

## Quick Reference Checklist

### History and Physical (within 1 year)

DD Forms 2808 (Physical) and 2807-1 (Medical History) both FOR Government Contractors OR Both OF 178 (Physical) and 2807-1(History) For DOD

LABS - ABNORMAL RESULT MAY NEED REPEATED If ABNORMAL

-All labs need to be within 90 days-

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**UA** (Urinalysis - **NOT HAND WRITTEN** - Needs to show Color, Specific Gravity, Glucose, Bilirubin, Ketones, blood, pH, Protein, Nitrites, Leukocytes)

**CMP** (Complete Metabolic Panel - IF GLUCOSE is abnormal Hba1c is required)

**HBA1C** (IF applicable - Must be < 7.0) **If non-diabetic and HgA1C over 6.4 further testing, treatments, and deployability issues should be addressed by Primary care Physician. Glucose greater than 110 will require HgA1C**

**CBC** (Complete Blood Count)

**HIV** (within 120 days)

**DNA** (Done at CAJMTC)

**G6PD** (must have result, done once in life time)

**BLOOD TYPE** (must have result, done once in lifetime)

**LIPID PANEL** (OVER 40 - cannot exceed the following: Total Cholesterol < 240, LDL<160 , Triglycerides< 500)

**EKG** (OVER 40) **Must be within 90 days of mobilizing**

**PSA** **If History if Prostate cancer, BPH, or medications relating to BPH**

**VISION** (DD FORM 771) OR PRESCRIPTION FROM Optometrist. Do not wear contact lenses while going through Medical processing

**HEARING** (within a year) DD FORM 2215 or 2216. If H3 a sprint test is needed for a waiver

**IMMUNIZATIONS - Must all be completed before arrival. Immunizations must be current and those consisting of a series must be current but do not have to be completed before deployment. However it is the responsibility of the individual to complete the series on leave or overseas**

**Hepatitis A** (1<sup>st</sup> dose, 2<sup>nd</sup> dose after 6 Months)

**Hepatitis B** (1<sup>st</sup> dose, 2<sup>nd</sup> dose 30 days, 3<sup>rd</sup> dose 5 Months) or titer

**MMR** (Measles, mumps, and rubella) 1 dose. **If no documentation of vaccine, either a titer or Vaccine required**

**Seasonal Influenza** (1 September through 31 May)

**Typhoid** (within 2 years) Oral Typhoid (within 5 years)

**Tetanus (TDAP- is required ONCE) Then can continue with Td every 10 years**

**Varicella** (Chickenpox) - **1<sup>st</sup> dose, 2<sup>nd</sup> dose after 30 days OR Laboratory result showing a "Varicella Titre" showing immunity) must have documentation from a " childhood Provider", or it has to be documented on an immunization (shot) record by a Provider**

**Tuberculosis Skin Testing** (Often referred to as PPD, or TB tine) Quantiferon Gold, a lab test, is acceptable. Bring the actual lab result that was completed within 90 days of arrival. If past positive radiology report from a Bi lateral chest x-ray is needed for a waiver within the last 90 days.

**Smallpox** (Done at CAJMTC)

**Polio (OPV/IPV) Documentation of Vaccine. If Negative titer #3 or No History IPV, Needs 1 IPV dose of vaccine**

### SPECIFIC CONDITIONS - if needed

**History of Respiratory Problems** - Pulmonary Function Test may be required

**Sleep Apnea** - Split sleep study (within 12 months, 30 day compliancy, CPAP and battery backup)

**Abnormal EKG, cardiac issue, or Framingham 15 % or greater** - Stress Testing recommended

## **EXPANDED MEDICAL REFERENCE GUIDE**

- EVEN IF YOUR RECORDS ARE SENT TO CAMP ATTERBURY AHEAD OF TIME, BRING COPIES OF ALL FORMS AND RESULTS WITH YOU.
- BRING ALL OF YOUR ROUTINE PRESCRIPTION MEDICATIONS WITH YOU.
- BRING ANY MALARIA PROTECTIVE MEDICATIONS THAT YOU PURCHASED OR YOUR COMPANY PURCHASED FOR YOU.
- IF YOU WEAR EYEGASSES, BRING AT LEAST TWO PAIR WITH YOU AND **SHOW THEM TO THE OPTOMETRY SECTION. *CONTACT LENSES ARE NOT AUTHORIZED FOR WEAR IN THE CENTCOM THEATER.***

### **History and Physical** (Required within 1 year of deployment) CENTCOM Mod 11, 15.C.2.C

- DD Form 2808 (Report of Medical Examination) and DD 2807-1 (Report of Medical History)  
**OR**
- OF 178 (Certification of Medical Examination) (DOD ONLY)

### **Labs** – **Hand written results are not acceptable.** Abnormal results may need to be repeated or if still abnormal consult with specialist and supporting testing.

