



DEPARTMENT OF THE ARMY
HEADQUARTERS, U.S. ARMY FIELD SUPPORT COMMAND
1 ROCK ISLAND ARSENAL
ROCK ISLAND, IL 61299-6500

REPLY TO
ATTENTION OF:

AMSFS-HRM

MEMORANDUM FOR Deploying Soldiers

SUBJECT: Deployment Guidance

1. Congratulations on your mission to deploy to Southwest Asia in support of Operation Enduring Freedom. The Fort Bliss CONUS Replacement Center (CRC) is the location for your deployment processing and departure to theater.
2. Enclosed are several documents to ensure smooth processing at the Fort Bliss CRC:
 - a. In-Processing Checklist. Lists the paperwork items to bring to the CRC.
 - b. ID Tag Request Form. Complete/bring to the CRC if you do not have 2 sets.
 - c. Transportation Information. Airport and driving instructions.
 - d. CRC Commander's welcome memorandum.
 - e. CRC processing schedule.
 - f. DA Form 7425 - Readiness and Deployment Checklist. Complete items 2 through 21 and take the form with you. This is the form that the CRC uses to process you through their Soldier Readiness Processing (SRP) stations.
 - g. DD Form 2766 – Adult Preventive and Chronic Care Flowsheet (Ind Medical History); in your medical records - provided to show you what the form looks like.
3. The Fort Bliss CRC maintains a website at: www.bliss.army.mil/LocalUnitLinks/crc/. I encourage you to explore this web site. It contains very useful information, e.g.: "report to Bldg 503 NLT 1500 Sunday"; "bring at least one set of "BDUs or DCUs", and "bring basic supply items as Bldg 503 (billets) is not a hotel; bring padlocks, towels, soap, etc."
4. **IMPORTANT** - Please pay particular attention to the enclosed baggage limitation info.
5. Force Protection/Anti-Terrorism Briefing Certificate can be obtained by attending a briefing. POC is Rock Island Arsenal G2 at DSN 793-2871, Comm (309) 782-2871.
6. Rock Island Soldiers must visit ACS in Bldg 110, 1st Floor to provide "Waiting Family" information to Ms. Penny Dixon DSN 793-0828 / Comm (309) 782-0828.
7. POCs are: G1 Operations Center personnel at DSN 793-1275/1741 / Comm (309) 782-1275/1741 or the Military Personnel Division at DSN 793-7418/4298 / Comm (309) 782-7418/4298.

Encl

//signed//
KIM A. CHANEY
MAJ, AD
Chief, Military Personnel Division

Please bring a copy of the following records for your Deployment packet

Temporary medical and dental records will be issued to you while at the CRC.
To expedite your processing please bring;

1. Panorgraphic X-ray of your teeth that is good for 5 years
2. Two sets of Identification Tags
3. A current CAC with proper Geneva Convention Category
4. Ensure your deployment records for in-processing are current
5. Force Protection/ Anti-Terrorism Briefing Certificate
6. Personnel arriving will need a copy of their orders. Personnel arriving with out orders will not be able to process through the CRC.

If you do not have the ability to acquire or complete the items listed below through your command or company prior to arrival they will be completed at the CRC.

Civilian Physical must be completed before arriving to the CRC. "All contractors must have a Kuwaiti multiple entry visa in order to fly on the CRC aircraft and enter Kuwait. Do not report for CRC processing without this visa."

380th S-1 In-Processing Checklist

Military only

- _____ Orders
- _____ ID Card
- _____ ERB, ORB, or DA 2A/2-1
- _____ Medical/ Dental Packet (Copies only)
- _____ Ind. Med History (DD 2766 - This is a 4 page document in your medical records.)
- _____ Shot Record (PHS 731)
- _____ Emergency Data Sheet (DD 93)
- _____ SGLI (DD 8286)
- _____ CIF (Clothing Record)

Civilian only

- _____ Orders (Letter of Authorization)
- _____ Visa/Passport/ID Card
- _____ Shot Record (SF 601)
- _____ Physical from Doctor
- _____ Eye Prescription (if Applicable)
- _____ Emergency Data Sheet (DD 93)
- _____ Medical/ Dental (DA 4036R)
- _____ CIF (Clothing Record)

Dental Requirements:

CIVILIAN:

Dental Record Jacket

Medical History

Examination within last 12 months

Current panorex or full mouth series radiograph

RC MILITARY:

same as above requirements

and....Bitewing radiographs

Periodontal Screening Report (PSR)

AC MILITARY:

Letter from their Dental Clinic or command stating the location of where their Dental records are located.

