



COMDTINST 6150.3A
13 FEBRUARY 2018

COMMANDANT INSTRUCTION 6150.3A

Subj: COAST GUARD PERIODIC HEALTH ASSESSMENT (PHA)

- Ref:
- (a) Coast Guard Medical Manual, COMDTINST M6000.1 (series)
 - (b) Periodic Health Assessment (PHA) Program, Department of Defense Instruction, DoDI 6200.06
 - (c) Periodic Health Assessment (PHA) Program, Defense Health Agency Procedural Instruction 6200.06
 - (d) Privacy Act of 1974; United States Coast Guard -011 Military Personnel Health Records System of Records
 - (e) Information and Life Cycle Management Manual, COMDTINST M5212.1 (series)
 - (f) Individual Medical Readiness (IMR), DoDI 6025.19
 - (g) Mental Health Assessments for Service Members Deployed in Connection with a Contingency Operation, DoDI 6490.12
 - (h) Disability Evaluations System (DES), DoDI 1332.18
 - (i) Deployment-Limiting Medical Conditions for Service Members and DoD Civilian Employees, DoDI 6490.07
 - (j) The Separation History and Physical Examination (SHPE) for the DoD Separation Health Assessment (SHA) Program, DoDI 6040.46
 - (k) Coast Guard Aviation Medicine Manual, COMDTINST M6410.3 (series)

1. **PURPOSE.** This Instruction establishes policy, assigns responsibilities, and provides guidelines to ensure that surveillance of the health and Individual Medical Readiness (IMR) of Coast Guard (CG) Active Duty (AD) and Reserve members, hereafter referred to as “CG members”, is completed as directed by Reference (a). For the purposes of this instruction, Reserve members include Selected Reserve (SELRES) members, members of the Individual Ready Reserve (IRR) who are drilling for points only, senior Reserve officers assigned to an Individual Augmentation Duty (IAD) position, and Standby Reserve members on the Active and Inactive Status Lists who are drilling for points only. Additionally, this policy continues the annual Periodic Health Assessment (PHA) as the

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primary tool to consolidate evidence-based Clinical Preventive Services (CPS), occupational health risk screening services, health record review, special duty physical examinations, and individualized counseling, testing, and preventive treatment.

2. ACTION. All CG Commanders, Commanding Officers, Officers-in-Charge, Deputy/Assistant Commandants, and Chiefs of Headquarters staff elements will comply with the provisions of this Instruction. Internet release is authorized.
3. DIRECTIVES AFFECTED. Coast Guard Periodic Health Assessment (PHA), COMDTINST M6150.3 is hereby cancelled.
4. DISCLAIMER. This guidance is not a substitute for applicable legal requirements, nor is it itself a rule. It is intended to provide operational guidance for CG personnel and is not intended to nor does it impose legally-binding requirements on any party outside the CG.
5. MAJOR CHANGES. This Instruction reflects the adoption by the CG of the Department of Defense (DoD) all-services PHA as required by References (b) and (c). It also makes changes in the periods of eligibility to obtain PHAs and brings the policy for PHA expiration into standardization with the other military services.
6. ENVIRONMENTAL ASPECTS AND IMPACT CONSIDERATIONS.
 - a. The development of this Instruction and the general policies contained within it have been thoroughly reviewed by the originating office in conjunction with the Office of Environmental Management, Commandant (CG-47). This Instruction is categorically excluded under current Department of Homeland Security (DHS) categorical exclusion (CATEX) A3 from further environmental analysis in accordance with "Implementation of the National Environmental Policy Act (NEPA), DHS Instruction Manual 023-01-001-01 (series).
 - b. This Instruction will not have any of the following: significant cumulative impacts on the human environment; substantial controversy or substantial change to existing environmental conditions; or inconsistencies with any Federal, State, or local laws or administrative determinations relating to the environment. All future specific actions resulting from the general policy in this Instruction must be individually evaluated for compliance with the National Environmental Policy Act (NEPA), Department of Homeland Security (DHS) and Coast Guard NEPA policy, and compliance with all other applicable environmental mandates.
7. DISTRIBUTION. No paper distribution will be made of this Instruction. An electronic version will be located on the following Commandant (CG-612) web sites. Internet: <http://www.dcms.uscg.mil/directives/>, and CG Portal: <https://cgportal2.uscg.mil/library/directives/SitePages/Home.aspx>.
8. RECORDS MANAGEMENT CONSIDERATIONS. This Instruction has been thoroughly reviewed during the directives clearance process, and it has been

