

POST-DEPLOYMENT

Health Assessment

Authority: 10 U.S.C. 136 Chapter 55. 1074f, 3013, 5013, 8013 and E.O. 9397

Principal Purpose: To assess your state of health after deployment outside the United States in support of military operations and to assist military healthcare providers in identifying and providing present and future medical care to you.

Routine Use: To other Federal and State agencies and civilian healthcare providers, as necessary, in order to provide necessary medical care and treatment.

Disclosure: (Military personnal and DoD civilian Employees Only) Voluntary. If not provided, healthcare WILL BE furnished, but comprehensive care may not be possible.

INSTRUCTIONS: Please read each question completely and carefully before marking your selections. Provide a response for each question. If you do not understand a question, ask the administrator.

Aasta Name irrst Name irrst Name Mil irrst Name Mane of Your Unit or Ship during this Deployment Sender Service Branch Other Army Other Other Other Stavia Asia (Other) Unknown Other Stavia Asia (Other) Unknown Or what areas were you mainly deployed: To what areas were you mainly deployed: Outhar Outhar Owner Outhar <
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Image: Second state arrived Image: Second state arrived
To what areas were you mainly deployed: O E9 O 009 O 10 O Iraq O Ira O Iraq O Ira O Iraq O Ira
Mark all that apply - list where/date arrived) O 010 Kuwait O Iraq
O Iraq
O Uzbekistan
) Bosnia O Kosovo
O CONUS
O Other
Vame of Operation:
Administrator Use Only
Decupational specialty during this deployment Indicate the status of each of the following: Yes No N/A
MOS, NEC or AFSC)
O O Medical information sheet distributed
O O Post Deployment serum specimen collected
Combat specialty:
DD FORM 2796, APR 2003 PREVIOUS EDITION IS OBSOLETE. ASD(HA) APPROVED

Please answer all questions in relation to THIS deployment

0	id your health chang Health stayed about th Health got worse	e during this deployment? e same or got better		 4. Did you receive any vaccinations just before or during this deployment? O Smallpox (leaves a scar on the arm) O Anthrax O Botulism O Typhoid 					
2. How many times were you seen in sick call during this deployment? No. of times) Menin) Other) Don't) None	·				
h O	id you have to spend ospital as a patient d No Yes, reason/dates:	 5. Did you take any of the following medications during this deployment? (mark all that apply) PB (pyridostigmine bromide) nerve agent pill Mark-1 antidote kit Anti-malaria pills Pills to stay awake, such as dexedrine Other, please list Don't know 							
	-	any of these symptoms now or di			-	-			
≥ 000000000000000000000000000000000000	Yes During Yes N O O	 Chronic cough Runny nose Fever Weakness Headaches Swollen, stiff or painful joints Back pain Muscle aches Numbness or tingling in hands or feet Skin diseases or rashes Redness of eyes with tearing Dimming of vision, like the lights were going out 	№ 000000000	_		<u>Yes Na</u>	Chest pain or pressure Dizziness, fainting, light headedness Difficulty breathing Still feeling tired after sleeping Difficulty remembering Diarrhea Frequent indigestion Vomiting Ringing of the ears		
de	eployment? nark <u>all</u> that apply)	ounded, killed or dead during this alition O Yes - enemy O Yes - civilian		emotio	nal, alcol		ested in receiving help for a stress, amily problem?		
							KS, how often have you of the following problems?		
	our weapon?	direct combat where you discharged		None O	<u>Some</u> O	A Lot	Little interest or pleasure in doing things		
	○No ○Yes (\bigcirc land \bigcirc sea \bigcirc air)		0	0	0	Feeling down, depressed, or hopeless		
	uring this deploymen reat danger of being ○ No ○ Yes	t, did you ever feel that you were in killed?		0	0	0	Thoughts that you would be better off dead or hurting yourself in some way 33348		
	DD FORM 2796, .	APR 2003					<u></u> <u></u>		

