UNITED STATES EUROPEAN COMMAND INSTRUCTION

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ECI 4202.01A
24 July 2025

Theater Medical Entry Requirements

References: See Enclosure (G)

1. Purpose. This ECI establishes guidance to Service Component Commanders to determine unit medical readiness and fitness requirements for military and civilian personnel participating in USEUCOM missions and operations. This ECI provides minimum requirements for medical entry to the USEUCOM theater and is a baseline from which Component Commands can conduct medical screening requirements.

2. Cancellation. ECI 4202.01, dated 3 July 2019.

3. Applicability. This instruction applies to Headquarters USEUCOM and joint activities assigned to or reporting through United States Army Europe, United States Naval Forces Europe, United States Air Forces Europe, United States Marine Corps Forces Europe, and United States Special Operations Command Europe (hereinafter referred to collectively as "Service Components" or "Components"). Additionally, this instruction applies to military personnel on official travel, to include activated Reserve and National Guard personnel, Department of Defense (DoD) civilians, DoD contractors, DoD sub-contractors, non-DoD civilians, and volunteers on official travel to the USEUCOM Area of Responsibility (AOR) or who are currently in the USEUCOM AOR under the auspices of the DoD (also referred to collectively as, "DoD personnel"). Unless explicitly stated otherwise, this instruction does not apply to accompanying family members or dependents. Medical requirements for Local Nationals (LN) or Other Country Nationals and DoD contract personnel are included to the extent provided in the applicable contracts.

4. Policy. This document standardizes the theater entry requirements across the components. The USEUCOM delegates responsibility to Service Component Surgeons to determine unit medical readiness and fitness requirements for military and civilian personnel participating in USEUCOM missions and operations. The information in this instruction provides the framework and guidance to aid in making this

determination. All requests for exceptions to this policy must be submitted to the USEUCOM Command Surgeon through the Service Component Surgeon, following the waiver process outlined in Enclosure (E) of this document.

5. Discussion.

a. In accordance with (IAW) references (a) through (rr), and specifically reference (a), the Combatant Commander establishes the medical guidance and standard for theater medical entry requirements for individuals travelling into the USEUCOM theater. Enclosures (A) through (G) contain recommended Force Health Protection (FHP) standards, medical screening guidance, and waiver request procedures for deployments within the USEUCOM AOR. The information is meant to synthesize and supplement DoD and Service-specific guidance in deployment health, FHP, medical policy and health guidance for military and civilian personnel deployed across the range of military operations.

b. The USEUCOM theater medical entry process has been synchronized across the geographic combatant commands to ensure standardization where applicable. It is widely staffed through the Surgeons of the Components, rotational units, and deployment processing sites and thoroughly vetted by clinical and operational experts in key DoD agencies. It incorporates extensive feedback following years of fielding.

c. The attached standards for theater entry account for the advanced standards of care available in Europe.

d. The information provided in this instruction is intended to reduce burden on commanders, units, medical staff, and incoming personnel by identifying conditions before deployment to avoid turmoil during the mission. Individuals or units traveling to the USEUCOM AOR must comply with any pre-travel training requirements.

e. Shipboard operations that are not anticipated to involve personnel going ashore for any duration or port calls in the USEUCOM AOR are exempt from immunization requirements and the deployment-limiting medical conditions listed below and will follow service-specific guidance, reference (a).

f. The recommended template provides a needed reference for inexperienced providers, or providers in the civilian sector, who have never deployed.

g. Recommended clearance requirements.

(1) Medical Clearance.

(a) Information regarding the medical and mental health clearance requirements and standards (Deployment Limiting Conditions [DLC]), Pharmacy, Medical Equipment, Contact Lens, Alert Tags, Immunizations, Labs, and Health Assessments) can be found in Enclosures (A) through (D) of this document.

deployment health activities are summarized in references (b) and (c). JUL 24 2025

(2) Waiver Request Process. Per reference (a), a waiver process is required within USEUCOM. Medical waivers are required for deployments and official travel into the USEUCOM AOR greater than 30 days. Information regarding the recommended medical waiver process and authorities can be found in Enclosure (E) of this document.

(3) Theater Force Health Protection (FHP). FHP measures can be found in Enclosure (F) of this document. Medical threat briefs will be formulated using items in Enclosure (C), in paragraphs 2-3 of Enclosure (F), and health risk assessments tailored to the regions of interest.

6. Releasability. This publication is approved for public release; distribution is unlimited. Users may obtain copies on the USEUCOM network portal at the following website https://www.milsuite.mil/book/docs/DOC-127168

7. Effective Date. This instruction is effective upon signature.

JOHN L. RAFFERTY
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Chief of Staff

Enclosures:

A. Medical Clearance - General
B. Medical Clearance - Deployment Limiting Conditions
C. Medical Clearance - Pharmacy, Medical Equipment, Contact Lens, Alert Tags, Immunizations, Labs
D. Medical Clearance - Health Assessments and Documentation
E. Medical Waiver Process and Authorities
F. Theater Force Health Protection
G. References/Glossary

Enclosure A
Medical Clearance – General

1. Standards for Deployability to the USEUCOM AOR.

a. Fitness for Duty. Individuals must meet service specific standards of medical fitness.

b. Transparency to Command. An individual's medical condition must not create undue burden on the Command.

c. Stability of Treatment. An individual's medical condition must remain stable if treatment options become unavailable (e.g., loss of medication, malfunction of therapeutic equipment, delays in shipping, unavailability of therapist, etc.).

d. Proven Stability. Individuals must be mentally and physically stable without relapse for a minimum of 12 months following the last change of therapy or last episode of the disability (exceptions are listed within the Deployment Limiting Conditions in Enclosure [B]).

e. Successful Trial of Duty. Individuals who have completed a rehabilitative program should successfully demonstrate required fitness through a trial of duty which mimics expected conditions of deployment (e.g., environmental challenges, lifting and carrying challenges, alertness, and judgement challenges, etc.).

f. Extended Stay. An individual's condition will remain stable if an extension of deployment duty occurs.

g. Hazardous Materials. A means to secure or properly dispose of hazardous materials (e.g., needles) is available.

h. Prescription Medications.

