



DEPARTMENT OF THE NAVY  
OFFICE OF THE CHIEF OF NAVAL OPERATIONS  
2000 NAVY PENTAGON  
WASHINGTON DC 20350-2000

OPNAVINST 6100.3B  
N1  
23 Apr 2026

OPNAV INSTRUCTION 6100.3B

From: Chief of Naval Operations

Subj: DEPLOYMENT-RELATED HEALTH ASSESSMENTS PROCESS

- Ref:
- (a) DoD Instruction 6490.03, Deployment Health, 19 June 2019
  - (b) DHA-PI 6490.03, Deployment Health Procedures, 17 December 2019
  - (c) DoD Instruction 6490.07, Deployment-Limiting Medical Conditions for Service Members and DoD Civilian Employees, 5 February 2010
  - (d) SECNAVINST 6200.1
  - (e) OPNAVINST 3060.7C
  - (f) BUMEDINST 1300.3B
  - (g) BUMEDINST 1300.4
  - (h) DoD Instruction 6200.05, Force Health Protection Quality Assurance (FHPQA) Program, 2 June 2018
  - (i) DOD Instruction 6200.05, Force Health Protection Quality Assurance, 2 May 2018 (NOTAL)
  - (j) SECNAVINST 6120.3A
  - (k) BUMEDINST 6320.104
  - (l) BUMEDINST 6310.13A
  - (m) OPNAVINST 1300.20A
  - (n) DoD Instruction 1241.01, Reserve Component (RC) Line of Duty Determination for Medical and Dental Treatments and Incapacitation Pay Entitlements, 19 April 2016
  - (o) ALNAV 015/23
  - (p) BUMEDINST 6110.14A

Encl: (1) Glossary

1. Purpose

a. Establish policy and procedures to ensure timely and accurate completion of deployment related health assessments (DRHA) and other statutory deployment health requirements for Active Component (AC) and Reserve Component (RC) Service members per references (a), (b), (c), (d), and (e). Provide the process for reporting compliance for all phases of deployment and mobilization, following the requirement that Department of Defense (DoD) deployment health activities be monitored, recorded, and used to promote Individual Medical Readiness (IMR) and protect the health of all deploying Service members.

b. Major changes include:

- (1) Directs performance of pre-deployment suitability determinations.

(2) Combines guidance for DRHA and deployment mental health assessments (DMRA) into a single policy for DRHAs.

(3) Improves guidance for compliance with statutory requirements for deployment-related health.

c. This instruction is a complete revision and should be reviewed in its entirety.

2. Cancellation. OPNAVINST 6100.3A.

3. Scope and Applicability. This process applies to AC and RC Service members who are deploying, deployed, redeployed, or mobilized under one or more of the below conditions:

a. Deployments ashore greater than 30 days outside the United States (to non-enduring locations) require the full range of deployment health requirements and activities per references (a) and (b).

b. Deployments of 30 days or less outside of the United States, and operations of any duration within the United States, or deployments which are exclusively shipboard, require the minimum deployment health activities described in references (a) through (e).

c. Per reference (a), the combatant commander, Service component commander, or commander exercising operational control can determine whether a health threat exists regardless of deployment area, duration, or if the location is considered an enduring location (i.e., a deployed ship conducts operations that may expose Service members to contaminants, disease, or traumatic events) and add additional deployment health activities.

d. For all Service members deployed or deploying to a theater within the qualified location, the combatant commander, Service component commander, or commander exercising operational control must:

(1) Establish a process for reviewing exceptions to medical standards when a commander or supervisor wishes to deploy an individual with a medical condition that could be disqualifying, per enclosure (4) of reference (c).

(2) Serve as final approval authority for exceptions to the medical standards (waivers).

(3) Establish a process for completing a DMHA every 180 days for Service members in-theater greater than 179 days.

4. Background

a. References (a) through (d) provide overall DoD policy and Secretary of the Navy (SECNAV) authority for Department of the Navy (DON) to develop, implement, and maintain the deployment health process. Enclosure (1) provides a glossary of terms.

b. Specific deployment health requirements described in references (a) through (i) must be followed for all qualifying deployments, and mobilizations include the below elements:

(1) DRHAs listed in subparagraph 4e(1) through 4e(5) of this instruction.

