



DEPARTMENTS OF THE ARMY AND THE AIR FORCE  
NATIONAL GUARD BUREAU  
1411 JEFFERSON DAVIS HIGHWAY  
ARLINGTON, VA 22202-3231

23 AUG 2007

NGB-ARH

MEMORANDUM FOR Military Personnel Management Officers of All States, Puerto Rico, Guam, the Virgin Islands, and District of Columbia

SUBJECT: Physical Examination Policy Change (Policy Memorandum, NGB-ARH #07-028)

1. References:

a. ALARACT 217/2006, subject: Transition to Periodic Health Assessment, 1 November 2006.

b. AR 40-501, Standards of Medical Fitness, 18 January 2007.

c. Memorandum, NGB-ARS, 10 April 2007, subject: Implementation of the Periodic Health Assessment Program (PHA) for the Army National Guard (ARNG).

d. Memorandum, NGB-ARH-S (Officer Policy Branch), 27 September 2006, subject: Commissioned Officers - Federal Recognition and Related Personnel Actions (NGR 600-100) Implementing Draft (NGB-ARH Policy Memo #06-056).

e. Memorandum, NGB-ARH-S (Enlisted Policy Branch), 27 September 2006, subject: Army National Guard Enlisted Personnel Management (NGR 600-200) Implementing Draft (NGB-ARH Policy Memo #06-053).

f. NGR 600-101, Warrant Officers - Federal Recognition and Related Personnel Actions, 1 October 2006.

g. ECM-07, ARNG Enlistment Criteria, 1 October 2006.

2. In accordance with ALARACT 217/2006 Transition to Periodic Health Assessment, 1 November 2006, promotion boards and selection procedures will permit use of the periodic health assessment (currently referred to as a periodic medical examination) in lieu of a physical examination as part of their promotion consideration file (PCF).

NGB-ARH

SUBJECT: Physical Examination Policy Change (Policy Memorandum, NGB-ARH #07-028)

3. Effective immediately: This memo changes current policy in the NGR 600-100 Implementing Draft, Commissioned Officers – Federal Recognition and Related Personnel Actions, 1 October 2006 and NGR 600-101, Warrant Officers - Federal Recognition and Related Personnel Actions, 1 October 2006, to allow a periodic health assessment in lieu of the routine physical examination for promotion purposes, and will remain in effect until AR 40-501, Standards of Medical Fitness, 18 January 2007 is revised.

4. POC for this memorandum is Officer Policy, MAJ Domerese, (703) 607-0495 or DSN 327-0495, keith.domerese@ng.army.mil.

Encls

1. ALARACT 217/2006
2. NGB-ARS Memo, 10 Apr 07
3. PHA Responsibilities



DAVID P. SHERIDAN  
COL, GS  
Chief, Personnel Policy  
and Readiness Division

CF

NGB-G1

NGB-ARP

NGB-ARM

NGB-ASM

NGB-JA

NGB-IG

ALARACT 217/2006 TRANSITION TO PERIODIC HEALTH ASSESSMENT 1 NOV 06, DTG 150402Z NOV 06. Effective 1 November 2006, the Army requirement for a periodic (5 year) physical will be replaced by an annual Periodic Health Assessment (PHA). The PHA will focus on individual medical readiness and prevention. General Officer physicals will be performed every other year, with the PHA performed during alternate years. The Army requirements for other physicals (retirement, special schools, and aviation) will remain unchanged. The requirement for over-40 cardiovascular screening will not change. This message also affects unit status reporting. See the message for other information on this change of policy.

Classification: UNCLASSIFIED  
Caveats: NONE

PAAUZYUW RUEWMCS2892 3190403-UUUU--RUHQUSU.  
ZNR UUUUU ZUI RUEWCSE2013 3190350  
P 150402Z NOV 06  
FM PTC WASHINGTON DC//ALARACT//  
TO ALARACT  
ZEN/ALARACT @ AL ALARACT(UC)  
BT

UNCLAS

SUBJ: ALARACT 217/2006

THIS MESSAGE HAS BEEN SENT BY THE PENTAGON TELECOMMUNICATIONS CENTER ON BEHALF OF DA WASHINGTON DC//DASG-HSZ//.