(1) Personnel who require maintenance medication(s) (i.e., medication taken on a regular basis) will travel with up to a 180-day supply of medication with arrangements to obtain a sufficient supply to cover the remainder of their travel/deployment/assignment using a follow-on refill prescription. See paragraph 1.h.(2) below for controlled medication requirements.

(2) Controlled Medications. All Food and Drug Administration (FDA) controlled substances (Schedule CII-CV) are limited to maximum of a 90-day supply in-theater, with only a 30-day supply allowed on the person. All controlled substances need to be secured (i.e., to prevent diversion). Controlled substances must be monitored using a validated quality assurance program. Shipboard pharmacies are exempt from these limitations.

(3) Prior to deploying, individuals need to arrange to obtain a sufficient supply to cover the remainder of the deployment. Where applicable, TRICARE eligible personnel should have prescription refills entered into the TRICARE Mail Order Pharmacy (TMOP). Individuals need to be aware certain countries (e.g., Germany) prohibit the mailing of prescription medications.

(4) See Enclosure (C), paragraph 1, for a detailed description of pharmacy requirements for entry into the USEUCOM AOR.

i. Border Clearance. Medical conditions must meet border clearance criteria of the countries in which the individual will be deployed.

j. Ability to Function During Flare-Up. Medical condition must not reach severity which completely incapacitates the individual.

k. Alert and Oriented. The individual must be alert and able to perform sensitive tasks with appropriate judgement when required (e.g., medications causing drowsiness must clear the body quickly).

l. Functional in Austerity. Individuals must be of sufficient fitness to successfully function and conduct the mission in the extremes of environmental conditions while wearing appropriate protective gear.

m. Blood Supply. In order to maximize eligibility as voluntary blood donors within the walking blood bank in support of blood transfusions, individuals must meet the eligibility criteria outlined in reference (d). Volunteers must be free of transmissible infections and must undergo screening to verify the absence of known blood-transmissible diseases prior to participating in the walking blood bank.

n. Low Risk to Command. The medical condition must not place coworkers at safety risk or at risk for mission failure.

o. Severity of medical condition. Conditions must be of sufficient simplicity to be managed by a general medical officer in facilities with limited equipment.

2. Medical Waiver Requirements. The following lists general medical waiver requirements for individuals with potential deployment limiting medical conditions:

a. Medical waiver is required.

(1) Deployment Limiting Conditions. Enclosure (B) contains a list of deployment limiting medical conditions that require a medical waiver.

(2) Specialist Required. A medical waiver is required for any individual needing a follow-up evaluation with a specialist during deployment if the specialist is not part of the unit or accessible remotely (e.g., via virtual consultation) at the deployed location..

(3) Special Storage or Handling Requirements. A medical waiver is required for any individual who has medication needing special handling, storage or other requirements (e.g., refrigeration, cold chain, electrical power requirements, hazardous material [HAZMAT] disposal requirements, etc.). Additionally, the deployed location must verify the capability to meet the handling/storage requirements of the medication.

b. Medical waiver will not be granted.

(1) Required Medical Equipment. A medical waiver will **NOT** be granted for medical equipment unless the device is dual-voltage (i.e., can accept both 110-120V and 220-240V) and can be supported at the deployed location. See Enclosure (C), paragraph 2 for more detailed information regarding specifications for medical equipment.

(2) A waiver will NOT be granted if the deployment location does not have the capability to handle/store medication requiring special handling, storage or other requirements as mentioned above in paragraph 2.a.(3). See Enclosure (C), paragraph 1 for more detailed information regarding medication requirements.

3. Medical Fitness, Initial, and Annual Screening.

a. Exam Intervals. An examination which addresses all medical issues and requirements will remain valid for a maximum of 12 months from the date of the physical examination IAW reference (e). Extensions may be considered by the local provider when facilities are outside reasonable access range to accommodate.

b. Medical Treatment During Deployment. Individuals treated within the USEUCOM AOR and cleared by the treating physician may be returned to their unit without a waiver.

c. Cardiovascular Screening. Service members will follow service specific guidance for cardiovascular screening requirements.

d. Dental. All personnel entering the USEUCOM AOR must have a dental examination within 90 days preceding the start of travel, and the examination must remain valid throughout their deployment in theater. Dental status must be either a

Class I or II. Individuals evaluated by a non-DoD civilian dentist should use a DD Form 2813, or equivalent, as proof of dental examination.

e. Hearing Screening. A hearing screening is required NLT 90 days prior to rotation or deployment to the USEUCOM AOR and the service member must remain current for the duration of rotation or deployment.

f. Vision Screening. A vision screening is required NLT 90 days prior to rotation or deployment to USEUCOM AOR and the service member must remain current for the duration of rotation or deployment.

g. Psychoactive Medications. The use of psychoactive medications poses additional risk in the deployment environment, such as risk for heat injury, serotonin syndrome, lapses in judgment and alertness, etc. These medications are commonly used to treat depression, insomnia, drowsiness, concentration and alertness problems, mood disorders, anxiety, chronic pain, migraine headaches, seizures, etc. The following concerns will be scrutinized closely when considering waivers for psychoactive medications.

(1) Behavioral effects. Psychoactive medications affect alertness, sleep cycle, and judgment; all effects can be magnified when multiple medications are combined.

(2) Suicide risk. Psychoactive medications pose additional risk for suicide based on the physiologic effects of the medications, and in their normal use by patients at higher risk for suicide.

(3) Polypharmacy concerns. Medications prescribed to counteract the side effects of other medications are problematic, due to compounding of side effects (e.g., treating awakeness and alertness, while also addressing insomnia) and contribution to polypharmacy.

