

Deployment Related Health Assessments (DRHAs)

Frequently Asked Questions (FAQs)

- **What are DRHAs?**

- DRHAs are congressionally mandated health assessments used to screen Service members during all phases of deployments in order to identify physical and mental health concerns and to facilitate appropriate care for identified issues.

- **Who is required to complete a DRHA?**

- Any Service member deploying, deployed, or redeployed outside of the United States with duties ashore greater than 30 days, or
- When commander directed, i.e., a combatant commander (COCOM), Service component commander, or commander exercising operational authority determines a health threat exists, regardless if the deployment is shipboard, 30 days or less, or within the U.S.

- **Who is exempt from completing a DRHA, unless commander directed?**

- Service member deployed aboard ship that is not anticipated to involve operations ashore.
- Deployments within U.S. and its territories.
- Deployments of 30 days or less.
- Deployments to enduring locations, i.e., Japan, South Korea, Spain, Italy, Germany, and U.K.

- **Are Service members authorized to complete a post deployment health assessment after a shipboard deployment if they believe there was a possible health threat exposure?**

- Yes. A Service member may complete a post deployment health assessment (PDHA) or post deployment health reassessment (PDHRA) if they believe there is a possibility that a health threat exposure occurred during the shipboard operations.
- To accomplish this, a Service member only needs to complete their self-assessment portion and request an appointment for certification by an authorized healthcare provider.
- Completing the PDHA will result in a follow-on requirement for the PDHRA at the appropriate timeline.

- **Can a commanding officer or supervisor preparing for deployment request to waive medical standards for an individual with a disqualifying medical condition?**

- Yes. The commanding officer /supervisor must follow the guidance of the combatant commander, service component commander or commander exercising operational control to submit exceptions to medical standards to deploy an individual with a disqualifying medical condition.
- This does not include a request to waive a DRHA completion requirement.

- **What are the timelines for DRHAs?**

- Pre-Deployment Health Assessment (Pre-DHA/DD Form 2795) – No earlier than 120 days prior to estimated theater entry date for the deployment.
- Post-Deployment Health Assessment (PDHA/DD Form 2796) - No earlier than 30 days prior to estimated theater departure date for the deployment and no later than 30 days after actual departure date.
- Post-Deployment Health Re-Assessment (PDHRA/DD Form 2900) - Must be completed between 90-180 days after actual theater departure date.

- Deployment Mental Health Assessment (DMHA/DD Form 2978) – All deployers require a total of five DMHAs. Some may require more depending on the length of their deployment:

- DMHA 1: Conducted pre-deployment and is embedded in the Pre-DHA (DD Form 2795)
- DMHA 2: Conducted in-theater in 180-day increments for deployments greater than 179 days
- DMHA 3: Embedded in the PDHA (DD Form 2796)
- DMHA 4: Embedded in the PDHRA (DD Form 2900)
- DMHA 5: Conducted between 181 and 545 days following re-deployment, may be completed via the annual periodic health assessment (PHA / DD Form 3024)

***** In theater DMHA. Completed once during each 180-day period a member is deployed. Only required if deployed longer than 179 days on a qualifying deployment. *****

- Periodic Health Assessment (PHA / DD Form 3024) – The DD Form 2978 is embedded with the PHA form. Any member at an operational command using the legacy PHA (NAVMED 6120/4) will be required to complete the DD Form 2978 separately. Deployment and exposure data is reported during the annual PHA. To ensure the PHA remains in periodicity, it must be conducted within 180 days prior to theater entry date.

• **If the start of a new deployment is delayed can the previous Pre-DHA assessment be considered still valid?**

- A Pre-DHA completed previously within the 120-day timeline is still valid.

• **If a Service member has an overdue PDHA by more than 30 days, but less than 89 days after the actual theater departure date, are they still required to complete the assessment?**

- Yes. The Service member is required to complete the PDHA up to 89 days after the theater departure date. Any PDHA certified 31-89 days after the theater departure date will not be counted as compliant.

• **Is there an instance when an overdue PDHRA is no longer required to be completed?**

- Yes. The overdue PDHRA is no longer required, only when a new deployment cycle begins, and the Pre-DHA (DD Form 2795) is completed.

• **What is the process for Service members to complete a PDHA when they were wounded or injured and required hospitalization or extended treatment at a Medical Treatment Facility (MTF) or enduring location medical facility before returning to their home stations?**

- The Service member must complete the PDHA according to the return to home station date instead of theater departure date.

• **When is the PDHA required to be completed for RC members?**

- RC members must complete the PDHA within the proper window for compliance OR before being released from active duty, whichever comes first.

• **What if I am separating from the Navy before my PDHRA is due?**

- Any Service member separating from service with a PDHRA requirement, must complete the

PDHRA prior to transitioning out of the Navy, even if not within the window for compliance. This requirement may be done at the time of the separation health physical exam/separation health assessment.

- **Does a post-deployment PHA conducted within the required timeframe satisfy the DMHA requirement?**

- Yes. The DMHA requirement is satisfied when a post-deployment PHA is conducted within the required timeframe.