SUBJECT: TRANSITION TO PERIODIC HEALTH ASSESSMENT 1 NOV 06  
REF/ HEALTH AFFAIRS POLICY 06-006, "PERIODIC HEALTH ASSESSMENT POLICY FOR ACTIVE DUTY AND SELECTIVE RESERVE MEMBERS," DATED 16 FEBRUARY 2006.  
FROM: DCS, G3/5/7 (DAMO-ODR), DCS, G-1 (DAPE-MPE) AND OTSG (DASH -MCCS)

- A. (U) AR 40-501, STANDARDS OF MEDICAL FITNESS, DATED 27 JUNE 2006.
- B. (U) COORDINATION DRAFT, PRIORITY ACTION REVISION TO AR 40-501, DATED AUGUST 2006.
- C. (U) AR 220-1, UNIT STATUS REPORTING, DATED 16 MARCH 2006.
- D. (U) DCS, G-3 APPROVED FINAL MANUSCRIPT OF THE 2006 RAPID ACTION REVISION OF AR 220-1.
  1. EFFECTIVE 1 NOVEMBER 2006, THE ARMY REQUIREMENT FOR A PERIODIC (5 YEAR) PHYSICAL WILL BE REPLACED BY AN ANNUAL PERIODIC HEALTH ASSESSMENT (PHA). THE PHA WILL FOCUS ON INDIVIDUAL MEDICAL READINESS AND PREVENTION.
  2. GENERAL OFFICER PHYSICALS WILL BE PERFORMED EVERY OTHER YEAR, WITH THE PHA PERFORMED DURING ALTERNATE YEARS.
  3. THE ARMY REQUIREMENTS FOR OTHER PHYSICALS (RETIREMENT, SPECIAL SCHOOLS, AND AVIATION) WILL REMAIN UNCHANGED. THE REQUIREMENT FOR OVER-40 CARDIOVASCULAR SCREENING WILL NOT CHANGE.
  4. THE ANNUAL PHA REQUIREMENT IS DEFERRED FOR SOLDIERS SERVING IN A DEPLOYED STATUS OCONUS. THE PHA CAN BE ACCOMPLISHED DURING THE REINTEGRATION PROCESS IN CONJUNCTION WITH THE POST DEPLOYMENT HEALTH ASSESSMENT BUT MUST BE ACCOMPLISHED WITHIN 180 DAYS POST-DEPLOYMENT.
  5. DURING THE FY07 TRANSITION PERIOD, THE CPE FIELD IN MEDPROS WILL INDICATE SATISFACTORY COMPLIANCE BY SOLDIERS WITH CURRENT ARMY REQUIREMENTS FOR A PHYSICAL EXAMINATION IF EITHER:

A. THEIR PERIODIC PHYSICAL IS LESS THAN 5 YEARS OLD (60 MONTHS), THEIR ANNUAL PHYSICAL IS CURRENT (IF REQUIRED UNDER SPECIAL PROGRAMS SUCH AS AVIATION), THE SOLDIER HAS NOT REACHED THE AGE OF 30 ON 1 NOVEMBER 2006. OR B. AN ANNUAL PHA IS REPORTED.

6. BEGINNING 1 NOVEMBER 2007, MEDPROS DATA WILL REFLECT SOLDIER NON-COMPLIANCE WITH ARMY REQUIREMENTS IF A PHA HAS NOT BEEN REPORTED OR IS OLDER THAN 15 MONTHS.

7. COMPO 1 SOLDIERS WILL OBTAIN THE PHA AT THE LOCATION WHERE THEIR SICK CALL IS PROVIDED OR AT ANY LOCATION ADDITIONALLY DESIGNATED BY THEIR LOCAL MTF. COMPO 2 AND 3 SOLDIERS WILL START THE PHA BY COMPLETING THE MEDPROS PHA FORM (AVAILABLE THRU AKO NLT 1 DEC 06). AFTER COMPLETION OF THE ONLINE PORTION, THE SOLDIER WILL COORDINATE THE REMAINDER OF THE PHA THROUGH UNIT LEADERSHIP EITHER VIA FEDS\_HEAL (OR OTHER COMPARABLE HEALTH PLAN) OR BY SCHEDULING AT DRILL LOCATION. UNITS ARE RESPONSIBLE FOR FUNDING TRANSPORTATION COSTS FROM REMOTE LOCATIONS.