(2) Pre-deployment immunizations.

(3) Pre-deployment automated neuropsychological assessment metrics.

(4) Pre-deployment and post-deployment serum repository draws with Red Top (gel without separator) tubes.

Note: Biannual human immunodeficiency virus blood draw for readiness laboratory meets the requirement if drawn within the appropriate timeline.

c. The deployment health process supports the DoD health protection strategy to deploy healthy, fit, and medically-ready forces and to minimize illness and injuries during deployments. The process is designed to identify health concerns that require further assessment or treatment as appropriate prior to or following deployment.

d. DRHAs are regularly-scheduled, DoD-mandated assessments conducted at critical deployment milestones to screen service members during all phases of deployment, including pre-deployment, during deployment, redeployment, and post-deployment. DRHAs are intended to identify physical and mental health concerns and facilitate appropriate care for identified issues, and are key components in monitoring the health of service members.

e. DRHAs consist of five components, with corresponding timelines of completion:

(1) Pre-Deployment Health Assessment (Pre-DHA), DD Form 2795, is an assessment tool used to assess a Service member's state of health immediately before possible 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 for the Service member. It is conducted no earlier than 120 days prior to the estimated theater entry date for the deployment, per reference (a). If the deployment is delayed, care should be taken to ensure the previously-completed Pre-DHA still falls within the 120-day timeline.

(2) Post-Deployment Health Assessment (PDHA), DD Form 2796, conducted no earlier than 30 days before the estimated theater departure date (i.e., redeployment date), and no later than 30 days after actual theater departure date.

(a) If the service member's PDHA is overdue by more than 30 days but less than 89 days after the actual theater departure date, they must still complete the assessment. PDHAs cannot be completed once the service member is 90 days past the theater departure date.

(b) For RC service members, the PDHA must be completed before they are released from active duty.

(c) Service members who received wounds or injuries that required hospitalization or extended treatment at a Medical Treatment Facility (MTF), or enduring location medical facility, before returning to their home station must have their PDHA conducted according to the date of return to home station instead of theater departure date.

(3) Post-Deployment Health Re-assessment (PDHRA), DD Form 2900, completed between 90 to 180 days after theater departure date.

(a) The PDHRA requirement does not expire if the service member is overdue by more than 180 days after theater departure date, unless the service member completes a new Pre-DHA (DD2795) for a subsequent deployment.

(b) Service members who received wounds or injuries that required hospitalization or extended treatment at an MTF, or enduring location medical facility, before returning to their home station must have their PDHRA conducted according to the date of return to home station instead of theater departure date.

(c) Service members separating before the 90-day due date must have their PDHRA completed prior to separation.

(4) DMHA, DD Form 2978, is a standalone assessment completed in-theater every 180 days. A total of five to six DMHAs are to be completed, depending on the length of the deployment. These assessments are required at the intervals listed in 4(a) through 4(f). The assessments listed in subparagraph 4e(1) through 4e(3), and 4e(5) are standalone assessments and must be completed on their required timelines and are not substitutable for one another. The DMHA is embedded in assessments but may also be completed as a standalone assessment as needed.

(a) DMHA #1, conducted pre-deployment, is fulfilled in the Pre-DHA (DD Form 2795).

(b) DMHA #2, conducted in-theater, is a stand-alone DMHA required for each 180-day increment for any qualifying deployment longer than 179 days. It is the responsibility of the combatant commander to track and execute.

(c) DMHA #3, post-deployment, is embedded in the PDHA (DD Form 2796).

(d) DMHA #4 is embedded in the PDHRA (DD Form 2900).

(e) DMHA #5 is conducted between 181 and 545 days following redeployment. Completing the annual Periodic Health Assessment (PHA) (DD Form 3024) within this timeframe satisfies this DMHA requirement. However, completing the legacy PHA (NAVMED 6120/4), does not meet this requirement and a stand-alone DMHA (DD 2978) is required.

(f) DMHA #6 is conducted between 546 and 910 days following redeployment; completing the annual PHA (DD Form 3024) within this timeframe satisfies this DMHA requirement. However, completing the legacy PHA (NAVMED 6120/4), does not meet this requirement and a stand-alone DMHA (DD 2978) is required.