- Urinalysis
  - Results **MAY NOT** be handwritten
  - Needs to show Color, Specific Gravity, Glucose, Bilirubin, Ketones, blood, pH, Protein, Nitrites, Leukocytes
- Complete Metabolic Panel (Often referred to as CMP)
- Glucose (“Blood Sugar) must be **110 or below, If above HgA1C will be required, If non-diabetic and HgA1C over 6.4 further testing, treatments, and deployability issues should be addressed by Primary care Physician.**
  - Hemoglobin A1C must be less than 7.0 in known diabetics. **If unknown diabetic and HgA1C is above 6.4 further testing may be required.**
  - **Known diabetics** must have Hemoglobin A1C within 90 days of arrival
- CBC (Complete Blood Count)
  - White Blood Count (WBC), Red Blood Count (RBC)
  - Hemoglobin, Hematocrit, MCV, MCH, MCHC, RDW, RDW, Platelets
- HIV
  - Laboratory document must be **NEGATIVE** within 120 days of arrival, and may not be handwritten
  - You will not be deployed if HIV positive
  - **CANNOT** accept **oral** HIV testing
- DNA - may be drawn at Camp Atterbury if not already on file
- G6PD
  - Blood test (once in a lifetime)
  - Must have results before arrival
- Blood type – once in a lifetime, Must have results before arrival

- Lipid panel (Cholesterol and triglycerides) within 90 days of arrival
  - Required of all personnel over the age of 40
  - Must include Total Cholesterol, Low Density Lipoprotein (sometimes referred to as “the bad cholesterol”), and Triglycerides
  - Levels cannot exceed the following: Total cholesterol 240, Triglycerides 500, LDL 160 Anyone at any age treated for hyperlipidemia must have a lipid panel within the ranges above.
- EKG
- Required of all personnel over the age of 40
- PSA
- Required of all Male personnel with a **past History of Prostate cancer, BPH, or BPH Medications or Testosterone use**
- Framingham Risk Assessment
- Required of all personnel over the age of 40
  - The result of this test cannot exceed 15% to be considered deployable. Use the following sites:
    - [Framingham Risk Assessment w/o Diabetes](#) (without diabetes)
    - [FRAMINGHAM RISK ASSESSMENT WITH DIABETES](#)
    - (takes diabetes into account and the parenthetical can read “with diabetes”)

### **Vision**

- If you wear glasses, you must deploy with two pair of glasses (current prescription) and prescription inserts for your protective mask and/or ballistic goggles. We'll order inserts for you.
- DD Form 771 (Eyewear Prescription) **OR**
- Prescription from optometrist (within 1 year of deployment)

### **Hearing**

- DD Form 2215 (Reference Audiogram) or DD 2216 (Hearing Conservation Data)
- Hearing test data must include the audiology operator's certification number and machine type and serial number and calibration date
- Hearing class 3 (“H3) – severe hearing loss – requires Speech Recognition In Noise Test (SPRINT) or Hearing In Noise Test (HINT).
- SPRINT is available at military medical treatment facilities. HINT is the civilian equivalent.
- Hearing tests (audiograms) conducted during the physical must be documented with actual readings and validating information (See **Hearing** below.) “X” is not a valid reading.