8. DURING THE FY07 TRANSITION PERIOD, SOLDIERS WILL BE CONSIDERED AS "AVAILABLE," FOR UNIT STATUS REPORTING PURPOSES, IF THEY HAVE ACCOMPLISHED EITHER AN AGE-REQUIRED PERIODIC PHYSICAL EXAMINATION WITHIN THE PAST 5 YEARS (60 MONTHS) OR IF THEY HAVE COMPLETED AN ANNUAL PHA. ACCORDINGLY, UNIT COMMANDERS WILL USE PERSONNEL AVAILABILITY CODE "HA" IN THEIR UNIT STATUS REPORTS SUBMITTED BEGINNING 15 NOV 2006 AND ENDING 1 NOV 2007 TO INDICATE THE NUMBER OF THEIR SOLDIERS WHO MEET NEITHER OF THE TWO CRITERIA ESTABLISHED IN PARAGRAPH 4 ABOVE. COMMANDERS SHOULD ENSURE THAT ALL SOLDIERS OBTAIN A PHA DURING THIS FY07 TRANSITION PERIOD IN ORDER TO MEET INDIVIDUAL MEDICAL READINESS REPORTING REQUIREMENTS WHEN THE TRANSITION PERIOD ENDS.

9. HQDA POC FOR THIS ACTION ARE AS FOLLOWS; A. DCS, G-1 (DAPE-MPE): MAJ THOMAS ERICKSON, AT TELEPHONE (703)

695-6593 (COM) OR 225-6595 (DSN); EMAIL : THOMAS.ERICKSON@US.ARMY.MIL

B. DCS, G-3/5/7 (DAMO-ODR) :

(1) LTC DOUGLAS MILLER, AT TELEPHONE (703) 697-1715 OR 227-1715 (DSN) ; EMAIL: DOUGLAS.MILLER@HQDA-AOC.ARMY.PENTAGON.MIL.

(2) MR. JUAN CRAYTON AT TELEPHONE (703) 697-9636 OR 227-9636 (DSN); EMAIL: JUAN.CRAYTON@HQDA-AOC.ARMY.PENTAGON.MIL.

C. OTSG (DASG-HSZ): LTC KAREN O'BRIEN AT TELEPHONE (703) 681-0102 (COM) OR 761-0102 (DSN); EMAIL: KAREN.OBRIEN@US.ARMY.MIL EXPIRATION DATE CANNOT BE DETERMINED.

BT

#2892

NNNN

Classification: UNCLASSIFIED

Caveats: NONE



DEPARTMENTS OF THE ARMY AND THE AIR FORCE  
NATIONAL GUARD BUREAU  
111 SOUTH GEORGE MASON DRIVE  
ARLINGTON, VA 22204-1382

NGB-ARS

10 April 2007

MEMORANDUM FOR The Chiefs of Staff of all States, Puerto Rico, the US Virgin Islands, Guam, and the District of Columbia

SUBJECT: Implementation of the Periodic Health Assessment Program (PHA) for the Army National Guard (ARNG)

1. References:

- a. DoD Directive 6200.4, Force Health Protection, 9 October 2004.
- b. Policy Memorandum 06-006, ASD (HA), subject: Periodic Health Assessment Policy for Active Duty and Selective Reserve Members, 16 February 2006.
- c. Armed Forces Epidemiological Board Recommendations, 17 September 2003.
- d. Memorandum, ASD (HA), subject: Policy for Department of Defense Deployment Health Quality Assurance Program, 9 January 2004.
- e. Memorandum, ASD (HA), subject: Automation of Pre- and Post-Deployment Health Assessment Forms, 31 May 2004.
- f. Memorandum, ASD (HA), subject: Post-Deployment Health Reassessment (PDHRA), 10 March 2005.
- g. DoD Directive 6025.19, Individual Medical Readiness, 3 January 2006.
- h. AR 220-1, Unit Status Reporting, 16 March 2006.
- i. US Preventive Task Force (USPTF), <http://www.ahrq.gov/clinic/uspstfix.htm>.
- j. AR 40-501, Standards of Medical Fitness, 27 June 2006.
- k. Memorandum, DA, 12 October 2006, subject: "Periodic Health Assessment".
- l. ALARACT 217/2006, subject: Transition To Periodic Health Assessment, 1 Nov 06 Ref/ Health Affairs Policy 06-006, "Periodic Health Assessment Policy For Active Duty And Selective Reserve Members," 16 February 2006.

NGB-ARS

SUBJECT: Implementation of the Periodic Health Assessment (PHA) Program for the Army National Guard (ARNG)

2. Purpose. The purpose of this memorandum is to provide the ARNG with implementation guidance regarding the mandatory requirement by the Department of Defense to conduct the PHA on all assigned Soldiers annually. The PHA is a preventive screening tool designed to improve the reporting and visibility of Individual Medical Readiness (IMR).