(4) Prescribing practices to expedite grief recovery. Prescribing medications early in the normal grieving process can adversely impact theater entry requirements and readiness while in theater. This practice can inhibit sufficient non-medicated grief recovery time (minimum of 6 months), which is essential for developing internal coping skills and emotional maturation, particularly in young service members (< 25 years old). Consequently, these early prescribing practices can lead to decreased resilience and preparedness, affecting overall mission readiness and operational effectiveness.

(5) Demonstrated stability. Service members must demonstrate clinical stability once a therapeutic dosage is established, over a minimum of 12 months, and tested by an adequate trial- of-duty under the expected stressful conditions of the deployment. Exceptions are provided in Enclosure (B).

(6) Serotonin syndrome concerns. Combinations of medications which activate the serotonergic system can increase the risk of serotonin syndrome, which can mimic heat injury. Both conditions (heat injury and serotonin syndrome) are difficult to recognize and diagnose and require very different approaches to treatment.

(7) Antihistaminic properties. Psychoactive medications with antihistaminic properties not only cause drowsiness and alertness issues but also increase the risk of heat injury.

h. DoD and Specialized U.S. Government Civilian Employees.

(1) General Standards. DoD Civilian employees are covered by the Rehabilitation Act of 1973. As such, an apparently disqualifying medical condition requires an individualized assessment conducted by designated DoD Occupational Health professionals or other qualified medical personnel to determine whether the employee can perform the essential duty functions in the deployed environment, without causing undue hardship. In evaluating undue hardship, the nature of the accommodation and the limited availability of care in certain USEUCOM AOR regions must be considered. Further, the employee's medical condition must not pose a substantial risk of significant harm to the employee or others when taking into account the conditions of the relevant deployed environment IAW reference (a).

(2) Specific Standard. Specialized government civilian employees who must meet specific physical and mental standards (e.g., firefighters, security guards and police, aviators, aviation crew members and air traffic controllers, divers, marine craft operators, commercial drivers, etc.) must meet those standards without exception, in addition to being found fit for the specific deployment by a medical and dental evaluation prior to travel. If fitness certifications expire while assigned within the USEUCOM AOR, it is up to the individual to plan in advance to recertify their compliance with respective fitness requirements (e.g., mid-tour leave, etc.).

(3) Screening Frequency. Government DoD and non-DoD Civilian employees whose assignment exceeds 12 months must be re-evaluated annually for fitness in order to remain in a deployed status. Annual in-theater rescreening may be focused on health changes, vaccination currency and monitoring of existing conditions, but should continue to meet all medical guidance as prescribed in this document. If government civilian employees are unable to adequately complete their medical screening evaluation in the theater, they should be redeployed to accomplish this annual requirement or request an exception to policy through the appropriate component surgeon.

i. DoD Contract Employees.

(1) General Standards. DoD contract employees must meet similar standards of fitness as other military and DoD civilian personnel, to include the ability to tolerate the environmental and operational conditions of the duty location IAW their contract

requirements. DoD contract employees must undergo a medical and dental evaluation conducted by qualified medical professionals designated by the contractor or the contracting organization. These evaluations must document the employee's fitness for duty without limitations prior to travel, in accordance with reference (f). Contracting Officer Representatives shall ensure all contracting companies are responsible for providing the appropriate level of medical screening for their employees.

(2) Pre-Deployment. Contracting agencies/companies will arrange provision of the pre- deployment medical and dental evaluations, and annual in-theater rescreening for the contracted employee. Medical requirements and evaluations must be completed prior to arrival at the deployment location and personnel must comply with immunization, DNA, and panograph x-ray requirements. All required immunizations are outlined in the Foreign Clearance Guide (FCG) (https://www.fcg.pentagon.mil) for the countries to be visited, as well as in paragraph 5 of Enclosure (C). Travel medicine services for contracted employees, including immunizations, evaluation of fitness, and annual re-screening are the responsibility of the contracting agency per the contractual requirements. Questions should be submitted to the supported command's contracting and medical authority.

(3) Medical Screenings. All contracting agencies/companies are responsible for providing the appropriate level of medical screening for their contracted employees based on the job the employees are hired to perform. The screening must be completed by a licensed medical provider (licensed in a country with oversight and accountability of the medical profession) and an English language copy of the completed medical screening documentation must be maintained by the contracting agency. Such documentation may be requested by base operations center personnel prior to issuance of access badges, as well as by medical personnel for compliance reviews. Installation commanders, in concert with their local medical assets and contracting representatives, may conduct quality assurance audits to verify the validity of medical screenings.

(4) Redeployment Due to Medical Condition. A new disqualifying medical condition, as determined by competent medical authority in the USEUCOM AOR, will be immediately reported to the contract employee's contracting officer. The affected contract employee will then be immediately redeployed and replaced at contracting agency's expense, unless otherwise specified in the contract IAW reference (f).

(5) Authorization of DoD Care. The guidance in this document should not be construed as authorizing use of Defense Health Program (DHP) or Military Health System (MHS) resources for such evaluations unless previously authorized. Generally, DHP and MHS resources are not authorized for the purpose of pre-deployment or travel medicine evaluations for contract employees IAW reference (f). Local command legal, contracting, and resource management authorities should be consulted for questions on this matter.

j. Local National (LN) and Third-Country National (TCN) employees. Minimum

screening requirements for LN and TCN employees are as follows IAW reference (f):

(1) Medical Screening. Pre-employment and annual medical screening of LN and TCN employees are normally not performed in U.S. DoD treatment facilities or by U.S. military medical personnel. Local contracting agencies must ensure screenings are conducted by a licensed medical provider. See paragraph 3.h.(3) above.

(2) Tuberculosis (TB) Screening Requirements. All LN and TCN employees in positions requiring close or frequent contact with non-LN/TCN personnel (e.g., dining facility workers, security personnel, interpreters, etc.) must be screened for TB IAW service specific guidance, references (g) through (j).