### **Immunizations**

- Except as noted, all must be completed BEFORE arrival at Camp Atterbury
- Vaccinations must be documented on a CDC 731 (International Certificate of Vaccination, also known as the “yellow shot card”.) Older versions read PHS 731 but are acceptable. The link is: [International Certificate of Vaccination Link](#)
- Required vaccinations NOT provided by the military
- Hepatitis A (1<sup>st</sup> dose, 2<sup>nd</sup> dose after 6 months)
  - Hepatitis B (1<sup>st</sup> dose, 2<sup>nd</sup> dose 30 days, 3<sup>rd</sup> dose 5 Months)
  - Measles, mumps, and rubella (“MMR”) 1 dose **OR Titer to check Immunity**
  - Seasonal Influenza (1 September through 31 May)

- Typhoid (within 2 years) Oral Typhoid (within 5 years)
  - Tetanus- TDAP **ONE** time, may then go to Td every 10 years
  - Varicella (“Chickenpox”) (1<sup>st</sup> dose, 2<sup>nd</sup> dose after 30 days)
    - ◆ **Documented proof of having had the vaccination on an immunization record, OR documentation from a childhood provider. If neither may receive a vaccine booster or Laboratory result showing a “Varicella Titre”**
  - Tuberculosis Skin Testing (Often referred to as PPD, or “TB Tine”)
    - ◆ **Must be completed within 90 days before arrival at Camp Atterbury**
    - ◆ Quantiferon Gold, a lab test, is acceptable. Bring the actual lab result with you
    - ◆ **If history of past positive reading, a radiology report from a Bi-lateral chest x-ray must be completed within 90 days before arriving to Camp Atterbury in order to qualify for CENTCOM waiver**
- Vaccinations offered at Government expense and IF REQUIRED BY CONTRACT
- Anthrax
  - Smallpox
  - Rabies

### **Medications**

- List **ALL** medications and allergies
- SHOW any malaria preventive medications brought with you to the provider. Unless the provider sees the medication, we will issue to you.
- Must have a 180 day supply of medication OR reliable means to obtain refills.

### **Dental**

- DD Form 2813 (Department of Defense Active Duty/Reserve Forces Dental Examination)
- Must show you as a Dental Class 1 or 2
  - Must be signed by dentist
  - Must have dentist’s state license number (US) unless dentist is military
- Pantographic X-rays are required to be reviewed by dentist and Block 5 of the DD 2813 marked “Yes”

### **Waivers**

- Contract employees who have a condition, as described in Central Command (CENTCOM) Modification 11, Tab A as a “condition generally precluding deployment” must have a complete waiver, signed by the CENTCOM Surgeon’s Office.
- If your employer obtains a waiver for you from the CENTCOM Surgeon, you must bring the signed waiver and the medical documents that supported your waiver to Camp Atterbury.
- If a condition is found at CAJMTC Medical Processing that the deployee was unaware of, and it is a waiver-able condition listed in the table below, IRDO Medical Liaison will submit for that specific waiver on behalf of the deployee and his or her organization.

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## **Top Reasons for Non-Deployability or Delay in Deployment**

- Obstructive Sleep Apnea (OSA)
  - Must have a thirty day compliance report from machine
    - ◆ Must have 75 % percent compliancy score for greater than 4 hours
    - ◆ At least four hours per night for 30 days on average
  - Must bring machine and battery back up to Camp Atterbury for inspection
  - Split Sleep study within 12 months
  
- Body Mass Index (BMI)
  - Greater than 40, or [BMI Calculator](#)
  - Greater than 35 with other the following medical co-factors:
    - ◆ Diabetes, Obstructive sleep apnea, Heart disease, Joint disease
  
- Positive PPD
  - Must have a waiver
  - Must have chest X-ray less than 90 days old
  - Proof of counseling
  - Or proof of Latent TB treatment by medication for 9 months.
  
- Non-diagnosed diabetic, newly diagnosed, or pre-diabetic
  - Has an HBA1C of 6.5 or greater
  - Needs physicians consult of diagnosis, prognosis, treatment plan, medications if needed
  - Must have an HBA1C less than 7.0
  
- Abnormal EKG or Framingham greater than 15%
  - May need stress testing to clear these issues and/or cardiologist consult
  
- Abnormal AST's and ALT's found in the CMP (Liver Function Test)
  - After repeat of CMP or Liver Function Test with abnormal results may need Specialist consult and further testing
  - May need abdominal ultrasound to exclude liver and gallbladder disease, and hepatitis ABC antibody profile
  
- Hematuria (Blood in urine)
  - After repeat of urinalysis with abnormal results may need consult and testing from an urologist.
  