determined there are further records scheduling requirements, in accordance with Federal Records Act, 44 U.S.C. 3101 et seq., National Archives and Records Administration (NARA) requirements, and Reference (d). This Instruction does not have any significant or substantial change to existing records management requirements. See Reference (e) for specific records management and privacy requirements in regards to storage of medical records.

9. POLICY.

- a. Reference (f), to which the CG is a signatory, requires the establishment of a PHA program forming the foundation for all military health assessments. The PHA, in accordance with (IAW) References (b, d, and f-i), will:
 - (1) Assess the medical readiness of Service members.
 - (2) Identify Service members who require completion of Deployment-Related Health Assessments (DRHAs).
 - (3) Include a Mental Health Assessment (MHA).
 - (4) Identify Service members who require Separation Histories and Physical Examinations (SHPEs).
 - (5) Provide guidance that includes appropriate preventive health education and screening for currency of Occupational Medical Surveillance and Evaluation Program (OMSEP) exams and special duty physicals.
 - (6) Monitor the health of the force and identify duty- and deployment-limiting conditions.
 - (7) Provide preventive health screening and determine if further evaluation is indicated.
 - (8) Comply with the Health Insurance Portability and Accountability Act of 1996.

- b. Assessing IMR is a continuous process and must be monitored and reported on a regular basis to provide Service leaders and operational commanders the ability to ensure a healthy and fit fighting force that is ready to deploy.

- c. IMR consists of six elements:
 - (1) Individual Medical Equipment (IME)
 - (2) Immunizations
 - (3) Readiness Laboratory Studies
 - (4) Dental Readiness
 - (5) Deployment Limiting Conditions (DLC)
 - (6) PHA Completion

- d. The PHA is a multi-component process that ensures CG members are ready for deployment, ensures IMR data is electronically recorded, and delivers evidence-based clinical preventive services. The PHA will address prevention of disease and injury by focusing on specific prevention strategies each member can incorporate into his/her lifestyle.
- e. The PHA will be used to review, verify, and correct IMR deficiencies. It will also be used to verify compliance with DRHA requirements.

NOTE: The PHA includes the Post-Deployment Health Assessment (MHA), DD Form 2978. Therefore, completion of the new PHA can be used to fulfill MHA requirements if within the appropriate window.

- f. Every 12 months, all CG members will receive an individualized face-to-face assessment of their health status to include the PHA components outlined in this policy by a CG or DoD Medical Officer, or a civilian (including contract) provider (Medical Doctor (MD), Doctor of Osteopathy (DO), Physician Assistant (PA), or Nurse Practitioner (NP)). The PHA provides the opportunity to assess changes in health status, especially those that could impact a CG member's readiness to perform military duties. The appropriate performance of the PHA must factor in the member's age, gender, relevant family medical history, occupation, medical readiness, health status, and behavioral risk factors. The MHA and PHA Provider review portion of all PHAs must be accomplished by a CG or DoD Medical Officer, or a civilian (including contract) provider (MD/DO/PA/NP).
- g. The PHA and all IMR data must be documented in an approved electronic system(s), if available.
 - (1) The online Annual Periodic Health Assessment, DD Form 3024, is used to complete the PHA. This form is composed of four sections: Service Member Responses, Records and IMR Review, MHA Provider, and PHA Provider. This form must be completed electronically, and all sections are recorded in the Navy Electronic Deployment Health Assessment (eDHA) System. Clinical follow up will be recorded in the current Service Treatment Record (STR) IAW Reference (a).
 - (2) IMR data will be recorded in the current electronic medical readiness Information Technology (IT) system.
- h. The PHA will also be used to assess health history and fitness for duty in the circumstances below, in conjunction with a Report of Medical Assessment, DD Form 2697. In all of these circumstances, CG members are authorized to receive these evaluations at CG clinics or through the Reserve Health Readiness Program (RHRP). Additionally, these uses of the PHA can be used to meet CG IMR requirements.