(5) PHA (DD Form 3024). The DD form 2978 is embedded within the PHA (DD Form 3024). Deployment and exposure data is reported and assessed during the annual PHA and therefore the PHA is also considered a component of the DRHAs.

(a) To ensure the PHA remains in periodicity, it must be conducted within 180 days prior to theater entry date, per reference (j).

(b) A post-deployment PHA conducted within the timeframes required for the DMHAs satisfies the requirement for those DMHAs.

(c) Service members should complete DRHAs in conjunction with the PHA when established timeframes coincide.

f. For the purposes of this instruction, the terms deployment, redeployment, and mobilization are defined, as:

(1) Deployment is the relocation of forces and material to desired operational areas.

(2) Redeployment is the return of personnel from deployment to the home or demobilization station for reintegration or out-processing.

(3) Mobilization is the process of issuing Active Duty orders to RC personnel for a specific amount of time.

## 5. Policy

a. The appropriate DRHA must be completed electronically by the service member in the required timeframes specified in subparagraph 4e(1) through 4e(5) of this policy, and per reference (b). Each health assessment is divided into deployer and provider sections.

b. The deployer completes the self-assessment and, after submitting, is responsible for scheduling an appointment with a credentialed healthcare provider, whose scope of care includes administering these assessments as noted in subparagraph 5d(2) of this policy.

c. Only a credentialed and properly-trained healthcare provider (e.g., physician, physician assistant, adult or family nurse practitioner, independent duty corpsman, or sister-service equivalent) is authorized to certify a DRHA. The interview will be a real-time interaction between patient and provider, per references (a) and (b). A copy of the completed, electronically-signed provider assessment must be placed in the service member's electronic health record. This can be accomplished via the "copy and paste to EHR" feature on the Electronic Health Assessment (EHA) website.

d. Service members must complete the required appointment(s) with credentialed healthcare providers in one of the below manners:

(1) Embedded unit medical department, to include Navy Reserve Center (NRC) medical department for RC personnel or at a Virtually Integrated Patient Remote Readiness (VIPRR) clinic.

(2) Navy Medicine Readiness and Training Command (NAVMEDREADTRACMD) with medical cognizance (MEDCOG) for medical readiness support or appropriate military treatment facility (MTF).

(3) Mobilization and Deployment Support Command or Region Readiness and Mobilization Command for RC or select AC personnel.

(4) AC members enrolled in the Treatment, Retired, Invalid, Care for Active and Reserve Employees (TRICARE) Prime Remote and RC personnel only: Schedule appointment with the Remote Health Readiness Program (RHRP) by contacting the call center at 1-833-782-7477 or directly on the service member portal website, <https://smp.qtcn.com>.

e. Any service member who is stationed remotely that cannot complete their PDHRA through VIPRR or their NAVMEDREADTRACMD with MEDCOG may use RHRP.

(1) The NAVMEDREADTRACMD assigned MEDCOG of a given unit is responsible for supporting access for the described services in subparagraph (4.e.) of this instruction, per references (b) and (k).

(2) Service members who are in a medical hold status must complete their DRHAs in the timeframe prescribed in subparagraph 4e of this instruction.

(3) Service members separating from Active Duty prior to the required 90- to 180-day window for the PDHRA must complete the assessment prior to separation. RC members

returning to a drilling status must complete the PDHRA in the required timeframe in relation to their actual theater departure date, regardless of their separation date from Active Duty orders.

(4) Service members who are overdue for a PHA or PDHRA cannot complete the NAVPERS 6110/3 Physical Activity Risk Factor Questionnaire in the Physical Readiness Information Management System and must not participate in the periodic physical readiness test until the requirements are met.

(5) All DRHAs must be completed and submitted electronically at <https://eha.health.mil/EHA>. Vendors contracted through RHRP program must ensure that DRHAs are also copied electronically to the EHA website.

## 6. Responsibilities

a. Deputy Chief of Naval Operations (Manpower, Personnel and Training, (CNO N1), and Director, Navy Culture and Force Resilience Office (OPNAV N17)

(1) Develop and maintain DRHA policy.