Last modified: December 29 , 2003

**Some web sites may be outside the military and federal government domains [Security/Privacy Warning](#).
For general inquiries, comments concerning the appropriateness of any available link, or to
recommend a link, may be sent to the webmaster for consideration. See e-mail below.
[Click here to send email.](#)**

SUBJECT: BAGGAGE LIMITATIONS FOR PERSONNEL PROCESSING THROUGH THE CONUS REPLACEMENT CENTERS (CRC)

1. IN RECENT MONTHS, THE NUMBER OF PIECES, WEIGHT AND CUBE OF THE BAGGAGE INDIVIDUALS ARE BRINGING TO THE CRC FOR DEPLOYMENT HAS INCREASED TO THE POINT WHERE IT HAS JEOPARDIZED SAFETY OF OUR AIRLIFT MISSIONS. AS SUCH, THERE HAVE BEEN A NUMBER OF OCCASIONS WHERE BAGGAGE HAS HAD TO REMAIN AT THE CRC TO BE EITHER SHIPPED BACK TO THE HOME STATION OR MOVED AS CARGO AT A MUCH LATER DATE.

2. TO ADDRESS THIS ISSUE, EFFECTIVE IMMEDIATELY, ALL PERSONNEL PROCESSING FOR DEPLOYMENT WILL ARRIVE AT THE CRC WITH:

A. ONE MILITARY DUFFLE BAG OR PIECE OF LUGGAGE (EQUIVALENT IN SIZE TO A MILITARY DUFFLE BAG) OF PERSONAL BELONGINGS THAT MAY NOT EXCEED 70 LBS IN WEIGHT. NO FOOT LOCKERS WILL BE ACCEPTED FOR MOVEMENT.

B. ONE CARRY-ON BAG THAT MUST BE ABLE TO FIT UNDER THE PASSENGER SEAT OR IN THE OVERHEAD BIN.

THE PERSONAL BAGGAGE IDENTIFIED ABOVE, ALONG WITH THE EQUIPMENT ISSUED BY THE CRC (NORMALLY CONTAINED IN 2 DUFFLE BAGS), WILL BE THE ONLY BAGGAGE LOADED ABOARD THE AIRCRAFT. CRC CHARTERED AIRLIFT IS NOT FORECASTED TO MOVE CARGO (TOOL SETS, COMMUNICATIONS AND/OR AUDIO VISUAL EQUIPMENT, ETC).

BAGGAGE, CONTAINERS, EQUIPMENT THAT EXCEED THE ALLOWANCES WILL NOT BE PROVIDED MOVEMENT ON THE AIRCRAFT GOING TO THE THEATER. THOSE WITH EXCESS BAGGAGE WILL BE PERSONALLY RESPONSIBLE FOR DISPOSING THE EXCESS BAGGAGE. CONCERNS REGARDING BAGGAGE SHOULD BE ADDRESSED TO THE TRANSPORTATION PLANS AND OPNS BR, US ARMY HUMAN RESOURCES COMMAND-ALEXANDRIA.

860TH CRC ID TAG REQUEST FORM

PLEASE PRINT

LAST NAME: _____

FIRST NAME: _____

SOCIAL SECURITY #: _____)

BLOOD TYPE: _____

RELIGIOUS PREFERENCE: _____

LAST NAME: _____

FIRST NAME: _____

SOCIAL SECURITY #: _____

BLOOD TYPE: _____

RELIGIOUS PREFERENCE: _____

PLEASE FILL OUT BOTH TAGS COMPLETELY



TRANSPORTATION

All NRP's will report to Fort Bliss directly to, Building 503 no later then 15:00 on day of processing.

Airport Arrivals:

When you land at El Paso International Airport go to baggage claim and look for the "Military Assistant point area". A liaison NCO from the 380th CRC movement section will be there to greet you. If they are not there please call the CQ desk at 915-569-7090 and tell them how many people are ready for transportation to BLDG 503.

Driving to Fort Bliss:

From Robert E. Lee Gate: Take Robert E. Lee (approx. 0.6 miles) to Jeb Stuart Rd., turn right (heading north) until you reach Pershing Rd. (approx 0.3 miles), turn left (heading west) until you reach Pleasonton Rd. (approx. 0.5 miles). Building 503 will be on your right.

