DEPARTMENT OF THE ARMY
OFFICE OF THE SURGEON GENERAL
5109 LEESBURG PIKE
FALLS CHURCH VA 22041-3258

REPLY TO ATTENTION OF

DASG-ZA

20 DEC 2002

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Demobilization Guidance for all Reserve Component (RC) Soldiers Activated in Support of Contingencies

1. Reference memorandum, Office of the Chairman, Joint Chiefs of Staff, MCM-0006-002, 1 Feb 02, subject: Updated Procedures for Deployment Health Surveillance and Readiness. All RC soldiers called to Active Duty (AD) for greater than 30 days in support of contingencies are entitled to medical/dental out-processing prior to release from active duty (REFRAD).

2. At a minimum, the enclosed demobilization requirements must be met. These requirements include:

a. Completion of Department of Defense (DD) Form 2796, Post-Deployment Health Assessment:

(1) If deployed overseas, to be completed 5 days prior to redeployment.

(2) If mobilized within the Continental United States (CONUS), to be completed 5 days prior to demobilization.

b. Completion of DD Form 2697, Report of Medical Assessment.

c. Medical review of DD Forms 2796 and 2697 and all medical records to determine if a consultation, physical exam, or further medical care is required.

d. Medical benefits and entitlements briefing.

3. A copy of the completed DD Form 2796 will be sent to the Army Medical Surveillance Activity, ATTN: MCHB-TS-EDM, Bldg T-20, Room 213, 6900 Georgia Ave., NW, Washington, DC 20307-5001. A copy of the completed DD Form 2697 will be sent to the Department of Veterans Administration, VA Records Management Center, P.O. Box 50200, St. Louis, MO 63115-8959.

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4. Our point of contact (POC) for medical support is COL Carlos Arroyo, Directorate of Health Policy and Services, Office of The Surgeon General (OTSG), DSN 761-3106, or Commercial (703) 681-3106; and the POC for dental support is COL John Miller, Directorate of Health Policy and Services, OTSG, DSN 761-3031, or Commercial (703) 681-3031.

Encl

JAMES B. PEAKE, M.D.
Lieutenant General
The Surgeon General

DISTRIBUTION:
COMMANDER, NORTH ATLANTIC REGIONAL MEDICAL COMMAND, WALTER REEED ARMY MEDICAL CENTER, ATTN: MCAT-OP, 6900 GEORGIA AVENUE NW, BUILDING 1, ROOM D406, WASHINGTON, DC 20307-5001
COMMANDER, SOUTHEAST REGIONAL MEDICAL COMMAND, EISENHOWER ARMY MEDICAL CENTER, ATTN: MCSE-R, BUILDING 40709, FORT GORDON, GA 30905-5650
COMMANDER, GREAT PLAINS REGIONAL MEDICAL COMMAND, ATTN: MCGP-OPS, 2410 STANLEY ROAD, SUITE 121, FORT SAM HOUSTON, TX 78234-6230
COMMANDER, WESTERN REGIONAL MEDICAL COMMAND, MADIGAN ARMY MEDICAL CENTER, BUILDING 9040, ATTN: MCHJ-RHO, TACOMA, WA 98431
OFFICE OF THE CHIEF ARMY RESERVE, ATTN: DAAR-HR, 2400 ARMY PENTAGON, WASHINGTON DC 20310-2400
HQDA OFFICE OF THE DEPUTY CHIEF OF STAFF, G1, ATTN: DAPE-PRO (LTC BOGGESS), 300 ARMY PENTAGON, WASHINGTON, DC 20310-0300
DIRECTOR, NATIONAL GUARD BUREAU, ATTN: G-1, 111 SOUTH GEORGE MASON DRIVE, ARLINGTON, VA 22204-1382

PROCEDURAL GUIDANCE FOR THE MEDICAL/DENTAL OUTPROCESSING OF RESERVE COMPONENT (RC) SOLDIERS RELEASED FROM ACTIVE DUTY (REFRAD)

1. References.

a. Office of the Chairman, Joint Chiefs of Staff, MCM-0006-02, 1 Feb 02, Subject: Updated Procedures for Deployment Health Surveillance and Readiness.

b. Department of Defense Directive 6490.2, Subject: Joint Medical Surveillance, 30 Aug 97.

c. Department of Defense Instruction 6490.3, Subject: Implementation and Application of Joint Medical Surveillance for Deployments, 7 Aug 97.

d. Deputy Chief of Staff, G-1, Consolidated Personnel Policy Guidance Operations Noble Eagle and Enduring Freedom, http://www.odcsper.army.mil (Plans, Resources and Operations).