- (1) Reserve members who are being released from contingency (non-expeditionary) active duty orders that lasted more than 30 days. For these members, the evaluation must be accomplished prior to release from active duty.

NOTE: IAW Reference (j), Reserve members who are being released from expeditionary deployments that lasted more than 30 days or who were on AD for more than 179 continuous days require a SHPE instead of a PHA and Report of Medical Assessment, DD Form 2697. This also applies to AD members who are transitioning to the SELRES or Individual Ready Reserve (IRR).

- (2) IRR members who are changing status to SELRES or AD. One Readiness Management Period (RMP) is authorized to support this requirement.
 - (3) Members of the Retired Reserve being recalled to AD or SELRES status.
- i. All medical personnel who perform one or more components of the PHA must accomplish the appropriate level of PHA training.
 - (1) All medical personnel (except administrative personnel) must complete the Records Review/IMR PHA training module.
 - (2) CG and DoD Medical Officers and civilian (including contract) providers (MDs/DOs/PAs/NPs) must complete the MHA Provider and PHA Provider PHA training modules. The MHA training must meet the same standards as the training that qualifies providers to review DRHA MHAs.

10. PHA RESPONSIBILITIES.

- a. Responsibilities. It is the CG member's responsibility to make and keep the PHA appointment. Unit Commanding Officers are responsible for ensuring that their members comply with PHA requirements. It is recommended that Commanding Officers designate representatives in their command to ensure members are in compliance with the PHA. It is the responsibility of the Regional Practices to ensure that all clinic staff members involved in the PHA process have met the necessary level of training required to competently perform the PHA and are familiar with the guidance outlined herein.
 - (1) Member responsibilities:
 - (a) Accomplish a PHA every 12 months as defined in Paragraph 11.b below. CG AD and Reserve members who do not receive their primary care at CG clinics or DoD Medical Treatment Facilities (MTFs) must call the RHRP to schedule their PHA. Reserve members in a weekend drilling status or on orders for 30 days or less must contact the RHRP to schedule their PHA. Members using the RHRP must show up to their scheduled

appointment. All “no show” appointments will be reported to the member’s Commanding Officer.

- (b) Complete the online Annual Periodic Health Assessment, DD Form 3024, which serves as the CG Health Risk Assessment (HRA) instrument, prior to the PHA appointment. This form cannot be completed manually; it must be done online at the current PHA website:
<https://data.nmcphc.med.navy.mil/pha/Index.aspx>.
 - (c) Bring IME, if required, to the PHA appointment.
 - (d) Ensure completion of all follow-up appointments.
 - (e) Complete all required DRHAs.
- (2) Health Services Technicians, Medical Assistants, Nurses, CG and DoD Medical Officers, and civilian (including contract) providers (MDs/DOs/PAs/NPs) may perform the following elements of the PHA:
- (a) STR review to identify deficiencies.
 - (b) Input data into an approved electronic database (e.g. Medical Readiness Reporting System (MRRS)).
 - (c) Blood pressure measurement.
 - (d) Actual height, actual weight, and calculated Body Mass Index.
 - (e) Immunizations.
 - (f) Phlebotomy for required readiness labs and CPS.
 - (g) Review the HRA and forward all PHAs to a CG or DoD Medical Officer or civilian (including contract) provider (MD/DO/PA/NP) for review/signature.
 - (h) Provide basic health risk prevention and health promotion counseling.
 - (i) Verify documentation is consistent with Paragraph 10.b of this Instruction.
- (3) Health Services Administrators:
- (a) Ensure IMR data is properly entered into the approved electronic database (e.g. MRRS).
 - (b) Track all referrals to conclusion.