From Cassidy Gate: Take Cassidy Rd (approx. 0.1 Miles) to Pershing Rd, turn right (heading south) and stay on Pershing until you reach Pleasonton Rd. (approx. 1.1 miles). Building 503 will be on your right.

From Sheridan Gate: Take Sheridan Rd (heading south) to Cassidy Rd. (approx. 0.4 miles), turn left (heading east) onto Cassidy. Take Cassidy Rd (approx 0.1 miles) to Pershing Rd, turn right (heading south) and stay on Pershing (approx. 1.1 miles) until you reach Pleasonton Rd. Building 503 will be on your right.

Prepare to have your military ID, state identification and registration ready. Gate guards may inspect your vehicle prior to entering the base. Also have on hand your orders telling you to report to Fort Bliss.

SUBJECT: Welcome to the Ft. Bliss CONUS Replacement Center (CRC)

MEMORANDUM FOR Newly arriving Individual Replacements

1. Welcome to Ft. Bliss and the Fort Bliss CONUS Replacement Center Battalion (CRCB). You are here to be validated as an individual replacement, DOD civilian, or contractor for overseas assignment into the SW Asia theater. This validation will take place over the next several days. It is a busy schedule and success depends on you giving your full cooperation and support to your CRC company commander, first sergeant and platoon sergeants.

2. Pre-Validation Phase.

a. Training. Your platoon will follow a prescribed training schedule. This schedule generally begins with the Soldier Readiness Processing (SRP) site where you will be administratively and medically checked out for deployment. On Tuesday, you will also go through the Central Issue Facility (CIF) where you will receive all your equipment for the theater, and also this day you'll receive some base Nuclear, Biological and Chemical defense training. Early Wednesday morning, military personnel and selected civilians will attend Primary Marksmanship Instruction (PMI). Soldiers of all skill levels have found this training effective. Military personnel will spend the entire day Wednesday at the range for zeroing, day and night qualification. Wednesday most civilians will receive their new ID cards, get dental issues resolved, and have their chemical masks checked out. Thursday you will all receive a series of deployment-related briefings and Friday will be a make-up day prior to shipping out on Saturday or Sunday.

b. Passes and Leaves. Passes for emergencies are authorized only by the CRC Bn commander or executive officer. Submit leave/pass forms with a copy of the Red Cross message or certified extract signed by unit commander or first sergeant. Trips to Juarez, Mexico are prohibited all week. Don't even ask.

c. On-post activities. You can visit post facilities. Alcohol purchase and consumption is prohibited until you are validated for deployment. Violators of the no alcohol policy will be sent home and may be subject to UCMJ disciplinary action. Lights out NLT 22:00 hours each night. Family members are not authorized to visit you until deployment day.

d. Uniform. Military appearance must be excellent. The Battle Dress Uniform (BDU) or Desert Camouflage Uniform (DCU) is authorized for wear while shopping at service stations, convenience stores, and the commissary/PX on post. Do not mix uniforms, i.e., no DCU boots with BDUs. Field caps or booney caps are authorized with DCUs. Civilians will wear casual attire (no DCUs), and you are encouraged to wear long shirts and pants at all times.

e. Safety. Ft. Bliss is a high mountain desert region. You are now at 4200 feet above sea level and the relative humidity runs between 25% and 30%. Consumption of at least 1 gallon per day of water is needed. Use of lip balm and body lotion is a necessity to prevent moisture loss and dehydration. If you or a buddy are feeling the symptoms of a heat casualty, notify your platoon sergeant immediately. They will get you to medical treatment quickly.

f. Other matters. If deployment is delayed, company commanders may authorize use of assigned buses to take soldiers off-post to a restaurant, movie theater, mall, etc. but not to liquor establishments. The buses cannot travel outside of the El Paso area. Families are encouraged to visit you at Ft. Bliss prior to deployment. Every increment will have a family visitation on post at the Community Service Center prior to deployment. This time will be limited and notification to family members may be as short as 24 hours. The Family Assistance Center toll free is 1-866-562-8158. They can point you in the right direction in your local area depending on what your needs are.

3. If you have any questions about these directives, see your platoon sergeant, first sergeant or company commander. If you are having any trouble resolving an issue, see the battalion commander or CSM immediately. We'll do our very best to give you exceptional service while you are with us.

