activities, medical intelligence products, lessons learned, and other available data for the deployment area.

Individual Medical Readiness (IMR) - A means to assess an individual Service member’s, or larger cohort’s, readiness level against established metrics applied to key elements of health and fitness to determine medical deployability in support of contingency operations.

Travel - For the purposes of this document "Travel" includes entry into the USEUCOM AOR for deployment.