e. Deputy Chief of Staff, G-1, Procedural Guidance for Reserve Component (RC) Soldiers on Active Duty Medical Extension (ADME), 30 May 01, http://www.odcsper.army.mil (Military Personnel Management).

f. Memorandum, Assistant Secretary of Defense (Health Affairs), 25 Oct 01, subject: Updated Policy for Pre and Post-Deployment Health Assessments and Blood Samples.

g. Memorandum, Under Secretary of Defense, Personnel and Readiness, 20 Sep 01, subject: Mobilization/Demobilization Personnel and Pay Policy for Reserve Component Members Ordered to Active Duty in Response to the World Trade Center and Pentagon Attacks.

h. Memorandum, Office of the Chairman, Joint Chiefs of Staff, 1 Feb 02, MCM-0006-02, subject: Updated Procedures for Deployment Health Surveillance and Readiness.

i. Memorandum, Office of The Surgeon General, DASG-PPM-NC, 9 Jul 02, subject: Post-Deployment Screening for Latent Tuberculosis Infection (LTBI).

j. Army Regulation (AR) 40-400, Patient Administration, 12 Mar 01.

Enclosure

k. Army Regulation 40-501, Standards of Medical Fitness, 28 Mar 02.

l. Title 38, Pension, Bonuses, and Veteran's Relief, Code of Federal Regulations, Part 17.161, Authorization of Outpatient Dental Treatment, http://www.access.gpo.gov/ecfr

2. The following will be completed during the medical/dental demobilization for all RC soldiers.

a. Each solider will receive a medical benefits and entitlements briefing. Briefing information should include, but is not limited to, the following topics:

(1) The right to request a REFRAD physical.

(2) ADME.

(3) TRICARE benefits following REFRAD.

(4) Points of contact (POCs) for TRICARE claim issues.

(5) Department of Veterans Affairs (VA) access.

b. Two forms must be completed: Department of Defense (DD) Form 2796, Post-Deployment Health Assessment to be completed within 5 days of redeployment or demobilization, and DD Form 2697, Report of Medical Assessment.

c. A health care provider (physician, physician's assistant, or nurse practitioner) will conduct a complete medical record review including DD Forms 2796, 2697, and 2795, Pre-Deployment Health Assessment and all medical records to determine if a consultation, physical exam, or further medical care is required.

d. The health care provider will ensure Part I of Department of Army (DA) Form 2173, Statement of Medical Examination and Duty Status, was initiated at the time of treatment for each injury and/or disease (to include those related to dental care). This form is utilized to document line of duty determination.

(1) If a DA Form 2173 is required and none is present, the health care provider will initiate one at the time of the medical/dental out-processing.

(2) If applicable, a completed DD Form 261, Report of Investigation - Line of Duty and Misconduct Status, must also be included.

e. The health care practitioner at the demobilization site will determine if follow-on medical care is required and initiate the appropriate referral.

3. Those soldiers who cannot perform their normal military duty and whose care will require more than 30 days after his/her orders expire, may request ADME status. If the soldier should choose to apply for this benefit, reference paragraph 1e above should be followed.

4. The original DD Forms 2795, 2796 and 2697, as well as any completed DA Form 2173 will be placed in the soldier's health record. All documentation related to medical treatment received during the period of active duty (AD) will be included in the health record which will be forwarded back to the appropriate records custodian at the service member's unit.

a. A copy of all DA Form 2173s and DD Form 261s will be given to the solider for his/her personal records.

b. A copy of DD Form 2796 will be sent to the Army Medical Surveillance Activity, ATTN: MCHB-TS-EDM, Bldg T-20, Room213, 6900 Georgia Ave., NW, Washington, DC 20307-5001.

c. Medical personnel at the Demobilization site will enter the completion dates of the DD Form 2795 and 2796 into the Medical Protection System (MEDPROS) Individual Readiness Module (IMR).

d. A copy of DD Form 2697 will be sent to the Department of Veterans Administration, VA Records Management Center, P.O. Box 50200, St. Louis, MO 63115-8959.

5. All RC soldiers who do not meet the medical retention standards of AR 40-501, Chapter 3, must be referred to a medical evaluation board/physical evaluation board (MEB/PEB). If it is determined that the condition is pre-existing without permanent service aggravation, the service member may still be covered for disability severance or retired pay if the solider has accumulated 8 years of AD. To be eligible for this benefit, the soldier must have his PEB completed prior to release from AD.