HIGH TROOP DENSITY MODEL FOR MILITARY NRPs

CRC TRAINING SCHEDULE OVERVIEW

DAY 0	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6
SUNDAY NRP ARRIVAL	MONDAY SRP Medical Screening Dental Screening MOB BRIEFINGS CAC Cards	TUESDAY CIF NBC Training NBC/PATS/Chamber	WEDNESDAY PMI RANGE DAY Weapons Qualification CAC Cards	THURSDAY MOB BRIEFINGS Chaplain Red Cross Safety Legal CI ESGR First Aid Training FP, Level I Briefing Class III Dental CIF (Make-up)	FRIDAY MAKE-UP DAY or DEPLOYMENT Ready for Worldwide Deployment	SATURDAY DEPLOYMENT Ready for Worldwide Deployment

* No NRPs are allowed to depart until after 1100 hours, Friday

GIVEN MAXIMUM CAPACITIES:

- SRP: 260 NRPs/DAY
- CIF: 300 NRPs/DAY
- PMI: 200 NRPs/DAY
- NBC/PATS/CHAMBER: 400-700 NRPs/DAY
- RANGE: 500 NRPs/DAY
- FIRST AID: 250 NRPs/DAY
- DBP BRIEFINGS: 950 NRPs/DAY
- MEDDAC: 500 NRPs/DAY
- DENTAC: 500 NRPs/DAY
- PANOGRAPHS: 150 NRPs/DAY

READINESS AND DEPLOYMENT CHECKLIST

For use of this form, see DA PAM 600-81 AND AR 600-8-101; This form is subject to the Privacy Act of 1974. IAW PL 53-579, 1974. SEE 5 USC 552a., the proponent agency is ODCSPER

AUTHORITY: 10 USC Section 3013, Secretary of the Army; Army Regulation 600-8-101, Personnel Processing (In, Out, and Mobilization) Processing; and EO 9397 (SSN).

PURPOSE: To provide a standardized means to evaluate readiness posture and validate military and non-military personnel for deployment.

ROUTINE USES: The "Blanket Routine Uses" set forth at the beginning of the Army compilation of systems of records notice apply.

1. DATE (YYYYMMDD)		2. NAME (Last, First, Middle)			3. SSN	
4. SERVICE AFFILIATION		5. COMPONENT		6. STATUS		7. PAY PLAN/GRADE
USA	USCG	ACTIVE	TPU	RET		
USN	PHS	GUARD	IRR	NG10		
USAF	NOAA	RESERVE	IMA	NG32		
9. NON-MILITARY STATUS		10. TRAVEL STATUS		8. E-MAIL ADDRESS		
DOD	CONTRACTOR	AAFES	a. UNIT ORDER			
DAC	RED CROSS	OTHER (Specify)	b. INDIVIDUAL	11. DATE OF BIRTH (YYYYMMDD)		
12. JOB TITLE				13. ASI		14. CITIZENSHIP COUNTRY
15. LANGUAGE SPECIALTIES		16. DATE LANGUAGE CERTIFIED (YYYYMMDD)				
18. PARENT UNIT		19. PARENT UIC		20. UNIT DSN PHONE NUMBER		17. DEPLOYMENT COUNTRY
						21. COMMERCIAL PHONE NUMBER

22. OVERALL STATUS OF EACH SECTION

a. Readiness Certification		b. Personnel		c. Finance		d. Legal		e. Supply and Logistics	
<input type="checkbox"/> GO	<input type="checkbox"/> NO/GO								
f. Training		g. Security		h. Medical		i. Dental		j. Vision	
<input type="checkbox"/> GO	<input type="checkbox"/> NO/GO								

SECTION I - DEPLOYMENT VALIDATION

Part A. Accuracy Statement: I understand I am certified for deployment and to the best of my knowledge, all information contained in this document is correct and current.

1. SIGNATURE OF SOLDIER		2. RANK		3. TITLE	
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Part B. Commander's Acknowledgement: (Commanders may approve a non-deployable individual for deployment based on the certifying official's recommendation, criticality, and mission needs, unless otherwise indicated.) I Acknowledge the SRP Sites findings.

4. PRINTED NAME (CDR or AG)		5. RANK		6. TITLE	
7. SIGNATURE				8. ADDRESS	
9. PHONE NUMBER		10. E-MAIL ADDRESS		11. DSN	
				12. FAX NUMBER	

Part C. Deployment Validation: ALL READINESS requirements are updated and all DEPLOYMENT (theater specific) requirements are completed.