(2) Ensure the Medical Readiness Reporting System (MRRS) management information system supports the deployment health activities reporting process, receives accurate deployment start and end dates, and provides the capability to pull Navy-wide and drill-down reports.

(3) Maintain interface with Navy and DoD information systems that support the DRHA process

(4) Monitor compliance and ensure policy enforcement.

b. Commander, U.S. Fleet Forces Command (COMUSFLTFORCOM) must develop implementing guidance to ensure that deploying personnel are briefed on deployment health threats and are trained and equipped with necessary countermeasures, as required by reference

(a).

c. Navy Bureau of Medicine and Surgery (BUMED)

(1) Coordinate with OPNAV N17) and the Defense Health Agency (DHA) on the development and maintenance of DRHA policy.

(2) Coordinate with MRRS manager and support staff to update functionality and changes in the DRHA reporting process and guidance, collaborating to ensure business rules reflect current policy.

(3) Liaise with DHA RHRP Program Management Office and contractor to ensure that the RHRP contractor's transmission of completed deployment health activities, to include but not limited to DRHAs, can be properly reflected in EHA and MRRS.

(4) Provide medical policy guidance supporting the DRHA process to OPNAV N17.

(5) Manage the DHA process, with the Director, Clinical Operations, Policy and Standards (BUMED N10) serving as program manager.

(6) Perform analysis as necessary on DRHA information and maintain the current EHA website and database; responsibility falls under BUMED's Navy and Marine Corps Force Health Protection Command.

(7) Provide appropriate education and training to healthcare providers on DRHAs policy, medical guidelines and procedures, and information technology systems (EHA and MRRS).

d. Echelon 2 Commands (supporting commands)

(1) Ensure validation of DRHA status during annual PHA. Outstanding DRHAs must be completed upon detection, or with the Service member's PHA, whichever is sooner. An incomplete DRHA requirement will result in an incomplete PHA, which is required to participate in the physical readiness test portion of the current physical fitness assessment cycle.

(2) Ensure all deployment health medical requirements are satisfied in all phases of deployment per references (a) through (p).

(3) Submit monthly compliance reports to OPNAV N17 on all personnel meeting DRHA requirements.

(4) Monitor and ensure compliance for all personnel who require DRHAs.

(5) Designate a point of contact responsible for ensuring DRHA compliance and to serve as a liaison with OPNAV N17.

e. Commanding Officers

(1) Support individual medical readiness (e.g., PHAs, immunizations, etc.) and ensure data is accurate and up-to-date to facilitate deployment process compliance.

(2) Ensure all service members deploying to areas requiring DRHAs are briefed on deployment health threats and the need to complete assessments. Ensure Service members are trained in the tools and assets available for deployment and post-deployment healthcare support.

(3) Ensure all Service members complete all required DRHAs on schedule as described in paragraph 4.

(4) Ensure all Service members receive the appropriate follow-up care for any health concerns identified in the DRHAs, in coordination with medical providers.

(5) Designate a readiness point of contact whose responsibilities include compliance with elements listed in subparagraph 4b(1) through 4b(4).

(a) Establish communication with the MEDCOG NAVMEDREADTRACMD or subordinate unit, medical readiness point of contact to include gaining command and read-only access to MRRS.

(b) Validate DRHA status in MRRS on all reporting personnel as part of check-in and check-out processing. DRHA status must be a standalone item on the check-in and check-out sheets.

(c) Ensure deployment data is accurately reflected in MRRS Deploy tab for all deployed, redeployed, and mobilized personnel.

(d) Ensure MRRS record correctly reflects the current health activity noted in subparagraph 4b(1) through 4b(4) of this policy.

(e) Ensure validation of DRHA status, monitor each month command Personnel's IMR status and all deficiencies reported by-name to the Commanding Officer.

(6) Navy Medical Readiness and Training Commands and operational medical departments must ensure that providers conducting DRHAs are properly credentialed and have completed required training. Training is located in the Instructions on the EHA website at <https://eha.health.mil/EHA/>.

(a) Ensure processes are in place to validate DRHA status during the record review for PHA and if incomplete, all efforts are made to complete the DRHA at the time of PHA.

(b) Ensure healthcare personnel conducting pre-deployment screenings per reference (l) are properly appointed.