6. All soldiers requiring follow-on dental treatment must have required treatment needs documented on Standard Form (SF) 603, Health Record-Dental, or SF 603A, Health Record-Dental Continuation.

a. Soldiers on AD for greater than 179 consecutive days are eligible for dental care through the VA healthcare system provided the need for dental care is documented on their DD Form 214, Certificate of Release or Discharge from Active Duty; see reference 1l. The soldier has 90 days from REFRAD to contact the VA to coordinate dental treatment.

b. Soldiers who are on AD for greater than 30, but less than 180 days, must have a completed DA Form 2173, which documents that the disease/injury requiring dental care occurred while the soldier was on AD. The soldier will coordinate their care with their unit. The unit will coordinate with the Military Medical Support Office (MMSO). The MMSO can be contacted through their website http://mmso.med.navy.mil or by calling 1-888-647-6676.

7. Demobilizing RC soldiers are required to comply with policy guidance in the reference at 1i on post-deployment screening for latent tuberculosis infection to assure personnel who have been deployed to high-risk areas are screened.

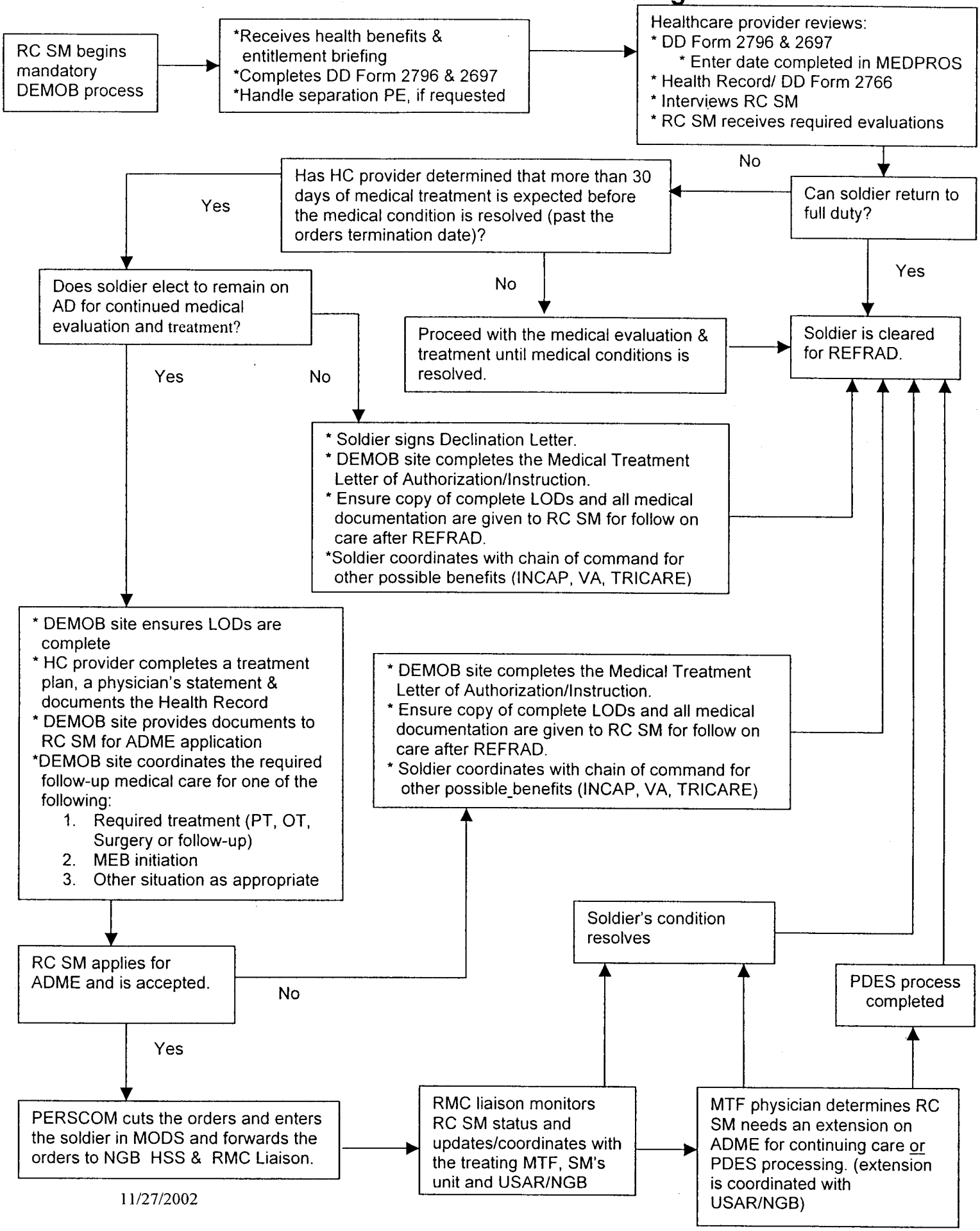
a. All RC soldiers will have a tuberculin skin test (TST) performed at the time of demobilization and again between 3 and 6 months after demobilization.

b. Army Reserve Command Surgeons and Army National Guard State Surgeons are responsible for ensuring that TST and demobilization related data are entered into MEDPROS IMR for all personnel.