13. PRINTED NAME OF VALIDATING DEPLOYMENT OFFICIAL		14. RANK		15. TITLE	
16. SIGNATURE OF VALIDATING DEPLOYMENT OFFICIAL				17. ADDRESS	
18. PHONE NUMBER		19. E-MAIL ADDRESS		20. DATE (YYYYMMDD)	
				21. FAX NUMBER	

The Readiness and Deployment Checklist is filed in the Deployment Packet to complete the action. A copy remains at the losing organization.

NAME (Last, First Middle)					SSN							
					READINESS CERTIFICATION			DEPLOYMENT VALIDATION				
SECTION II - PERSONNEL					GO	NO GO	NA	DATE (YYYYMMDD)	GO	NO GO	NA	DATE (YYYYMMDD)
1. Emergency Data Record, DD Form 93 review and update (initial and date copy) DP												
2. SGLV Form 8286 and 8286A, FEGLI, review and update (initial and date copy)												
3. ID Tags (two sets w/chains)												
4. Common Access Card: DD Form 2 (active/reserve), 1173, 1173-1 issued/DEERS update												
5. ETS/ESA date pending within deployment period												
6. Permanent Physical Profile 3 or 4 (MMRB pending or complete)												
7. Single parent or military couple in adoption process (waivable)												
8. Mother of newborn (first 4 months) (waivable)												
9. Conscientious objector status: pending = GO, approved = consider duty restrictions												
10. BT/AIT or equivalent training completed (includes OBC, WOBC)												
11. All previous discharge certificates (DD Forms 214 or 220), if applicable												
12. RC only upon alert: Mobilization Orders												
13. DA CIV only: Deployment information in CIVTRACKS												
14. Passport or Visa requested or in possession, if required (carried by person)												
15. Sole surviving son or daughter (waivable)												
16. Turkish or German citizen deploying through/to that country												
17. Former Peace Corps member (for deployment country only)												
18. Former hostage/POW in deployment area (waivable)												
19. Chaplain: Appointment or visit, if requested												
20. Army Community Service: Family Support Group or ACS info provided												
21. Approved Family Care Plan, DA Form 5305-R, if required												
22. Project PERSTEMPO days and input into the PERSTEMPO web-site for all deployments.												
23. Emergency Essential Mobility Agreement												
24. DEERS Update												
25a. Signature of Certifying Official					25b. Rank/Title			25c. Date (YYYYMMDD)				
SECTION III - FINANCE												
1. Enrolled in SUREPay/Direct Deposit												
2. Entitlements verification of pay data (include deployment area entitlements and BAH)												
3. Travel claims initiated or settled												
4a. Signature of Certifying Official					4b. Rank/Title			4c. Date (YYYYMMDD)				
SECTION IV - LEGAL												
1. Will Counseling or Education												
2. Power of Attorney (POA)												
3. Domestic violence investigation pending (weapon prohibition)												
4a. Signature of Certifying Official					4b. Rank/Title			4c. Date (YYYYMMDD)				
SECTION V - SUPPLY AND LOGISTICS												
1. Personal military clothing, basic issue or like quantities												
2. Organizational clothing and equipment issued for duty MOS												
3. DD Form 2506, government provided storage of personnel items.												
4. Weapon Issued, if applicable - Serial Number:												
5. Theater specific clothing issued												
6. Theater specific equipment issued												
7a. Signature of Certifying Official					7b. RANK/TITLE			7c. Date (YYYYMMDD)				