3. Background. Current clinical evidence does not support the use of periodic 5-year physical examinations. Periodic physical examinations are not currently practiced in the medical community. However, evidence-based screening, coupled with health education and lifestyle counseling, is expected to provide a more accurate estimation of the health and fitness levels of the fighting force.

4. Applicability. This policy applies to all members of the ARNG.

5. Funding. The States will pay specific attention to the resource requirements to execute the program. The PHA process will be completed using as much existing infrastructure and medical staffing as possible. Additional funding requirements to meet increases in support will be identified and reported to the Office of the Chief Surgeon. Soldiers on AGR status must accomplish funding requirements through their Primary Care Manager.

6. The PHA program will supersede the requirements for periodic 5-year, Chapter 3 physical examinations (DD Form 2808 and DD Form 2807) and annual medical screenings (DA Form 7349). The PHA program will:

- a. Provide a current, self-reported health status of the Soldier.
- b. Provide the opportunity to refer the Soldier to his or her civilian primary care provider for treatment of current health issues.
- c. Provide and identify a recommendation plan to manage the Soldier's health risks.
- d. Provide for the identification and management of occupational risks and exposure.
- e. Provide for the identification and management of preventive services.
- f. Provide for the development of a health plan to improve the Soldier's medical readiness status.
- g. Provide the Soldier an opportunity to become involved in and share responsibility for their own health status and medical readiness.

7. The PHA program will include, at a minimum:

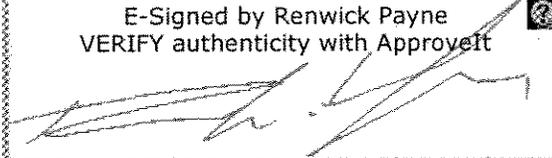
- a. A self-reported PHA survey from the Soldier.

NGB-ARS

SUBJECT: Implementation of the Periodic Health Assessment (PHA) Program for the Army National Guard (ARNG)

- b. A listing of the Soldier's current conditions, treatments, and medications.
  - c. Screenings for alcohol abuse, tobacco use, and stress management.
  - d. A review of the Soldier's medical records along with a personal, face to face survey validation to discuss and confirm survey results, and follow-up with the appropriate healthcare provider (medical doctor, nurse practitioner, or physician's assistant).
  - e. Documentation of the process and results on the DD Form 2766.
  - f. A review of the Soldier's IMR with the appropriate updates in documentation, MEDPROS, and the Medical Non-Deployable Tracking Module.
8. The PHA program will not affect any current requirements for specialty examinations (i.e., Airborne, Chapter 2, or Halo).
9. The point of contact is Colonel Robert Brown, Deputy Surgeon, at DSN 327-7142, 703-607-7142, or rob.brown@us.army.mil.

E-Signed by Renwick Payne  
VERIFY authenticity with ApproveIt



RENWICK L. PAYNE  
Colonel, GS  
Chief of Staff, Army National Guard

5 Encls

- 1. PHA Responsibilities
- 2. PHA Implementation
- 3. Resource Recommendation
- 4. PHA Process Pathway
- 5. USPSTF Recommendations

CF:

G1

G3

G6

G8

State Surgeons

Deputy State Surgeons

## **PHA Responsibilities**

1. Director Army National Guard is responsible for the ARNG PHA Program.
2. Chief Surgeon, Army National Guard is responsible for:
  - a. Establishment of plans, policies, and programs to ensure that all ARNG Soldiers that meet the eligibility criteria are screened annually for a PHA.
  - b. Establishing reporting procedures for, and monitor and track compliance with the program requirements.
  - c. Assisting OTSG and MEDCOM with staff assistance visits.
3. State Surgeon (If State Surgeon is Air National Guard, coordinate with Medical Detachment Commander) is responsible for documenting the process using MEDPROS and MND-TM.
4. State Medical Detachment is responsible to execute the state plan for PHA implementation.
5. Joint Force Headquarters, J-3 is responsible for coordinating training schedules to insure all units and all soldiers are scheduled to complete the PHA on an annual basis.
6. Joint Force Headquarters, J-6 is responsible for reviewing IT requirements for computer application of the PHA and assuring resources are sufficient to meet the needs of the program.
7. Unit Commanders are responsible for:
  - a. Ensuring all assigned Soldiers complete the PHA process on an annual basis.
  - b. Coordinating the accomplishment of PHA process for Soldiers that miss scheduled events.
8. Soldier:
  - a. Completion of the PHA process annually.
  - b. Ensuring all pertinent medical information and referral results are given to the proper authority at the state for placement into the Soldier's medical record.