- Abnormal Labs
  - Must have specialist diagnosis, treatment plan, and medications (if needed), deploy ability to an austere environment for the period of the LOA or Orders without need for follow up, and any further testing.
  - Must have a letter typed with letterhead outlining the above findings.

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## Conditions Generally Precluding Deployment

The conditions listed on the following pages will disqualify contractor personnel from deploying. The CENTCOM Surgeon's office will entertain waiver requests for any condition, and the request will be either approved or denied. The IRDO medical liaison (x62052) can submit waivers on behalf of contractors or contractor personnel. If contractor personnel come to IRDO Camp Atterbury with conditions precluding deployment but without the required approved waiver, they may be delayed in deploying. It is always best to have the waiver submitted and approved before coming to Camp Atterbury.

DOD Instruction 3020.41 states that waivers are unlikely for contractor personnel and an explanation should be given as to why other persons who meet medical standards could not be identified to fulfill the deployed duties. Companies should strive to hire personnel who meet the criteria listed in MOD 11.

It is the contracting officer or his or her designee's responsibility to submit any waivers for the conditions listed on the following pages. If an unknown condition is found upon the deployees arrival, IRDO Medical Liaison can submit a Waiver on his/her behalf.

<b>Conditions Generally Precluding Deployment</b>
<b>General conditions / restrictions</b>
Conditions that prevent the wear of personal protective equipment, including protective mask, ballistic helmet, body armor, and chemical/biological protective garments
Conditions that prohibit required theater immunizations or medications
Any medical condition that requires frequent clinical visits or ancillary tests, that fails to respond to adequate conservative treatment, necessitates significant limitation of physical activity, or constitutes increased risk of illness, injury or infection
Any unresolved acute illness or injury that would impair one's duty performance during the duration of the deployment
Any medical condition that requires durable medical equipment or appliances or that requires periodic evaluation/treatment by medical specialists not readily available in theater
<b>Conditions affecting Force Health Protection</b>
Physical or psychological conditions causing inability to effectively wear PPE
Conditions that prohibit immunizations or the use of FHPPPs required for deployment
<b>Unresolved health conditions requiring care or affecting performance</b>
Any chronic medical condition requiring frequent clinical visits, fails to respond to adequate conservative treatment, or necessitates significant limitation of physical activity
Absence of dental exam in past 12 months
Pregnancy

Condition requiring durable medical equipment or appliances, or periodic evaluation or treatment by medical specialists not readily available in theater
Heat stroke - history of heat stroke, no multiple episodes, no persistent sequelae or organ damage and no episode within past 24 months
Meniere's disease or other vertiginous/motion sickness disorder, unless well controlled on meds available in theater
Unresolved acute or chronic illness or injury that would impair duty performance
Cancer requiring continuing treatment or evaluations
Precancerous lesions requiring treatment and/or evaluation, but not treated or evaluated
Any medical condition requiring surgery or for which surgery has been performed and requires rehab or additional surgery to remove devices
Recent surgery requiring follow up during deployment, or surgeon hasn't cleared/released
Surgery (open or laparoscopic) within 6 weeks of deployment
Renolithiasis - recurrent or currently symptomatic
Musculoskeletal condition that significantly impairs performance
Obstructive Sleep Apnea (OSA) of any severity, if symptomatic despite treatment
OSA with AHI and/or RDI > or = 30/hour post treatment
OSA with AHI and/or RDI < 30/hour post treatment does not require waiver except to Afghanistan or Yemen
OSA, Mild (AHI and/or RDI < 15/hour with or without CPAP treatment is deployable
Acute exacerbation of a physical or mental health condition that could significantly affect duty performance
<b>Conditions that could cause sudden incapacitation</b>
Recurrent loss of consciousness for any reason
Any medical condition that could result in sudden incapacitation
Stroke within past 24 months
Seizure disorders - either within past year or on anticonvulsants, if stable must be seizure free for 6 months
Diabetes mellitus type I or II on pharmacotherapy with A1C less than 7.0
Type 1 diabetes or insulin requiring type 2 diabetes
Type 2 diabetes, on oral agents only, with no change in meds in past 90 days, A1C < 7.0
Framingham 10 year > 15% WAIVER REQUIRED
Framingham 10 year < 15% NO WAIVER REQUIRED
<b>Pulmonary disorders</b>
Asthma with forced expiratory volume-1 (FEV-1) of less than or equal to 50 percent of predicted FEV-1 despite appropriate therapy and that has required hospitalization at least 2 times in the last 12 months, or requires daily systemic (not inhaled) steroids
<b>Infectious disease</b>
Active TB
Latent TB - negative chest X-ray within 90 days of deployment, documentation of counseling
Active known transmittable blood-borne disease - include full test panel including all antigens, antibodies and viral load