12. Have you ever had any experience that was so frightening, horrible, or upsetting that, IN THE PAST MONTH, you

Ν	lo	Yes		
(С	0	Have had any nightmares about it or thought about it when you did not want to?	1
(С	0	Tried hard not to think about it or went out of your way to avoid situations that remind you of it?	
(C	0	Were constantly on guard, watchful, or easily startled?	
(С	0	Felt numb or detached from others, activities, or your surroundings?	1

13. Are you having thoughts or concerns that ...

Ο

Yes Unsure You may have serious conflicts Ο Ο with your spouse, family members, or close friends? You might hurt or lose control

with someone?

15. On how many days did you wear your MOPP over garments?



16. How many times did you put on your gas mask because of alerts and NOT because of exercises?



17. Were you in or did you enter or closely inspect any destroyed military vehicles?

> O No O Yes

- 18. Do you think you were exposed to any chemical, biological, or radiological warfare agents during this deployment?
 - O No O Don't know

O Yes, explain with date and location

14. While you were deployed, were you exposed to:

(mark	all	that	apply)
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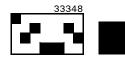
Ο

No

Ο

Ο

No	<u>Sometimes</u>	Often	
0	0	0	DEET insect repellent applied to skin
0	0	0	Pesticide-treated uniforms
0	0	0	Environmental pesticides (like area fogging)
0	0	0	Flea or tick collars
0	0	0	Pesticide strips
0	0	0	Smoke from oil fire
0	0	0	Smoke from burning trash or feces
0	0	0	Vehicle or truck exhaust fumes
0	0	0	Tent heater smoke
0	0	0	JP8 or other fuels
0	0	0	Fog oils (smoke screen)
0	0	0	Solvents
0	0	0	Paints
0	0	0	lonizing radiation
0	0	0	Radar/microwaves
0	0	0	Lasers
0	0	0	Loud noises
0	0	0	Excessive vibration
0	0	0	Industrial pollution
0	0	0	Sand/dust
0	0	0	Depleted Uranium (If yes, explain)
0	0	0	Other exposures



Health Care Provide	r Only			_			
SERVICE MI	EMBER'S SOCIAL SECURIT	Y # — —					
Post-Deployment Health Care Provider	Review, Interview, and I	Assessment					
Interview							
1. Would you say your health in general is:		\bigcirc Excellent \bigcirc Very Good \bigcirc Good	⊖ Fair	⊖ Poor			
2. Do you have any medical or dental proble	ems that developed during t	his deployment?	⊖ Yes	O No			
3. Are you currently on a profile or light dut	.y?		⊖ Yes	O No			
4. During this deployment have you sought, health?	. During this deployment have you sought, or do you now intend to seek, counseling or care for your mental health?						
 Do you have concerns about possible exp your health? Please list concerns: 							
6. Do you currently have any questions or of Please list concerns:	oncerns about your health?		⊖ Yes	O No			
than one may be noted for patients with		orm, there is a need for further evaluation as indica documentation of the problem evaluation to be pla					
member's medical record.)							
REFERRAL INDICATED FOR:		EXPOSURE CONCERNS (During d	eployme	nt):			
⊃ None	O GI						
⊖ Cardiac	O GU	O Environmental					
O Combat/Operational Stress Reaction	O GYN	O Occupational					
Dental	O Mental Health	○ Combat or mission rela	ated				
Dermatologic	O Neurologic	○ None					
) ent	O Orthopedic						
) Eye	O Pregnancy						
> Family Problems	O Pulmonary						
)Fatigue, Malaise, Multisystem complaint	O Other						
C Audiology							
Comments:							
I certify that this review process has been co Provider's signature and stamp:	ompleted.	This visit is coded l	by V70.5	66			
		Date (dd/mm/yyyy)	/				
End of Health Review							
		-	333	48			

DD FORM 2796, APR 2003