- (4) CG and DoD Medical Officers, and civilian (including contract) providers (MDs/DOs/PAs/NPs):
 - (a) Complete the MHA Provider portion of the PHA. This step must include a discussion of the results of the MHA Review with the patient.
 - (b) Perform, refer for, and/or counsel regarding CPS IAW the current recommendations of the United States Preventive Services Task Force (USPSTF).
 - (c) Review and electronically sign all PHAs.
 - (d) Make and document appropriate referrals as needed.
 - (e) Verify documentation is consistent with Paragraph 10.b of this Instruction.
 - (f) Ensure appropriate follow-up is executed for all issues resulting from PHAs.

b. Documentation.

- (1) Documentation of the PHA is accomplished in the current PHA IT system with either manual or automatic feed into the Electronic Health Record (EHR). However, if an EHR is not available, the summary section of the final, signed PHA must be printed from the current PHA IT system and placed in the STR.
- (2) The Adult Preventive and Chronic Care Flow Sheet, DD Form 2766, provides immediate visibility of current health status and future screening requirements (see Chapter 4 Section B of Reference (a)). Health care personnel are required to complete the Adult Preventive and Chronic Care Flow Sheet, DD Form 2766, in the STR until an EHR is deployed.
- (3) For reporting purposes the accession/commissioning physical will be recorded in both the physical exam and PHA blocks in the current medical readiness IT system.
- (4) Medical readiness data elements must be entered into the approved IT system (e.g. MRRS).

11. PHA PROCEDURES.

- a. Discussion. The annual assessment of a CG member's health status provides an opportunity to review and validate IMR and correct any deficiencies. The following provides implementation guidance for conducting and documenting the PHA in approved electronic data systems and the STR.

- b. Frequency and Timing. Every CG member will receive a PHA every 12 months. The PHA may be accomplished up to six months early to allow units to synchronize PHAs and to allow for PHA completion prior to deployment.
- (1) Specialty exams (Department of Defense Medical Examination Review Board (DODMERB), Military Entrance Processing Station (MEPS), commissioning, appointment to Chief Warrant Officer (CWO), enlistment, retirement, confinement, Release from Active Duty (RELAD), aviation, Landing Signal Officer (LSO), dive, and Medical Evaluation Board (MEB) exams) will still be required and cannot serve as a PHA equivalent.
 - (2) For aviators and divers, the PHA will be completed every 12 months, including any required vision and hearing screening. References (a) and (k) provide more detailed guidance about annual health assessment requirements for divers and aviators, respectively.
 - (3) Overseas screenings will still be performed. However, if a member has completed a PHA within 90 days of his/her overseas screening appointment, information from the PHA may be used to help complete the Modified Screening For: Overseas Assignment and/or Sea Duty Health Screening, Form CG-6100.
 - (4) Personnel in Initial Entry Training (IET), i.e. recruits attending Basic Training and CG Academy Cadets, do not require a PHA. The first PHA for accessions must be accomplished within 12 months of completion of IET. This includes aviation and dive personnel.
 - (5) Whenever possible, the PHA should be accomplished along with any OMSEP requirements.
 - (a) Safety and Environmental Health Officers (SEHO) must work with the cognizant unit OMSEP coordinator to ensure that CG members are up-to-date with job-specific requirements. If a member is enrolled in the OMSEP they should complete the required OMSEP forms prior to completion of their PHA. Civilian employees and Auxiliary members enrolled in OMSEP will continue to receive OMSEP exams and are exempt from the PHA.
 - (b) The Health Services Administrator is responsible for ensuring entries of completed examination dates are entered into the appropriate medical IT system(s).
 - (6) Overdue PHAs. A PHA is considered overdue starting 91 days after the 12 month anniversary of the last PHA.