(3) Food Service Employees. LNs and TCNs employed in food service, including work with water and ice production, must be screened annually for signs and symptoms of infectious diseases. Employees must be vaccinated against Typhoid and Hepatitis A. This information must be documented in the employee's medical record/screening forms.

4. TRICARE Overseas Program (TOP) Requirements.

a. Enrollment Requirement. Units arriving in the USEUCOM for greater than 179 days for Active Duty and 30 days for Reserve components, are required to enroll into the TOP in order to receive routine medical care from Host Nation (HN) facilities.

b. To enroll in TOP, contact the local TRICARE point of contact or the Global TRICARE Service Center at: +44-20-8762-8384, option #2 (overseas) or 1-877-678-1207, option #2 (stateside).

c. Individuals with orders that do not meet the duration requirement stated in paragraph 4.a above are only eligible for Urgent/Emergent care at HN facilities.

d. For further information on the TOP:
https://www.TRICARE-overseas.com/beneficiaries.

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Enclosure B
Medical Clearance – Deployment-Limiting Conditions (DLCs)

1. Remote assignments. The limited availability of DoD and HN medical care in certain regions of the USEUCOM AOR pose challenges to individuals with chronic medical conditions. As a result, medical assessment of potentially disqualifying conditions should receive additional scrutiny to mitigate the risk of early evacuation from the theater to receive extensive medical care.

2. General waiver criteria.

a. Individuals who possess any of the following medical conditions listed in Tables B1-B21, require a medical waiver to deploy to the USEUCOM AOR unless stated otherwise.

b. "Medical conditions", as used in this context, includes those health conditions usually referred to as dental or psychological conditions.

c. Ability to perform duties. A medical waiver must be requested if an individual possesses a medical condition that raises any doubt of whether the person can perform his/her duty in a deployed (contingency) environment (e.g., a condition that is infectious or communicable; prohibits function; degrades alertness or judgement; impairs stereoscopic vision, depth perception, or color perception; impairs touch sensors, affects proprioception; or impairs the ability to drive or operate heavy equipment).

d. Basic requirements. The following list of DLCs is not intended to be comprehensive; there are other conditions that may result in denial of medical clearance. Personnel with potentially disqualifying medical conditions must meet the following two criteria to be cleared for deployment: 1) receive an evaluation by the appropriate medical provider to determine if the member can safely deploy, and 2) receive an approved medical waiver by the USEUCOM Command Surgeon or the delegated Service Component Surgeon for the potentially disqualifying medical condition(s).

e. Development of DLC while deployed. A USEUCOM waiver is not required if an individual develops a DLC while deployed and performing missions in the USEUCOM AOR. Component Surgeons may impose an additional requirement to reprocess a waiver request based upon newly developed DLC. Individuals who receive medical treatment for a DLC outside the USEUCOM AOR and desires to return to the USEUCOM AOR to finish their current deployment must get approval again from the designated waiver authority.

Table B-1. Anaphylaxis and Allergy DLCs

Anaphylaxis and Allergy		
An established diagnosis of anaphylaxis requires a waiver for deployment. A waiver is not needed for members with anaphylaxis to an allergen that is not present in the USEUCOM AOR. For example, if the member had a past anaphylactic reaction to an insect not found in the USEUCOM AOR, the member does not require a waiver for deploying to the USEUCOM AOR.		
Sequence #	**Condition**	**Description (Waiver Required for Any of the Following, Unless Stated Otherwise)**
A1	Anaphylaxis/Allergy treatment with epinephrine	Clear risk that the individual will need epinephrine to treat anaphylaxis (i.e., self-treatment with an "epi-pen")
A2	Food allergies	Food allergy to a food that would be difficult to avoid in-theater and where the symptoms of the allergic reaction are systemic and/or severe enough to the degree where it may interfere with ability to perform occupational duties

Table B-2. Cancer DLCs

Cancers		
Cancer for which a service member will require treatment or surveillance examination testing or imaging during the anticipated deployment.		
Sequence #	**Condition**	**Description (Waiver Required for Any of the Following, Unless Stated Otherwise)**
B1	Remission requirements	All cancers will be in complete remission for at least one year for a waiver to be considered. Exceptions will be considered on a case-by-case basis.
B2	Percutaneous lesions	Precancerous lesions that have not been treated and/or evaluated and that require treatment/evaluation during the anticipated duration of the deployment will not be considered for a medical waiver.
B3	Skin cancers (surgically removed)	No waiver required for skin cancers that have been surgically removed with clear borders demonstrated on pathological report and no evidence of spread (Exception: Melanoma does require a waiver). Must be cleared by treating physician or qualified provider.

Table B-3. Cardiovascular Conditions DLCs

Cardiovascular Conditions		
Any of the following conditions (excluding C15) must include written clearance from a cardiologist or specialist appropriate to that condition for a waiver to be considered.		
Sequence #	**Condition**	**Description (Waiver Required for Any of the Following, Unless Stated Otherwise)**
C1	Uncontrolled hypertension	**1.** Hypertension is worsening other significant medical problems, such as cardiovascular, cerebrovascular, renal or ophthalmological problems **2.** Hypertension has not been stable (i.e., on the same medication with good blood pressure control) for > 3 months during period before deployment **3.** Medication being used is producing side effects that would impair ability to function in a deployed environment.
C2	Coronary artery disease (CAD)	Waiver required for all
C3	Cardiac dysrhythmias or arrhythmias	Cardiac dysrhythmias or arrhythmias which require medication, electrophysiologic manipulation, surgical ablation, or implantable cardiac device will generally not be considered for a medical waiver. **NOTE: Exceptions for consideration**: History of atrial dysrhythmias, such as atrial fibrillation, premature supraventricular tachycardia (PVST), etc., without recurrence or symptoms for a minimum of 12 months and requiring no medication management.
C4	Heart failure	Waiver required for all
C5	Cardiomyopathy	Waiver required for all
C6	Coronary artery bypass grafting (CABG) **within one year of deployment**	Waiver required for all
C7	Coronary artery angioplasty and/or stenting **within one year of deployment**	Waiver required for all
C8	Carotid endarterectomy **within one year of deployment**	Waiver required for all
C9	Aneurysm repair **within one year of deployment**	Waiver required for all
C10	Anticoagulation therapy **within one year of deployment**	Waiver required for all
C11	Myocardial infarction **within one year of deployment**	Waiver required for all
C12	Elevated Framingham Risk (> 15%)	Age over 40 with a Framingham 10-year coronary heart disease (CHD) risk of 15% or greater requires an evaluation and clearance by cardiology.
C13	Additional cardiac disease cases that require a waiver	Clinical suspicion that cardiac disease may exist which requires further evaluation (e.g., stress test, Holter monitor, echocardiogram, cardiology consult, etc.)