NAME (Last, First Middle)					SSN			
SECTION VI - TRAINING	READINESS CERTIFICATION				DEPLOYMENT VALIDATION			
	GO	NO GO	NA	DATE (YYYYMMDD)	GO	NO GO	NA	DATE (YYYYMMDD)
1. Weapons qualification, if applicable								
2. Military Drivers Licence (OF 346) Issued, if applicable								
3. Force Protection Training administered								
4. OPSEC/SAEDA Briefing								
5. CTT completed, as required								
6. Deployment Briefing to Family Members (only upon alert)								
7. Safety and Local laws for deployment area briefing								
8. Media Awareness Training								
9. Theater specific training requirements completed								
10. Briefings (UCMJ, Terrorist, Geneva Convention, Law of Land Warfare), as required (Soldiers and Sailors Relief Act, Reemployment rights, ESGR, Civilian or criminal matters impacting mobilization.								
11a. SIGNATURE OF CERTIFYING OFFICIAL			11b. RANK/TITLE			11c. DATE (YYYYMMDD)		
SECTION VII- SECURITY								
1. Security clearance meets requirement for duty position								
2. Security clearance meets requirement for deployment mission								
3a. SIGNATURE OF CERTIFYING OFFICIAL			3b. RANK/TITLE			3c. DATE (YYYYMMDD)		
SECTION VIII- MEDICAL								
1. Shot record, International Certificate of Vaccination , PHS 731								
2. Immunizations current (DD Form 2766)								
3. Current DA Form 7349 on hand (USAR)								
4. Human Immunodeficiency Virus (HIV) Antibody Test current, if required								
5. DNA tissue sample on file AFIP, SF Form 600, if required								
6. Exceptional Family Member								
7. Medical Record Review								
8. Female: Pregnancy Profile Yes/No								
9. Current physical exam on hand: soldier found qualified								
10. Hearing aid with extra batteries, if required								
11. Physical Profile, temporary or permanent that restricts deployment?"								
12. Medical Pre-Deployment Health assessment questionnaire (DD Form 2795)								
13. Theater specific immunizations required for deployment area.								
14. Prescriptions, sufficient supply; minimum 90 day if OCONUS)								
15a. SIGNATURE OF CERTIFYING OFFICIAL			15b. Rank/Title			15c. DATE (YYYYMMDD)		
SECTION IX - DENTAL								
1. Dental Record on file								
2. Panographic X ray								
3. Dental Classification Date								
4. Dental classification. (1 or 2 = GO; 3 or 4 = NO GO)								
5a. SIGNATURE OF CERTIFYING OFFICIAL			5b. Rank/Title			5c. DATE (YYYYMMDD)		
SECTION X - VISION								
1. Best Corrected Binocular Visual Acuity (no worse than 20/40)								
2. Eyeglasses (two pair, one pair may be civilian or Frame of Choice) if required								
3. Protective Mask Inserts if required								
4. Other Military Eye wear if required								
5. Vision Readiness Classification (1 or 2 = GO 3 or 4 = No GO)								
6. Eyeglasses (two pair, one pair may be civilian style), if required								
7a. SIGNATURE OF CERTIFYING OFFICIAL			7b. Rank/Title			7b. DATE (YYYYMMDD)		
DA FORM 7425, JUN 2003					Page 3 of 3			

ADULT PREVENTIVE AND CHRONIC CARE FLOWSHEET

(This form is subject to the Privacy Act of 1974 - Use DD Form 2005)

1. ALLERGIES

a. MEDICATION ALLERGIES

b. OTHER ALLERGIES

2. CHRONIC ILLNESSES

3. MEDICATIONS

4. HOSPITALIZATIONS/SURGERIES

5. COUNSELING

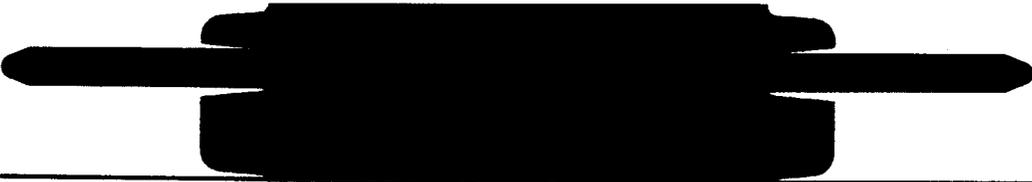
F	FITNESS	a. DATE					
D	DENTAL	b. AGE					
I	INJURY PREVENTION	c. TOPIC					
N	NUTRITION/FOLATE						
C	CANCER PREVENTION						
S	SAFE SEX	d. DATE					
FP	FAMILY PLANNING	e. AGE					
Rx	PRESENT MEDICATIONS	f. TOPIC					
MH	MENTAL HEALTH/STRESS/SUICIDE/OCCUPATIONAL STRESS						
H	HORMONE/CALCIUM REPLACEMENT	g. DATE					
To	TOBACCO	h. AGE					
A	ALCOHOL/SUBSTANCE ABUSE	i. TOPIC					
T	TRAVEL						
O	OCCUPATIONAL EXPOSURE (HEARING THRESHOLD CHANGES/CUMULATIVE TRAUMA DISORDER)						
		j. DATE					
		k. AGE					
		l. TOPIC					