- c. Procedures. Active duty CG members who receive their primary care at CG clinics or DoD MTFs will have their PHA performed at their assigned CG clinic or DoD MTF. Active duty CG members who receive their primary care at a civilian health care facility and all Reserve members will use RHRP providers for completion of their PHA.
- (1) CG members who accomplish their PHA at a DoD MTF will follow the PHA procedures of that MTF.
 - (2) In the medical readiness IT system, the date of the PHA must be the date the Annual Periodic Health Assessment, DD Form 3024, is completed.
 - (3) OCONUS personnel, with the exception of Alaska, Hawaii, and Puerto Rico, are permitted to waive the PHA pending return to stateside for 90 days. Personnel on prolonged (e.g. six month) expeditionary deployments are permitted to waive the PHA with Commanding Officer approval and subsequent notification to the cognizant CG clinic.
- d. PHA Components. The PHA consists of five central components:
- (1) Completion of an HRA, including an MHA as well as any applicable DRHAs.
 - (2) CPS.
 - (3) IMR review and update.
 - (4) OMSEP and/or specialty exam review and update.
 - (5) Duty/deployability status determination.
- e. Health Risk Assessment.
- (1) The Annual Periodic Health Assessment, DD Form 3024, serves as the annual military HRA and will be completed online. Completion of the Annual Periodic Health Assessment, DD Form 3024, is not optional for CG members.
 - (a) HRA and Counseling. Counseling is a joint effort among all members of the health care community and is reliant upon the HRA and patient interview (if applicable). CG members will complete the Annual Periodic Health Assessment, DD Form 3024, with results serving as the basis for health risk prevention counseling. Counseling must be documented.
 - (b) Counseling may include but is not limited to information on diet and exercise, dental health, tobacco cessation, alcohol and substance use disorder prevention, solar injury protection (skin cancer prevention), heat and cold injury prevention, physical and/or sexual abuse prevention, injury prevention,

stress management, seatbelt use, and suicide and violence prevention as appropriate. Counseling will be targeted to individual, occupational, and environmental risk factors and behaviors identified in the HRA.

- (c) Family planning counseling. This counseling must include birth control options, sexually transmitted infections (STI) prevention, and Human Immunodeficiency Virus (HIV) infection and prevention information. Risk reduction strategies and counseling must be performed annually and documented.
- (2) PHA Administrator. Each CG clinic and sickbay (including Independent Duty Health Services Technicians ashore/afloat) must designate a representative to assist personnel with the completion of the Service member portion of the HRA.
 - (a) The PHA Administrator will inform personnel where to find the self-assessment tool, how to log on, and how to print a personalized report.
 - (b) The PHA Administrator will have access to their unit Commanding Officer's PHA Reports and provide PHA reports to the command routinely. The Commanding Officer's PHA Report provides a group report on lifestyle choices made by unit members which impact risk of disease and injury. Commands are encouraged to use this data to determine health promotion unit priorities, training activities, and environmental changes needed to better support the health of personnel.
- f. Clinical Preventive Services. The STR and any available electronic medical databases will be reviewed by appropriate clinical personnel as available as part of the PHA process. The purpose of the health data review is to identify any unresolved health issues, incomplete health care, IMR deficiencies, incomplete deployment health requirements, and health risk factors. The health care provider will make recommendations to resolve any issues and reinforce healthy lifestyle behaviors as part of the continuing plan of care.
 - (1) CPS Counseling, Ordering, and Referrals. See Paragraph 10.a.(4) above.
 - (2) Medication and supplement use. Assessment and review must be conducted for all prescribed and over-the-counter medications and nutritional supplements including ergogenic substances and herbal agents. Important topics to discuss include safety issues, drug interactions (drug-drug, drug-herb, etc.), and potential impacts on overall health. Ensure the member is aware that, except for controlled medications, they should always have at least a 90-day supply of prescription medication(s) on hand.

12. FORMS/REPORTS. The electronic forms called for in this Instruction are available in the CG Electronic Forms library on the Standard Workstation on the Internet at <http://www.dcms.uscg.mil/Our-Organization/Assistant-Commandant-for-C4IT-CG-6-/The-Office-of-Information-Management-CG-61/aboutFormsManagement/>; the CG Portal at <https://cgportal2.uscg.mil/library/forms/SitePages/Home.aspx>; and the Department of Defense (DoD) Forms Management Program website at <http://www.dtic.mil/whs/directives/forms/index.htm>.
13. REQUEST FOR CHANGES. Units and individuals may recommend changes via the chain of command to: hqs-dg-1st-cg-112@uscg.mil.

ERICA G. SCHWARTZ /s/
Rear Admiral, U.S. Public Health Service
Director of, Health, Safety, and Work-Life