- **Can a PHA be completed in conjunction with the required DRHAs?**

- Yes. Service members are encouraged to complete DRHAs in conjunction with the PHA when established timeframes coincide. However, one form does NOT satisfy the other. Therefore, the Service member must complete each self-assessment and review each one with the healthcare provider for final certification of BOTH forms within the same appointment, as feasible.

- **What is the difference between deployment, re-deployment, and mobilization?**

- Deployment- Relocation of forces and material to desired operational areas.
- Re-deployment- The return of personnel from deployment for reintegration or out-processing.
- Mobilization- The process of issuing active-duty orders to Reserve Component personnel for a specific amount of time.

- **How are DRHAs initiated?**

- DRHAS are initiated by the Service members electronically at <https://eha.health.mil/EHA>.
- They are not considered COMPLETE until they are certified by the healthcare provider.

- **Who is authorized to review and certify DRHA assessments?**

- The following healthcare providers, if privileged for patient care and properly trained are authorized to interview Service members to review the DRHA self-assessment submitted and certify DRHA assessments as complete:

- Physician
- Physician Assistant
- Adult or Family Nurse Practitioner
- Independent Duty Corpsman (Navy)
- Special Force Medical Sergeant (Army)
- Independent Duty Health Service Technician (Coast Guard)
- Independent Medical Duty Technician (Air Force)

- **Can the DRHA provider assessment interview be conducted via a paper questionnaire or as a simple review of the submitted self-assessment?**

- No. The interview must be conducted as a real-time interaction between patient and provider and assessment must be certified electronically.

- **Who is responsible for uploading a copy of the provider assessment interview results?**

- The provider is responsible for electronically signing the assessment via the Electronic Health

Assessment (EHA) website located at <https://eha.health.mil/EHA> and creating a summary or PDF file from the EHA website to upload in the Service member's electronic health record.

- **What is the role of the commanding officer in the DRHA process?**

- Commanding officers must ensure all assigned Service members deploying to areas requiring DRHAs are briefed on deployment health threats and complete DRHA assessments in the required timeframes. This includes follow-up care for identified health concern.
- Ensures Service members with an outstanding DRHA do not participate in the physical readiness test portion of the current physical fitness assessment.
- Commanding officers must appoint a readiness point of contact for command compliance for the following elements:
 - Establish communications with the medical cognizance (MEDCOG) at the Navy Medical Readiness Training Command (NAVMEDREADTRNCMD) or subordinate unit, and medical readiness point of contact to include the gaining command.
 - Read-only access to the Medical Readiness Reporting System (MRRS) in order to:
 - ❖ Validate DRHA status in MRRS for all reporting personnel.
 - ❖ Ensure deployment data is accurately reflected in MRRS.
 - ❖ Ensure individual MRRS records correctly reflect the current health activity.

*****Only POCs from the medical department are authorized to have update capabilities in MRRS. *****

- **What is the responsibility of the Service member for completing DRHAs?**

- Complete the online DRHA, then schedule and execute appointments with an authorized medical provider in the required timeframe.
- Do not participate in the physical readiness test portion of the current physical fitness assessment if a DRHA is overdue.
- Be proactive in reporting and documenting healthcare concerns.
- Complete all recommended referrals and follow-up care.
- Ensure data in the electronic health record accurately reflects the current health status.

- **What is the role of the Bureau of Medicine and Surgery (BUMED) in the DRHA process?**

- Collaborates with the Navy Culture and Force Resilience Office (OPNAV N17) and the Defense Health Agency (DHA) on the development and maintenance of DRHA policy.
- Coordinates with the MRRS manager on the system functionality to reflect DRHA policy updates and process changes.
- Acts as liaison with DHA Remote Health Readiness Program (RHRP) Program Management Office to ensure completed deployment health activities are accurately reflected in EHA and MRRS.
- Manages DHA process with Director, Clinical Operations, Policy and Standards (BUMED N10).
- Provides analysis on DRHA information, when required.
- Maintains the EHA website under the Navy and Marine Corps Force Health Protection Command.

- **What is the role of U.S. Fleet Forces Command (USFFC) in the DRHA process?**

- Develops implementing guidance to ensure deploying personnel are briefed on deployment health threats and are trained and equipped with necessary countermeasures.

- **What is the role of the Navy Culture and Force Resilience Office (OPNAV N17) in the DRHA process?**

- Develops and maintains DRHA policy and monitors compliance.
- Works closely with Navy Personnel Command (PERS-455), in coordination with BUMED, to ensure MRRS accurately supports DRHA reporting activities and is able to provide Navy-wide drill-down reports.
- Maintain interface with Navy and DoD information systems.

- **What is the role of the Echelon 2 Commands in the DRHA process?**

- Echelon 2 Commands are the supporting commands in the DRHA process and responsible for monitoring the DRHA compliance status of the units under their cognizance.
- Ensures that Service members with outstanding DRHAs are not allowed to participate in the physical readiness test portion of the current physical fitness assessment.