C14	Specialist consultation required	Requirement to see a specialist (e.g., cardiologist or internal medicine) every 3 months or less (more frequently than every 3 months)
C15	Medications (for cardiovascular conditions)	Medication at higher risk for problematic side effects (e.g., Diuretics, Anticoagulants, Vasodilators, Antihypertensives)

Table B-4. Dermatological DLCs

Dermatological Conditions		
Sequence #	**Condition**	**Description (Waiver Required for Any of the Following, Unless Stated Otherwise)**
D1	Required Specialist care	Requires frequent (more often than every 3 months) specialist medical care
D2	Extensive lesions/disease	Extensive lesions/disease such that, in the opinion of a dermatologist, constitutes increased risk of illness, injury, or infection in the austere setting of a deployment
D3	Interference with duty	Interferes with the satisfactory performance of duty, wearing of the uniform, or using military equipment (e.g., deployment-specific equipment/clothing or eczema worsened by conditions in the AOR)
D4	Interference with insect repellent application	i.e., if unable to tolerate DEET and/or permethrin or other insect repellent or insecticide used in AOR
D5	Immunosuppressant treatment required	e.g., chronic systemic steroids or immunomodulating or suppressive medications, such as Cyclosporine, Tacrolimus, etc.
D6	Biologic response modifier treatment required	e.g., immunomodulators or other biologic medications, such as Humira, Dupixent, etc.
D7	Antineoplastic treatment required	Antineoplastics (oncologic or non-oncologic use). Includes antimetabolites, such as methotrexate, hydroxyurea, mercaptopurine, etc.
D8	Skin cancer remission requirements	Waiver required if condition has not been in complete remission for at least one year
D9	Skin cancers (surgically removed)	No waiver required for skin cancers that have been surgically removed with clear borders demonstrated on pathological report and no evidence of spread (Exception: Melanoma does require a waiver). Must be cleared by treating physician or qualified provider.

Table B-5. Endocrine-Related Disorder DLCs

Endocrine-Related Disorders		
Any of the following conditions that require medications that have special hazardous materials (HAZMAT) require a Commander's Endorsement letter from the first O-5/O-6 in the individual's chain of command for a waiver to be considered (see Enclosure (E), Appendix B for example letters).		
Sequence #	**Condition**	**Description (Waiver Required for Any of the Following, Unless Stated Otherwise)**
E1	Diabetes Mellitus	**1.** Insulin **2.** Oral or injectable medications with a risk of hypoglycemia or severe complications **3.** Poor glycemic control (hemoglobin A1C > 7) **4.** Less than 90 days since last adjustment in medication regimen **5.** Diabetes mellitus complications (i.e., micro or macro neuro-vascular changes, history of hypo- or hyper-glycemic urgency) in the prior 6 months **NOTE:** Item 4 requires Glucagon Emergency Kit prescriptions if waiver approved
E2	Hypo/Hyperthyroid	**1.** New onset (within past 6 months) of either hypo- or hyper-thyroid function **2.** Changes in thyroid-related symptoms during previous 3 months **3.** Changes to medication or dose in preceding 3 months **4.** An episode of acute thyrotoxicosis in the preceding 6 months **5.** Requirements for physician follow-up within a 3-month period
E3	Replacement/adjustment therapy considerations	Condition must be stable, require no laboratory monitoring or specialty consultation, and require only routine follow-up which must be available in the deployed location or by specific arrangement.
E4	Hormonal preparation requirements	Must be administered by oral or transdermal routes, be within clinically appropriate dose parameters, have no special storage requirements, and not produce side effects which interfere with the normal performance of duties or require additional medications to manage.
E5	Long acting reversible contraceptives (including Injectable contraception	No waiver required

Table B-6. Environment-Related DLCs

Environment-Related Conditions (e.g., Heat/Cold-Related Injuries)		
Sequence #	**Condition**	**Description (Waiver Required for Any of the Following, Unless Stated Otherwise)**
F1	Heat stroke	**1.** Complicated by either acute renal failure and/or rhabdomyolysis **2.** Multiple episodes of heat stroke or persistent sequelae or organ damage will not be considered for medical waiver
F2	End-organ damage from single heat illness injury	i.e., renal, cardiovascular or neurological damage
F3	Cold Weather Injury	1. Complicated by infection, renal failure and/or cancer 2. Recurrent cold injury, recurrent, or persistent cold sensitivity, vascular, or neuropathic symptoms, disability due to tissue loss from cold injury, or any geographic limitations require Disability Evaluation System referral. ** See justification (references k, l, and m)

Table B-7. Gastrointestinal DLCs

Gastrointestinal Conditions		
Sequence #	**Condition**	**Description (Waiver Required for Any of the Following, Unless Stated Otherwise)**
G1	Gastroesophageal Disease	Existence of associated diseases, such as esophageal stricture or Gastroesophageal Reflux Disease (GERD), that require active management or frequent (more often than every 6 months) medical care
G2	Inflammatory Bowel Disease (Crohn's and Ulcerative Colitis)	**1.** Symptom frequency and/or severity affect ability to perform military duties **2.** Symptoms not fully responsive to dietary measures available in-theatre (including fiber supplementation) and medications (e.g., antidiarrheals; antispasmodics and bulk-forming laxatives) **3.** Presence in-theater of triggers (e.g., irregular meals, poor sleep, loud noises, increased psychological stress) that will likely result in an exacerbation of the frequency and/or severity of the symptom pattern. **4.** Chronic medication treatment with immune modulators (i.e., Mesalamine, Sulfasalazine, Lubiprostone, injectables, etc.)

