DEPARTMENT OF THE ARMY
OFFICE OF THE DEPUTY CHIEF OF STAFF G-1
300 ARMY PENTAGON
WASHINGTON, DC 20310-0300

DAPE-HR

01 MAY 2008

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: The Post-Deployment Health Reassessment and Frequent Deployments

1. References:

a. Memorandum, OSD(HA), 25 Oct 01, subject: Updated Policy for Pre and Post-Deployment Health Assessments and Blood Samples.

b. Memorandum, OSD(HA), 10 Mar 05, subject: Post-Deployment Health Reassessment.

c. Memorandum, OSD(HA), 23 Jan 06, subject: Army Post-Deployment Health Reassessment Implementation Plan.

d. Memorandum, OSD(HA), 24 Sep 07, subject: Policy Guidance for Provision of Medical Care to Department of Defense Civilian Employees Injured or Wounded While Forward Deployed in Support of Hostilities.

2. The Army is committed to the well-being of its Soldiers and Department of the Army Civilian (DAC) employees who deploy in support of hostilities. However, frequent deployers, defined as those who deploy to a combat zone more than once for 30 days or longer within a period of 365 days, generate overlapping and redundant health screening requirements. These screening requirements include the Pre-Deployment Health Assessment, the Post-Deployment Health Assessment (PDHA), and the Post-Deployment Health Reassessment (PDHRA). In FY08, all Soldiers will also be required to complete a Periodic Health Assessment (PHA) annually.

3. The PDHA and PDHRA, in particular, contain similar screening questions. To reduce redundancy for frequent deployers, the PDHRA may be completed annually with the following options available:

a. The PDHA may serve as a substitute for the PDHRA. Once a frequent deployer completes a PDHRA, he/she need not complete another PDHRA for the next 275 days, provided a PDHA is completed for each subsequent redeployment within those 275 days.

b. The PDHRA may be combined with the PHA to meet this individual medical readiness requirement once it is fully implemented across the Army. This option applies only to Soldiers, and not DAC employees.

4. Provisions will be developed to allow leadership and/or medical personnel to identify and provide follow up screening and/or care for personnel who, as a result of this policy, complete a PDHA in lieu of a PDHRA and express specific health concerns.

5. It is incumbent on commanders at all levels to diligently ensure that Soldiers and DACs complete all required redeployment processing, including the PDHRA when required, to facilitate a smooth post-deployment transition.

6. Thank you for your support of the PDHRA Program. Any questions your staff may have regarding the above may be directed to LTC Karen Whitman, Army G-1 PDHRA Program Manager at (703) 604-0669, (DSN) 664-0669, or Karen.whitman@us.army.mil.

ERIC B. SCHOOMAKER
Lieutenant General
The Surgeon General

01 MAY 2008

(Date)

MICHAEL D. ROCHELLE
Lieutenant General, GS
Deputy Chief of Staff, G-1

23 APR 2008

(Date)

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