(c) Ensure procedures are in place to conduct all deployment-related health activities that are within their cognizant authority.

f. Mobilization and Deployment Support Command. Must ensure the requirements listed in subparagraphs 6f(1) through 6f(4), per reference (m).

(1) All reporting Service members complete, or have completed, their pre-DHA, DD Form 2795, and ensure follow-up for any identified concerns. All conditions resulting in a non-deployable determination must be documented for further follow-up by Service members' primary care physician upon return to the parent command or NRC.

(2) Individual Augmentee (IA) redeploying Service members (AC and RC) must complete the PDHA, DD Form 2796. RC Service members indicating issues on the PDHA must be processed per reference (a) and (g), AC Service members indicating issues must receive appropriate documentation for treatment by their primary care physician upon return to their parent command.

(3) Service members must complete the online DRHA and execute appointments with a medical provider. Service members must report healthcare concerns and complete any recommended referrals.

(4) Organizations listed in subparagraphs 6a through 6f must provide appropriate resources, staff, and funding as required.

## 7. Training and Resources

a. Additional DRHA-related information is available at Military Health System, <https://health.mil>, and at Navy and Marine Corps Force Health Protection Command, <https://www.med.navy.mil/Navy-and-marine-Corps-Force-Health-Protection-Command/Population-Health/Epi-data-Center/Deployment-Health-Assessments/>.

b. For assistance with the EHA website, call (757) 900-9050 or Defense Switched Network (DSN) 377, or send an email to [usn.hampton-roads.navmcpubhlthcenpors.list.nmcphc-edha@health.mil](mailto:usn.hampton-roads.navmcpubhlthcenpors.list.nmcphc-edha@health.mil).

c. MRRS is the commander's tool to monitor DRHA compliance. For access to or assistance with MRRS, contact Navy Personnel Command, Distribution Management (PERS-45), MRRS Program Coordination Office, at (901)-874-4869 or DSN 882.

d. To find current comprehensive military health surveillance information, access the Armed Forces Health Surveillance Division, Medical Surveillance Monthly Report at <https://www.health.mil/Military-Health-Topics/Health-Readiness/AFHSD/Reports-and-Publications/Medical-Surveillance-Monthly-Report>.

## 8. Records Management

a. Records created as a result of this instruction, regardless of format or media, must be maintained and dispositioned per the records disposition schedules found on Directives and Records Management Division portal page at

<https://portal.secnave.navy.mil/orgs/DUSNM/DONAA/DRM/Records-and-Information-Management/Approved%20Record%20Schedules/Forms/AllItems.aspx>.

b. For questions concerning the management of records related to this instruction or for records disposition schedules, please contact the local records manager or the OPNAV Records Management Program (DNS-16).

9. Review and Effective Date. Per OPNAVINST 5215.17A, Sailor and Family Readiness Policy Office (OPNAV N171B) will review this instruction annually on the anniversary of its issuance date to ensure applicability, currency, and consistency with Federal, DoD, SECNAV, and Navy policy and statutory authority using OPNAV 5215/40 Review of Instruction. This instruction will be in effect for 10 years, unless revised or cancelled in the interim, and will be reissued by the 10-year anniversary date if it is still required, unless it meets one of the exceptions in OPNAVINST 5215.17A, paragraph (9). If the instruction is no longer required, it will be processed for cancellation as soon as the need for cancellation is known following the guidance in OPNAV Manual 5215.1 of May 2016.

#### 10. Forms and Information Management Control

a. The electronic below forms must be accessed and submitted through EHA Global at <https://eha.health.mil/EHA/>.

- (1) DD Form 2795 Pre-Deployment Health Assessment (Pre-DHA).
- (2) DD Form 2796 Post-Deployment Health Assessment (PDHA).
- (3) DD Form 2900 Post-Deployment Health Re-assessment (PDHRA).
- (4) DD Form 2978 Deployment Mental Health Assessment (DMHA).
- (5) DD Form 3024 Periodic Health Assessment (PHA).

b. The forms below are accessible through Navy Medicine Directives at <https://www.med.navy.mil/Directives/>.