Table B-8. Genitourinary DLCs

Genitourinary Conditions (History of Kidney Stones/Renal Colic)		
Sequence #	**Condition**	**Description (Waiver Required for Any of the Following, Unless Stated Otherwise)**
H1	Kidney Stones/Renal Colic	**1.** History of more than three or more renal calculi **2.** One or more exacerbations or urologic pain (ureteric pain or calculi) in the preceding 12 months requiring urgent care or hospitalization **3.** CT Scan or intravenous pyelogram or flat plate x-rays confirms current existence of more than one calculi or a single calculi more than 5 mm in size **4.** Renal/urologic intervention (e.g., lithotripsy, ureteroscopic extraction, etc.) in preceding 3 Months

Table B-9. Infectious Disease DLCs

Infectious Diseases		
IAW Reference (d) and Enclosure A, paragraph 1.m., the standard to deploy to the USEUCOM AOR is for individuals to be free of known blood transmissible diseases and possess a clean blood supply. Therefore, an individual that has a known infectious disease/infectious condition (e.g., Hepatitis A, Hepatitis C, Human Immunodeficiency Virus (HIV), etc.) that could preclude that individual from being a walking blood donor requires a medical waiver to deploy. Individuals possessing any of the conditions below with measurable viral titers, positive cultures, or systemic manifestations are non-deployable. Cases with no active disease, in complete remission, and with no risk of communicability, will be considered for waiver on a case-by-case basis. Active duty must comply with status of forces agreements; civilian deployers should contact the nation's embassy for up-to-date information. All of the following infectious diseases require a Commander's Endorsement letter from the first O-5/O-6 in the individual's chain of command for a waiver to be considered because these diseases put the member at risk of not being able to remain a blood donor (see Enclosure (E), Appendix B for example letters).		
Sequence #	**Condition**	**Description (Waiver Required for Any of the Following, Unless Stated Otherwise)**
I1	Human Immunodeficiency Virus (HIV)	Waiver requests must demonstrate lack of active disease and evidence of remission, and must include clearance from appropriate specialist. Covered personnel are not automatically deemed non-deployable solely due to being HIV-positive; their deployability is determined on a case-by-case basis, considering their ability to perform assigned duties and consulting the cognizant Combatant Command Service Component Surgeon in all instances of HIV seropositivity, especially when there is a progressive clinical illness or immunological deficiency. (See References a, e, and n)

I2	Hepatitis B	Waiver requests must demonstrate lack of active disease and evidence of remission, and must include clearance from appropriate specialist
I3	Hepatitis C	Waiver requests must demonstrate lack of active disease and evidence of remission, and must include clearance from appropriate specialist
I4	Tuberculosis (TB) - Active or Latent	**1.** Any active TB case with or without therapy will not be considered. **2.** Any recent positive TB test (PPD or Quantiferon) conversion requires waiver and infectious disease consultation. **3.** Any history of TB case with evidence of brain, kidney or bone involvement **NOTE1:** Active duty servicemembers with a history of positive conversion on tuberculin skin testing, and who have documented completion of Latent Tuberculosis Infection (LTBI) evaluation and counseling for consideration of treatment and whose providers did not recommend LTBI treatment may deploy without a medical waiver as long as all service-specific requirements are met (See References g, i, and j) **NOTE2:** Evaluation and treatment of TB among DoD contract employees, LN and TCN employees are normally not provided within DoD facilities
I5	Host/transit nation infectious disease consideration	A USEUCOM waiver cannot override host or transit nation infectious disease or immunization restrictions.
I6	Refusing Mandatory USEUCOM Vaccinations	A waiver will not be granted for any individual that refuses the mandatory USEUCOM vaccinations set forth in Enclosure (C), paragraph 5.b. All requests for exemptions from these requirements, including medical and religious exemptions, will be processed in accordance with reference (o).

Table B-10. Musculoskeletal DLCs

Musculoskeletal Conditions		
Any musculoskeletal condition that significantly impairs activities of daily living or performing of duties in a deployed environment requires a waiver.		
Sequence #	**Condition**	**Description (Waiver Required for Any of the Following, Unless Stated Otherwise)**
J1	Chronic Low Back Pain	**1.** Low back pain secondary to a serious process (such as cancer, infection, cauda equina syndrome, spinal stenosis or radiculopathy, vertebral compression fracture or ankylosing spondylitis) will not be considered for a waiver **2.** Incapacitating low back pain that occurs on average more often than once every 6 months, or that exists for more than five days in any 3-month period **3.** The low back pain limit's ability to perform duties during a deployment, which includes wearing of PPE, carrying full military equipment, travel in military vehicles, etc. **4.** Requirement to use CII-CV medications, such as benzodiazepines, opioids, Gabapentin, or Pregabalin whose side effects may limit performance of duties/occupation while deployed **5.** Incomplete rehabilitation with significant functional limitations
J2	Musculoskeletal (MSK) Injuries	**1.** Waiver required for any musculoskeletal condition that significantly impairs activities of daily living or performance of duties/occupation while deployed (If there are concerns, an official functional capacity exam should be performed and results included with the waiver request) **2.** Musculoskeletal injury or condition, including any chronic pain syndromes, results in loss of motion or function to a degree that impairs performance of duties/occupation while deployed **3.** Incomplete rehabilitation with significant functional limitations **4.** Requires the use of a medication which may impair the individual from performing duties/occupation while deployed **5.** Diagnosed with a potentially progressive systemic or infectious disease (i.e. osteomyelitis or autoimmune diseases such as rheumatoid arthritis, ankylosing spondylitis, and others) will not be considered for a waiver **6.** MSK treated with controlled substances (i.e., narcotics, benzodiazepines, etc.)

