PERIODIC HEALTH ASSESSMENT (PHA)

NAVY RESERVE COMPONENT (RC)

DATE:
Time Start:

SCREENING:
Height: (inches)

Weight: (pounds)

BMI:

Temperature:

deferred
Respirations:

deferred
Blood Pressure:

Pulse:

MEDICAL EQUIPMENT:
- **Prescription Lenses (two pairs)** Y / N / NA
- **Ballistic Eyewear** Y/ N/ NA
- **Gas Mask Inserts** Y / N / NA
- **Medical Alert Tags** Y / N / NA

S: SUBJECTIVE

____ year old ( ) male ( ) female reports for an annual Periodic Health Assessment (PHA) which includes record review/verification, assessment and counseling of avoidable health risk factors, clinical preventive services (CPS) recommendations, deployment health history, and individual medical readiness (IMR) assessment IAW MANMED.

Allergies (Medication and other): See Block 1 on DD 2766
Chronic Illnesses: See Block 2 on DD 2766
Medications (Rx/OTC/herbals/supplements/performance enhancers): See Block 3 on DD 2766
Hospitalizations/Surgeries since last PHA: See Block 4 on DD 2766
Family History: See Block 6 on DD2766
Occupational History: See Block 8 on DD 2766
Deployment Health: See Block 11 on DD 2766
Deployed since the previous PHA? ❑ Yes ❑ No
Post-Deployment Health Assessment (DD 2796) in record? ❑ Yes ❑ No ❑ NA
Any unresolved deployment-related issues or health concerns? ❑ Yes ❑ No ❑ NA
Post-Deployment Health Re-Assessment (DD 2900) in record? ❑ Yes ❑ No ❑ NA
Any unresolved deployment-related issues or health concerns? ❑ Yes ❑ No ❑ NA

Health Assessment Report Tool: Completed and reviewed? ❑ Yes ❑ Not Available
Current health concerns? _____

Pain Assessment (zero pain to severe): 0 1 2 3 4 5 6 7 8 9 10
Location: _____

O: OBJECTIVE

Vital Signs noted. Remarkable for: ❑ None ❑ Other:
Visual Acuity: OD: _____ OS: _____ *(Consult if worse than 20/40, no contacts)*

Health record	❑ Reviewed	❑ Not available	❑ Remarkable for: _____
Dental Classification	❑ Reviewed	❑ Not available	❑ See Plan: Dental
Immunization record	❑ Reviewed	❑ Not available	❑ See Plan: Immunizations
Lab/Path results	❑ Reviewed	❑ Not available	❑ See Plan: Laboratory

❑ Focused physical examination required for: _____
(Document focused physical exam on generic SF 600)

A: ASSESSMENT Annual Periodic Health Assessment visit

❑ Member fit for duty and worldwide assignments.
❑ Member required to provide medical status update information from civilian healthcare provider.
❑ Recommended Line of Duty (LOD) evaluation for: _____
❑ Member requires Medical Retention Review for: _____
❑ Referred for Deployment Health screening or evaluation/treatment (per LOD program)
❑ Member referred to civilian provider for: _____

PATIENT'S IDENTIFICATION *(Use this space for Mechanical Imprint Telephone number and e-mail address for follow-up:*

PATIENT'S NAME *(Last, First, Middle initial)*		SEX
SSN/IDENTIFICATION NO.	STATUS	RANK/GRADE
RECORDS MAINTAINED AT:		DATE OF BIRTH

PERIODIC HEALTH ASSESSMENT (PHA) - RC (Continued)

A: ASSESSMENT Annual Periodic Health Assessment visit

1. Health Assessment Report Tool Risk Level: High Med Low
   Health Risks remarkable for the following: _____

2. Cardiovascular Screening (Framingham 10-year risk for Event/Death): _____

3. Other significant issues remarkable for: _____

P: PLAN / P: PREVENTION

1. Updated DD 2766 Sections: 1 2 3 4 5 6 7 8 9 10 11

2. Health counseling performed, documented on the DD 2766, Section 5.

3. Labs ordered: ❑ Blood Type ❑ G6PD ❑ HIV ❑ DNA ❑ Lipids
   ❑ Other: _____

4. Immunizations ordered: ❑ PPD ❑ MMR ❑ Td ❑ DIPV ❑ Hep A #1 #2 ❑ Influenza ❑Yellow Fever
   ❑ Hep B #1 #2 #3 (required of all new recruits)
   ❑ Other: _____

5. Clinical Preventive Services recommended: ❑ Pap ❑ Chlamydia ❑ Mammogram ❑ Lipids ❑ Colorectal
   ❑ Clinical Breast Exam ❑ Prostate
   ❑ Other: _____

6. Dental services completed: ❑ Annual T-2 Dental Exam ❑ Bitewings ❑ Panograph
   ❑ Dental Class 3 ❑ Dental Class 4

7. Referred to Civilian Healthcare Provider for: ❑Current Medications/Supplements ❑Chronic Medical Conditions
   ❑ Current Illness/Other: _____

8. Preventive Counseling provided for: ❑ Tobacco Use ❑ Physical Activity ❑ Dental Care ❑ Safety
   ❑ Alcohol Use ❑ Nutrition ❑ Mental Health ❑ Sexuality
   ❑ Other: _____

9. Other indicated referrals: ❑ Audiology ❑ Optometry ❑ Behavioral Health ❑ BMI ❑ Weight Management
   ❑ PFA Clearance ❑ Deployment-Related Condition ❑ Medical Warning Tags ❑ Occ Health ❑ Chaplain
   ❑ Tobacco Cessation ❑ DAPA
   ❑ Other: _____

10. PARFQ completed and signed by member and provider.
    Additional risk factors: ❑ None noted ❑ Identified: _____
    Member cleared for PFA participation? ❑ Yes ❑ No (If no, generic SF 600 completed.)
    Reason for waiver: _____

11. Member readiness reviewed and updated in approved electronic data system.

12. Additional Comments:

_____
_____
_____
_____
_____
_____

13. Member informed that completion of recommended tests / immunizations / screenings is to be performed within the next 30 days, and is personally responsible for maintaining individual medical readiness (IMR).

14. F/U in one year.

Provider Signature and Title: _____ Time Completed: _____
Health Promotion Counselor Signature/Stamp: _____ Date: _____
Service Member Signature: _____ Date: _____
MDR Signature/Stamp: _____ Date: _____