ADVANCED DIRECTIVES: DATE FILED

PATIENT'S IDENTIFICATION (Use this space for mechanical imprint)

RECORDS MAINTAINED AT:

PATIENT'S NAME			SEX
LAST	FIRST	M.I.	
RELATIONSHIP TO SPONSOR		STATUS	RANK/GRADE
SPONSOR'S NAME (Last, First, Middle Initial)			DEPT/SERVICE
ORGANIZATION	SSN/ID NUMBER	DATE OF BIRTH	



NAME: LAST

ADULT PREVENTIVE AND CHRONIC CARE FLOWSHEET

6. FAMILY HISTORY (M = Mother, F = Father, S = Sibling, MGM = Maternal Grandmother, MGF = Maternal Grandfather, PGM = Paternal Grandmother, PGF = Paternal Grandfather)

a. CANCER (Specify)	
b. CARDIOVASCULAR DISEASE (Specify)	
c. DIABETES (Specify)	
d. MENTAL ILLNESS/CHEMICAL DEPENDENCY (Specify)	

7. SCREENING EXAMS (* = Actual Result, ** = Tricare Benefit, N = Normal, X = Abnormal, E = Done Elsewhere, R = Refused, NA = Not Indicated) (● = Next Due)

a. TEST	b. FREQUENCY	c. YEAR							
		d. AGE							
(1) CLINICAL DISEASE PREV EVAL/PHA (HEAR)	ANNUAL								
			e. DATES						
* (2) WEIGHT	ANNUAL FOR ACTIVE DUTY		<input type="checkbox"/>						
* (3) HEIGHT	ANNUAL FOR ACTIVE DUTY		<input type="checkbox"/>						
* (4) BLOOD PRESSURE	ONCE q 2 YRS FOR BP < 130/85, ANNUAL IF GREATER		<input type="checkbox"/>						
* (5) CHOLESTEROL**	q 5 YRS FOR AGE ≥ 18 q YR IF PREV ABN		<input type="checkbox"/>						
(6) HEARING	CLINICIAN'S DISCRETION		<input type="checkbox"/>						
(7) SKIN EXAM (Cancer)	ANNUAL IF AT RISK		<input type="checkbox"/>						
(8) ORAL/DENTAL**	ANNUAL		<input type="checkbox"/>						
(9) EYE/VISION**	ROUTINE ACUITY WITH PERIODIC ASSESSMENT DIABETES ANNUALLY GLAUCOMA CHECK: Blacks q 3-5 yrs age 20-39 All q 2-4 yrs age 40-64		<input type="checkbox"/>						
(10) BREAST EXAM	ANNUAL: ≥ 40 YRS		<input type="checkbox"/>						
(11) MAMMOGRAM**	BASELINE @ 40, q 2 YRS 40-50, ANNUALLY > 50		<input type="checkbox"/>						
(12) PAP ** (Digital Rectal Exam)	BASELINE: AGE 18 OR ONSET OF SEXUAL ACTIVITY AFTER 3 NL ANNUAL EXAMS, PERFORM q 1-3 YEARS		<input type="checkbox"/>						
(13) FECAL OCCULT BLOOD	ANNUAL: ≥ 50 YRS		<input type="checkbox"/>						
(14) SIGMOID	EVERY 3-5 YRS: ≥ 50 YRS		<input type="checkbox"/>						
(15) COLONOSCOPY**	HIGH RISK q 5 YRS: ≥ 40 YRS		<input type="checkbox"/>						
(16) TESTICULAR**	HIGH RISK ANNUAL 13-39 YRS		<input type="checkbox"/>						
(17) PROSTATE** ** (Digital Rectal Exam)	WITH P.E. ≥ 40 YRS (Presently recommended annually)		<input type="checkbox"/>						
(18) RUBELLA SCREEN (Females)	ONCE BETWEEN AGES 12-18 YRS (Unless prev vaccinated)		<input type="checkbox"/>						
(19) OCCUPATIONAL SCREENING EXAMS	APPROPRIATE TO EXPOSURES		<input type="checkbox"/>						
(20)			<input type="checkbox"/>						
(21)			<input type="checkbox"/>						
(22)			<input type="checkbox"/>						