Table B-11. Neurological DLCs

Neurological Conditions		
Sequence #	**Condition**	**Description (Waiver Required for Any of the Following, Unless Stated Otherwise)**
K1	Epilepsy and Seizure Disorder	Seizure disorder with active seizure activity within the last year or known trigger (such as sleep deprivation) that would likely be triggered in the deployed AOR (diagnosis of epilepsy with ongoing chronic risk for seizures may be considered for a medical waiver. Must be seizure free for 6 months and cleared by neurology for waiver to be considered.
K2	Epilepsy and Seizure Disorder (Idiopathic)	Idiopathic seizure disorder patients on a stable anticonvulsant regimen (i.e., with normal MRI, EEG and lab work-up), and is seizure-free for one year

K3	Migraines and Headaches	**1.** Incapacitating headaches that typically last > 2 hours and occur more often than once every 3 months **2.** Any acute, urgent or emergent visits for treatment of a headache within last 3 months **3.** Requirement to use a medication whose side effects would preclude carrying out duties/occupation during a deployment (e.g., narcotics) **4.** Requirement for rescue medications (oral or injectable) for flare-ups greater than once a month (difficult to manage medications, i.e., ergotamine is prohibited) **5.** The presence in-theater of triggers (e.g., irregular meals, poor sleep, loud noises, increased psychological stress) will likely result in an exacerbation of the frequency and/or severity of the headache pattern **6.** History of intractable migraines requiring Emergency Room care or inpatient admissions **7.** Management of migraines requiring controlled substances
K4	Syncope & Loss of Consciousness (LOC)	**1.** An episode of syncope requiring ongoing evaluation or treatment **2.** An episode of syncope that occurred < 1 year ago and was never evaluated fully by a physician to determine cause **3.** More than one idiopathic syncopal or near syncopal event **4.** Current restrictions or limitations of duties/occupation
K5	Traumatic Brain Injury (TBI)	**1.** Moderate or severe ongoing cognitive impairment precluding performance of full duties/occupation **2.** Significant psychiatric or neurological comorbidity which results in an inability to perform full duties/occupation **3.** History of a single mild TBI may deploy once released by a medical provider after 24-hours symptom free (See Reference p) **4.** Sustainment of a second mild TBI within a 12-month period may deploy after seven days symptom free and release by a medical provider (See Reference p) **5.** Three clinically diagnosed TBIs (of any severity, including mild) since last full neurological and psychological evaluation requires to such an evaluation completed prior to deployability determination (See Reference p)
K6	Cerebral Vascular Accident (CVA)	History of CVA to include Transient Ischemic Attack in previous 12 months require neurologist recommendation with waiver request

Table B-12. Obesity-Related DLCs

Obesity (BMI > 35 Or Weight Greater Than 300 Pounds)		
Obesity not only poses an individual health risk but also presents challenges of mobility when injured. Morbid obesity poses difficulties for stretcher movement and field operating table stability, as well as challenges for intubation, anesthesia, and vehicle extraction.		
Sequence #	**Condition**	**Description (Waiver Required for Any of the Following, Unless Stated Otherwise)**
L1	Body Mass Index (BMI) restrictions	**1.** Any individual with BMI > 35 with comorbidities (e.g., diabetes, cardiovascular disease, hypertension, sleep apnea, obesity-related cardiomyopathy, severe joint disease, etc.), will generally not be considered for a medical waiver. **2.** Civilians and contract employees with BMI of 35 to 39 without serious comorbidities may be considered for a medical waiver. **3.** Morbid obesity (BMI > 40) will generally not be considered for medical waiver. **NOTE1:** Service members do not require a waiver if compliant with Service body fat guidelines. **NOTE2**: Online BMI calculator: https://www.nhlbi.nih.gov/health/educational/lose_wt/BMI/bmi-m.htm.

Table B-13. Pregnancy DLCs

Pregnancy		
Sequence #	**Condition**	**Description (Waiver Required for Any of the Following, Unless Stated Otherwise)**
M1	Currently pregnant	Currently pregnant or less than 6 months post-partum will not be considered for a waiver.
M2	Becoming pregnant while deployed	Decision whether to have the individual remain in theater or redeploy will be determined by the affected service component.
M3	Abortion or Miscarriage Recovery Time	Requires 3 months recovery time before a medical waiver will be considered. Waivers requested before 3 months recovery time will be considered on a case-by-case basis and must be endorsed by SM.

Table B-14. Psychiatric/Behavioral Health Related DLCs – Part 1

Psychiatry/Behavioral Health Conditions (Anxiety, Major Depressive Disorders, ADD/ADHD, Eating Disorders)

All of the following mental or behavioral health (BH) related diagnoses require that the waiver be signed by a BH specialist or a letter from a BH specialist for a waiver to be considered. All substance abuse disorders and significant BH conditions (e.g., history of suicidal ideation/attempt, severe depression/anxiety, and ongoing family/relationship problems) require a Commander's Endorsement letter from the first O-5/O-6 in the individual's chain of command for a waiver to be considered (see Enclosure (E), Appendix B for example letters). USEUCOM considers 12 months as the standard recovery time from BH conditions, with exceptions considered at 6 months onward (unless stated otherwise). See the contents of Tables B14 and B15 for disease specific information.