8. Reserve Component Commands requiring assistance to coordinate soldiers' follow-on medical care should contact the regional medical command (RMC) RC Noncommissioned Officer for their area. These individuals are:

North Atlantic RMC	(202) 782-3441
Southeast RMC	(706) 787-2485
Great Plains RMC	(210) 295-2365
Western RMC	(253) 968-4590

Medical Demobilization Flow Diagram



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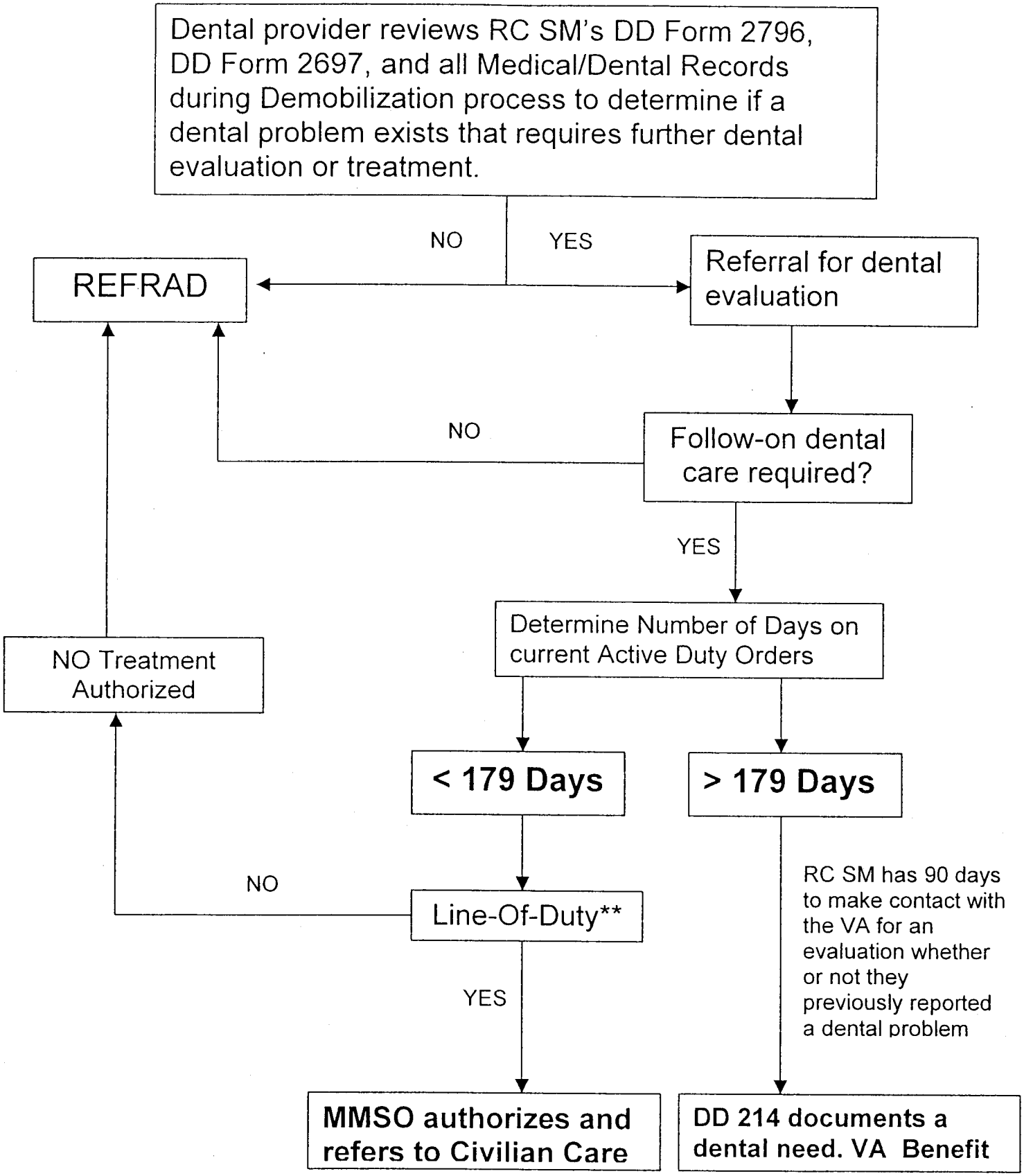
Dental Demobilization Flow Diagram



** Documentation in the Health/Dental Record (SF 603, 603A) and completed LODs (DA Form 2173 and/or DD Form 261) are required for RC SM to receive authorization for follow-on dental care.

11/21/2002