- (1) NAVMED 1300/4, Expeditionary Medical and Dental Screening for Individual Augmentee and Support to Overseas Contingency Operations.
- (2) NAVMED 1300/13, Redeployment/Demobilization Medical and Dental Screening.

c. The reporting requirements contained within this instruction are exempt from reports control in line with SECNAV M-5214.1 of December 2005, part IV, subparagraph 7p.

d. The DRHA compliance report is available within the MRRS at <https://mrrs.dc3n.navy.mil/mrrs/secure/welcome.m>.



J. J. CZEREKWO  
Deputy Chief of Naval Operations  
Personnel, Manpower and Training

Releasability and Distribution:

This instruction is cleared for public release and is available electronically only, via DON Issuances website <https://www.secnav.navy.mil/doni/default.aspx>.

## GLOSSARY

1. AC. General category assignment for Service members that are normally on active duty (i.e., U.S. Navy, full-time support).
2. Deployment. The relocation of forces and materiel to desired operational areas. Deployment encompasses all activities from origin or home station through destination, specifically including intra-continental United States, inter-theater, and intra-theater movement legs, staging, and holding areas. Deployer is the individual Service member assigned to a deployment.
3. Deployment Mental Health Assessment (DMHA) (DD Form 2978). Assessment tool used to assess a Service member's state of mental health deployment in support of military operations, and to assist military healthcare providers in identifying and providing referrals for mental health concerns, if necessary.
4. DRHA. Assessment tool used to screen a Service member's state of physical and mental health at critical milestones in the deployment continuum.
5. Deployment Health Requirements and Activities. Deployment health activities that must be conducted before, during, and after joint and Service-specific deployments to assess and manage health risks.
6. Deployment Health Center. A medical facility that ensures all requirements for deployment health screenings, PHA, and individual medical readiness are fulfilled by each Service member.
7. Enduring location. A geographic site designated by the DoD for strategic access and use to support U.S. security interests for the foreseeable future. The following types of sites are considered enduring for U.S. Government purposes: main operating base; forward operating sites; and cooperative security locations. All three types of locations may be composed of more than one distinct site.
8. Healthcare Provider. Physician, physician assistant, nurse practitioner, adult or family nurse practitioner, independent duty corpsman, independent duty medical technician, or Special Forces medical sergeant.
9. IA. A U.S. military member assigned to a unit for the purpose of filling in for, or augmenting, members of that unit. IAs are differentiated from existing members of that unit by the fact that they are assigned individually rather than as a part of a traditional military organization (such as a brigade, battalion, or company). IAs can be used to fill shortages or can be used when an individual with specialized knowledge or skill set is required. IAs can include members from an entirely different branch of Service.

10. MRRS. Web-based application utilized by the DON and U.S. Coast Guard that provides command leadership the ability to monitor deployment health assessments and the individual medical readiness of their personnel. MRRS can be accessed at <https://mrrs.dc3n.navy.mil/mrrs/secure/welcome.m>.
11. MTF. A hospital or other facility capable of providing definitive medical care on site.
12. Mobilization. The process of issuing active duty orders to RC personnel for a specific amount of time.
13. PHA. As outlined in reference (j).
14. Pre-Deployment Health Assessment (DD Form 2795). Assessment tool used to assess a Service member's state of health immediately before possible 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 for the Service member.
15. Post-Deployment Health Assessment (PDHA) (DD Form 2796). Assessment tool used to assess a Service member's state of health upon departure from theater in support of military operations, and to assist military healthcare providers in identifying and providing present and future medical care that may be needed. The information provided may result in a referral for additional healthcare that may include medical, dental, behavioral healthcare, or diverse community support services.
16. Post-Deployment Health Re-Assessment (PDHRA) (DD Form 2900). Assessment tool used to assess a Service member's state of health after redeployment in support of military operations and to assist military healthcare providers in identifying and providing present and future medical care the Service member may need. The information provided may result in a referral for additional health care that may include medical, dental, behavioral health care or diverse community support services.
17. Redeployment. In the context of this instruction, the return of personnel to the home or to demobilization stations for reintegration or out-processing.
18. RC. General category assignment for Service members that are not normally on active duty and who do not count towards active duty end strength (i.e., Selected Reserve, Individual Ready Reserve, etc.).