## PHA Implementation Process

1. The PHA is a commander's program. Commanders will be held responsible for ensuring Soldiers complete the PHA every year.

a. Medical assets are available for support of this commander's program, but as a result of their limitations, their support must be coordinated in advance through the State Surgeon's Office or State Medical Detachment.

b. The annual PHA should be accomplished in conjunction with the unit's annual medical SRP.

c. The PHA is an assessment and screening tool. Completion of the PHA is not dependent on completion of interventions that are recommended or ordered as a result of the PHA.

d. A PHA includes a self-reported health status, a review of current medical issues, a symptom directed physical exam, and clinical preventive services (counseling and interventions) recommended by age and gender.

e. Accomplishing the PHA on an annual basis will require the combined and sustained effort of the commands at all levels within the state and medical readiness team.

f. Implementation of the PHA will be phased in over time.

g. Documentation of the process will occur in the form of medical progress notes with an associated update of DD Form 2766.

h. The PHA will provide critical input to the Individual Medical Readiness and the Unit Status Reporting systems.

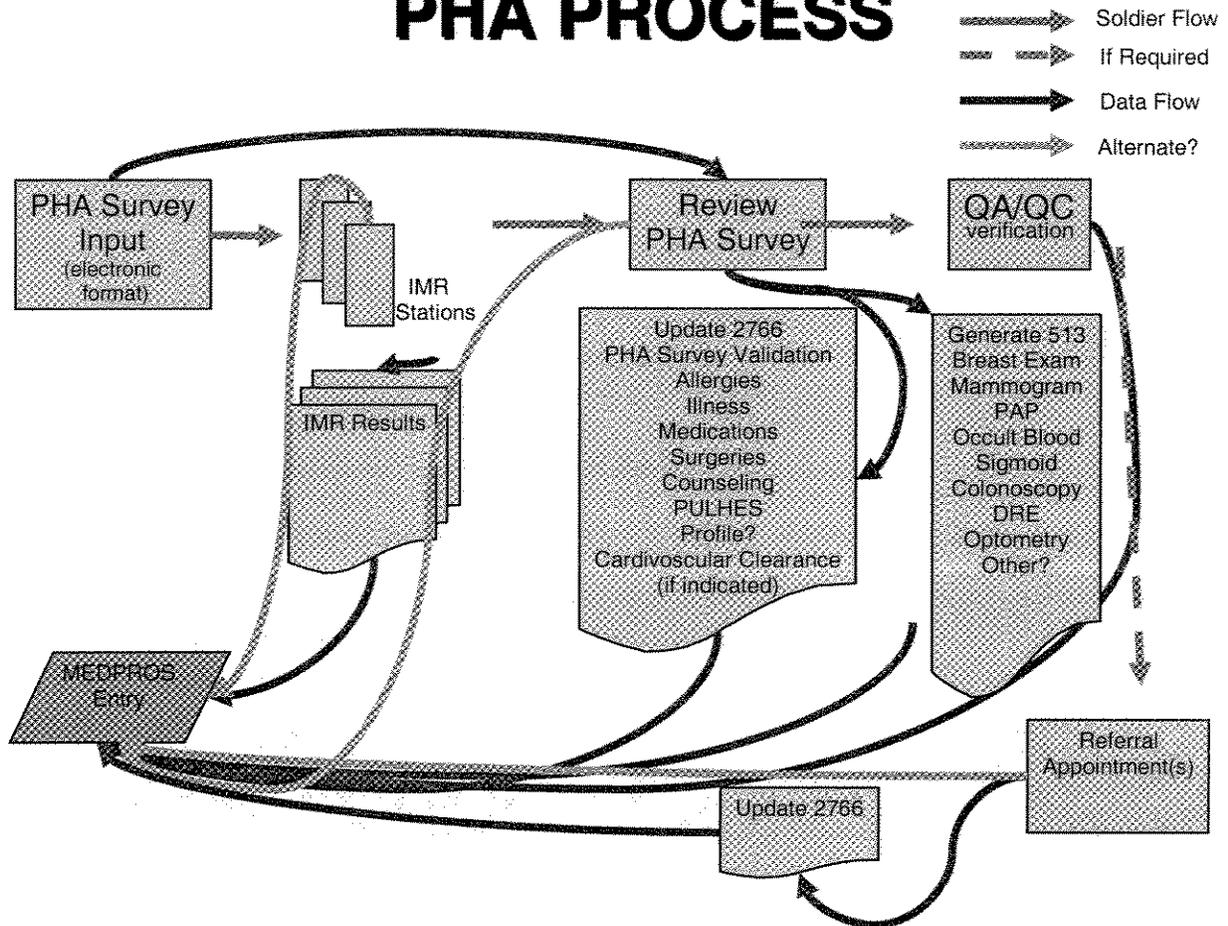
2. The results of the PHA process will be entered into MEDPROS and consist of a documented review of the PHA survey, current permanent and temporary PULHES profile, and the date that the PHA was completed. Individual Soldier's profiles will be entered into the MND-TM as indicated.