FIRST

MI

<input type="checkbox"/>

ADULT PREVENTIVE AND CHRONIC CARE FLOWSHEET

8. OCCUPATIONAL HISTORY/RISK

a. PRP		YES		NO
b. FLYING STATUS		YES		NO

9. IMMUNIZATIONS (Enter numeric class in sub block)

(1) IMMUNIZATION	(2) DATE <small>(DDMMYYYY)</small>	(1) IMMUNIZATION	(2) DATE <small>(DDMMYYYY)</small>	(1) IMMUNIZATION	(2) DATE <small>(DDMMYYYY)</small>	(1) IMMUNIZATION	(2) DATE <small>(DDMMYYYY)</small>
a. HEP A #1		f. MMR #1		j. TD (q 10 yrs) (Last)			
b. HEP A #2		g. MMR #2		k. TD (Due)			
c. HEP B #1		h. PNEUMOCOCCUS		l. YELLOW FEVER <small>(Last)</small>			
d. HEP B #2		i. POLIO OPV = 0 IPV = 1		m. YELLOW FEVER <small>(Due)</small>			
e. HEP B #3							
n. TYPHOID <small>(Enter numeric class in sub block)</small> ORAL = 0 TYPHUM VI = 1, TYPHOID USP = 2	(1) DATE	(2) DATE	(3) DATE	(4) DATE	(5) DATE	(6) DATE	
o. ANTHRAX	(1) INITIAL DATE	(2) 2 WEEK DATE	(3) 4 WEEK DATE	(4) 8 MONTH DATE	(5) 12 MONTH DATE	(6) 18 MONTH DATE	
p. PPD <small>(Enter mm and date)</small>	(1)(a) mm	(2)(a) mm	(3)(a) mm	(4)(a) mm	(5)(a) mm	(6)(a) mm	(7) (a) mm
	(b) DATE	(b) DATE	(b) DATE	(b) DATE	(b) DATE	(b) DATE	(b) DATE
q. INFLUENZA	(1) DATE	(2) DATE	(3) DATE	(4) DATE	(5) DATE	(6) DATE	(7) DATE
r. VARICELLA	(1) DATE	(2) DATE	u. JAPANESE B ENCEPHALITIS	(1) DATE	(2) DATE	(3) DATE	(4) DATE
s. MENINGO	(1) DATE	(2) DATE	v. OTHER (Specify)	(1) DATE	(2) DATE	(3) DATE	
t. ADENO	(1) DATE	(2) DATE	w. OTHER (Specify)	(1) DATE	(2) DATE	(3) DATE	

10. READINESS

* (Glucose-6-phosphate dehydrogenase)

a. DNA	DATE:	b. BLOOD TYPE	DATE:	RESULT:	c. G6PD*	DATE:	RESULT:	d. SICKLE CELL	DATE:	RESULT:
e. PERMANENT PROFILE CHANGE	(1) DATE	(2) P:	(3) U:	(4) L:	(5) H:	(6) E:	(7) S:			
f. GLASSES/GAS MASK Rx:	(1) DATE	(2) DATE	(3) DATE	(4) DATE	(5) DATE	(6) DATE				
g. DENTAL EXAM <small>(Enter numeric class in sub block)</small>	(1) DATE	(2) DATE	(3) DATE	(4) DATE	(5) DATE	(6) DATE				
h. HIV TESTING	(1) DATE	(2) DATE	(3) DATE	(4) DATE	(5) DATE	(6) DATE				
i. FITNESS <small>(In Sub Block Enter P = Pass, F = Fail, W = Waiver)</small>	(1) DATE	(2) DATE	(3) DATE	(4) DATE	(5) DATE	(6) DATE				
	(1) DATE	(2) DATE	(3) DATE	(4) DATE	(5) DATE	(6) DATE				
	(1) DATE	(2) DATE	(3) DATE	(4) DATE	(5) DATE	(6) DATE				

11. PRE/POST DEPLOYMENT HISTORY

a. LOCATION						
(1) PREDEPLOYMENT	(a) DATE	(b) DATE	(c) DATE	(d) DATE	(e) DATE	(f) DATE
(2) POSTDEPLOYMENT	(a) DATE	(b) DATE	(c) DATE	(d) DATE	(e) DATE	(f) DATE
b. LOCATION						
(1) PREDEPLOYMENT	(a) DATE	(b) DATE	(c) DATE	(d) DATE	(e) DATE	(f) DATE
(2) POSTDEPLOYMENT	(a) DATE	(b) DATE	(c) DATE	(d) DATE	(e) DATE	(f) DATE
c. CHART AUDIT	0	0	0	0	0	0