HIV positive with presence of progressive clinical illness or immunological deficiency
<b>Sensory disorders</b>
Hearing loss - individual must have sufficient unaided hearing to perform duties safely IAW Service guidelines. Hearing aids do not preclude deployment
- Hearing level no greater than 30dB for either ear with no individual level greater than 35dB at these frequencies and no greater than 55dB at 4000 Hz
- Hearing level no greater than 30dB at 500 Hz; 25dB at 1000 and 2000 Hz; and 35dB at 4000 Hz in the better ear
Vision loss - Best corrected visual acuity must meet job requirements to safely perform duties
Refractive eye surgery - determination by ophthalmologist or optometrist that treatment is complete
Ophthalmic steroid drops post procedure
Photorefractive Keratectomy - non deployable for 90 days post-PRK, 30 days post-LASIK
Tracheostomy or aphonia
<b>Cardiovascular disorders</b>
Hypertension, controlled and stable 90 days ( Single episode hypertension found on predeployment physical should be accompanied by serial blood pressure checks to ensure hypertension is not persistent)
Symptomatic coronary artery disease
MI within last year
Cardiac dysrhythmias or arrhythmias, either symptomatic or requiring medical or electrophysiologic control
Coronary artery bypass graft in last year
Coronary artery angioplasty in last year
Carotid endarterectomy in last year
Other arterial stenting in last year
Aneurysm repair in last year
Heart failure
Hyperlipidemia controlled with meds regimen, stable for 90 days (TC < 240, LDL < 160, Trig < 500)
Morbid obesity
BMI > 40
BMI > 35 with serious comorbidities like diabetes, OSA, cardiomyopathy, joint disease
<b>Mental health disorders</b>
Psychotic or bipolar disorders
Psychiatric disorders under treatment with fewer than 3 months of demonstrated stability
Clinical psychiatric disorders with residual symptoms that impair duty performance
Mental health conditions that pose a substantial risk for deterioration or recurrence of impairing symptoms in the deployed environment
Substance abuse disorders not in remission

Chronic medical conditions that require ongoing treatment with antipsychotics, lithium, or anticonvulsants
<b>Medications</b>
Therapeutic anticoagulants:
warfarin
Platelet aggregation inhibitors or reducing agents:
clopidogrel
anagrelide
dabigatran
Hematopoietics:
filgrastim
sargramostim
erythropoietin
Antihemophilics:
Factor VIII
Factor IX
Antineoplastics:
antimetabolites:
methotrexate
hydroxyurea
mercaptopurine
alkylators:
cyclophosphamide
melphalan
chlorambucil
antiestrogens:
tamoxifen, etc.
aromatase inhibitors:
anastrozole
examestane, etc.
medroxyprogesterone (except as contraception):
interferons
etoposide
bicalutamide
bexarotene
oral tretinoin (Vesanoid)
Immunosuppressants (chronic systemic steroids)
Biologic response modifiers (immunomodulators):
abatacept
adalimumab
anakinra

Annex II: IRDO Camp Atterbury Medical Prerequisites – Updated 22 January 2013

etanercept
infliximab
leflunomide, etc.
Anti-psychotics (except quetiapine "Seroquel" 25 mg at bedtime for sleep):
Antimanic (bipolar) agents:
lithium, etc.
Anticonvulsants: (except those listed below) NO WAIVER REQUIRED:
Valpropic acid:
Depakote, Depakote ER, Depacon, etc.
Carbamazepine:
Tegretol
Tegretol XR, etc.
Varenicline:
Chantix
Opioids, opioid combination drugs, or tramadol, chronic use
Insulin and exenatide (Byetta)