## PHA Resource Recommendations

1. The PHA Program can be implemented in the ARNG in a unit, group or individual manner via the Army's sanctioned computer-based application.
2. Provider review requirements for PHA Survey:
  - a. Medical Detachment, Organic Assets, or Contract Support
    - (1) Discuss and document flagged preventive services.
    - (2) Update DD Form 2766
    - (3) Health Care Practitioner (PA, NP, MD, DO)
    - (4) Review statement of health
    - (5) Perform symptom based assessment
    - (6) Assign PULHES
    - (7) Recommend age/gender based referrals
    - (8) Recommend any required follow up referrals
    - (9) Document profiles issued in MND-TM
3. Case Manager and Administrative Assistants provided by the NGB Surgeon's Office will:
  - a. Provide support for PHA events as required to include:
    - (1) Documenting referrals in MND-TM
    - (2) Providing printed SF 513's, SF 600's, and Patient Disclosure Statements to Soldiers as necessary
    - (3) Educating Soldiers on the state's mechanism for referral follow-up reporting
  - b. Provide support to the State Surgeon's office to:
    - (1) Manage identified non-deployable soldiers towards a determination of deployable or board action
    - (2) Assist in the review and update of IMR in MEDPROS
    - (3) Documentation of case management notes in the MND-TM
4. Individual medical readiness teams are required to document all screening results and immunizations into MEDPROS.

## PHA Recommended Pathway

# PHA PROCESS



## USPSTF Recommendations

| Test/Exam  |  | Recommended Age to Start/Stop and Frequency<br>(NOTE: These are MINIMAL requirements and recommendations and good clinical judgment may drive additional requirements for individual patients) |    |    |    |    |    |    |                     | Requirements / Recommendations / Other Clinical Considerations   |
|--|--|--|----|----|----|----|----|----|---------------------|--|
|  |  | 18   | 20 | 25 | 30 | 35 | 40 | 45 | 50                  |  |
| <b>RECOMMENDED FOR PERSONS AT NORMAL RISK FOR THE RESPECTIVE CONDITION</b> |  |  |    |    |    |    |    |    |                     |  |
| Breast Cancer Screening:   | Mammography                                |  |    |    |    |    |    |    | q 1–2 Years         | 1 Performed with <i>or</i> without clinical breast examination.  |
| Cervical Cancer Screening  |  | Annually until three normal evaluations, then q 3 Years*   |    |    |    |    |    |    |                     | 1 Once three normal Pap's have been documented, repeat at least every three years. Do not withhold renewal of birth control pills for screening.   |
| Colorectal Cancer Screening:   | Sigmoidoscopy <i>or</i> Fecal Occult Blood |  |    |    |    |    |    |    | q 3–5 Years*        | 1 Screen all starting at age 50. Sigmoidoscopy every 3–5 years.  |
|  |  |  |    |    |    |    |    |    | Annual*             | 1 Screen all starting at age 50. Fecal occult blood testing (FOBT) annually.   |
| High Blood Pressure Screening  |  | q 1–2 Years*   |    |    |    |    |    |    |                     | 1 Screen all starting at age 18.   |
| Lipid Disorder Screening   |  |  |    |    |    |    |    |    | Males: q 5 Years*   | 1 Screen men aged 35 years and older and women aged 45 years and older for lipid disorders and treat abnormal lipids in people who are at increased risk of coronary heart disease. Screening for lipid disorders include measurement of total cholesterol (TC) and high-density lipoprotein cholesterol |
|  |  |  |    |    |    |    |    |    | Females: q 5 Years* | 1  |

