



HEALTH AFFAIRS

THE ASSISTANT SECRETARY OF DEFENSE

WASHINGTON, D. C. 20301-1200

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MEMORANDUM FOR ASSISTANT SECRETARY OF THE ARMY (M&RA)  
ASSISTANT SECRETARY OF THE NAVY (M&RA)  
ASSISTANT SECRETARY OF THE AIR FORCE (M&RA)

SUBJECT: Periodic Health Assessment Policy for Active Duty and Selected Reserve Members

Reference: a. Department of Defense Directive (DoDD) 6200.4 Force Health Protection, October 9, 2004  
b. Armed Forces Epidemiological Board Recommendations of Sept 17, 2003

In order to ensure the medical readiness of our Armed Forces, I direct the Military Departments to re-engineer current programs and practices to ensure that a routine, annual Periodic Health Assessment (PHA) is performed for all members of the Active Duty and the Selected Reserve (SELRES) members, as required by Reference (a), within six months of the date of this interim policy. It is essential to closely monitor the health status of our Active Components and Selected Reserve personnel and to provide timely, evidence-based preventive health care, information, counseling, treatment, or testing as appropriate.

Effective immediately, the Military Departments shall:

1. Perform an initial health assessment on all Active Duty and SELRES personnel in accordance with DoDD 6200.4. Utilize the DoD Health Assessment Review Tool (HART), as it becomes available.
2. Perform an annual health assessment on all Active Duty and SELRES personnel to include:
  - a. A current self-reported health status – Utilize the HART Program as it becomes available. At a minimum include:
    - i. Statement of health
    - ii. Current medical conditions, treatments, and medications
    - iii. Tobacco use
    - iv. Screen for alcohol abuse and stress management
  - b. Review medical records.
  - c. Identify and refer the member for treatment of current health problems as indicated.

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- d. Identify and recommend a plan to manage health risks.
    - i. Reserve Component (RC) members who are not TRICARE beneficiaries and not eligible for services under any DoD program, but who require further evaluations, treatments, care, or clinical preventive services should be referred to their civilian health care providers.
  - e. Identify and manage occupational risk and exposure.
  - f. Identify and manage preventive needs.
    - i. Screen, counsel, and refer when appropriate, in accordance with current US Preventive Services Task Force Guide to Clinical Preventive Services, <http://www.preventiveservices.ahrq.gov>.
    - ii. Refer RC members to their civilian primary care provider for clinical preventive services and treatment of identified health risks.
  - g. Document the results of the PHA in the individual medical record utilizing the DD Form 2766 (hard copy or electronic Adult Preventive and Chronic Care Flowsheet), and other supporting documents as indicated. Record the completion of the PHA and other pertinent information in the Service-specific Individual Medical Readiness (IMR) electronic tracking system. These processes will evolve as the electronic record becomes available.
  - h. Review, update, and document all IMR requirements in available Service-specific electronic tracking systems.
3. Develop a health plan to improve health status.
- a. Encourage healthy lifestyle choices.
    - i. Place an emphasis on avoidance of tobacco and alcohol abuse, stress management, weight management, and proper nutrition.
  - b. Appropriate health care team members shall give the Service member provider-approved oral or written feedback, and document the care in the medical record.
  - c. Involve Service members in their shared responsibility for their own health status.
4. As part of ongoing Force Health Protection Quality Assurance Programs, the Military Departments will begin reporting their progress on achieving compliance to this policy within nine months of the date of this memorandum.

This policy supersedes Military Department and Service requirements for periodic physicals and meets the requirement for an annual medical screening. This is a key step in the development and implementation of a military life-cycle health monitoring system that will assess, intervene, and help to improve the health status of military personnel. Implementation of this policy is to reflect a re-engineering of current health assessment

practices and procedures, and should result in little or no additional costs. As the Military Departments undertake this re-engineering process, prior to implementation they must report any additional costs to the Resource Management Steering Committee in the TRICARE Management Activity Office of the Chief Financial Officer. My point of contact for this policy is Ms. Lynn Pahland, who may be reached at (703) 681-1703, or [Lynn.Pahland@ha.osd.mil](mailto:Lynn.Pahland@ha.osd.mil).

  
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