Sequence #	Condition	Description (Waiver Required for Any of the Following, Unless Stated Otherwise)
N1	Anxiety	**1.** Required regular, ongoing mental health treatment within the last six months, in order to gain stability. **2.** Ongoing symptoms of any type which affects ability to perform duties/occupation effectively. **3.** Lack of disease stability for < 6 months **4.** Any concern about the behavioral stability (social and occupational) and the potential for deterioration or recurrence of symptoms during deployment if treatment is interrupted **5.** Significant psychiatric co-morbidity **6.** Any requirement for antipsychotics, benzodiazepines, or lithium
N2	Major Depressive Disorders	**1.** Hospitalization for psychiatric reason within last 12 months (see N10 for further guidance) **2.** Any ongoing depressive symptoms (cognitive/sleep/mood/suicidal) affecting performance of duties/occupation **3.** Lack of disease stability for < 6 months **4.** Any requirement for antipsychotics or lithium **5.** Any evidence of bipolar disorder or psychotic features **6.** Reasonable concern about the behavioral stability and the potential for significant deterioration or recurrence of symptoms during deployment if treatment is interrupted **7.** Ongoing requirement for psychological or mental health counseling to maintain stability and functioning **8.** Any suicidal ideation/attempt in the preceding 12 months (see N9) **9.** Any ongoing depressive symptoms (cognitive/sleep/mood/suicidal) affecting performance of duties/occupation will not be considered for a medical waiver.
N3.1	ADHD/ADD - prerequisites for 'no waiver required	Waiver is **not required** if **ALL** of the following are met: **1.** On stable treatment regimen with CII stimulant medications (defined as greater than 6 months on a stable dose without comorbidities) and the diagnosis has been validated by a physician or doctoral level mental health provider (Service Components may require a psychiatrist) **2.** The individual does not possess duty limitations or restrictions **3.** The individual is able to deploy with sufficient medications to complete deployment, or arrangements have been made for delivery of medications **4.** All controlled medications, to include CII stimulants, can be maintained in a locked container, properly secured
N3.2	ADHD/ADD - Items needed to accompany waiver request (if all items in N3.1 are not met, which would necessitate a waiver).	**ALL** of the following are **required** to be included in the waiver packet submission: **1.** A letter of fitness from the first O-5 in the chain of Command validating that the individual can indeed perform duties/occupation in an austere environment with a long-term irregular sleep schedule while on stimulant medication. **2.** Individuals will deploy with sufficient medications to complete deployment or arrange for delivery of medications (see Enclosure A, paragraph 1.h., for further guidance on prescription medication requirements) **3.** Statement from provider verifying the lack of adverse effects from stimulant medication (to include insomnia and/or hypertension) **NOTE1:** The USEUCOM medical supply system is not equipped to ship and/or store large amounts of controlled substances. **NOTE2:** All controlled medications to include CII stimulants must be maintained in a locked container, properly secured. **NOTE3:** Germany prohibits the delivery of medications via mail to include the military postal service (MPS) (this includes personnel in countries that receive U.S. Mail that passes through Germany).

N4	Eating Disorders (i.e. Anorexia Nervosa, Bulimia Nervosa, or other specified/unspecified feeding or eating disorder)	1. Required regular, ongoing mental health treatment within the last six months in order to maintain stability 2. Ongoing symptoms of any type which affects ability to perform duties/occupation 3. Disease stability for < 6 months 4. Any concern about the behavioral stability (social and occupational) and the potential for deterioration or recurrence of symptoms during deployment 5. Medical evaluation indicates physical health concerns related to disorder (abnormal labs, cardiac concerns, etc.)

Table B-15. Psychiatric/Behavioral Health Related DLCs – Part 2

Psychiatry/behavioral health conditions (Not Including Anxiety, Major Depressive, ADD/ADHD, Eating Disorders)

All of the following mental or behavioral health (BH) related diagnoses require that the waiver be signed by a BH specialist or a letter from a BH specialist for a waiver to be considered. All substance abuse disorders and significant BH conditions (e.g., history of suicidal ideation/attempt, severe depression/anxiety, and ongoing family/relationship problems) require a Commander's Endorsement letter from the first O-5/O-6 in the individual's chain of command for a waiver to be considered (see Enclosure (E), Appendix B for example letters). USEUCOM considers 12 months as the standard recovery time from BH conditions, with exceptions considered at 6 months onward (unless stated otherwise). See the contents of Tables B14 and B15 for disease specific information.

Sequence #	Condition	Description (Waiver Required for Any of the Following, Unless Stated Otherwise)
N5	Psychotic and bipolar disorders	History (within the last 12 months) of isolated brief, limited episodes which express bipolar or psychosis symptoms, now resolved. **NOTE:** Bipolar disorders and psychosis are both conditions requiring a Medical Examination Board and thus are non-deployable and will not be considered for medical waiver
N6	Psychiatric disorders affecting social and/or job performance	DSM IV/5 diagnosed psychiatric disorders with residual symptoms, or medication side effects which impair social and/or occupational performance will not be considered for medical waiver.
N7	Mental health conditions - risk of deterioration	Mental health conditions that pose a substantial risk for deterioration and/ or recurrence of impairing symptoms in the deployed environment will not be considered for medical waiver.
N8	Chronic insomnia	Required usage of sedative hypnotics/amnestics, benzodiazepines, and/or anti-psychotics for greater than three months will require a waiver to deploy (includes use of Zolpidem (Ambien) or similar medications for > 3 months)
N9	Psychiatric polypharmacy	Use of 3 or more psychotropics (e.g., antidepressants, anticonvulsants, antipsychotics, benzodiazepines) for stabilization, particularly if used to offset side-effects of other BH therapy, requires a waiver for deployment. (Reference [q]).
N910	Suicide ideation/attempt (including passive)	Suicide ideation/attempts within the last 12 months require a waiver to deploy.
N11	Psychiatric hospitalization (excludes brief overnight stays for observation)	Psychiatric hospitalization within the last 12 months requires a medical waiver submission package with a specialty evaluation prior to deployment
N12	Psychiatric disorders newly diagnosed during deployment	Psychiatric disorders newly diagnosed during deployment do not immediately require a medical waiver or redeployment. Disorders that are deemed treatable, stable and having no impairment of performance or safety by a credentialed mental health provider do not require a medical waiver to remain in theater **NOTE:** Exceptions include diagnoses featuring bipolar, psychotic, homicidal, or suicidal features. These individuals should be redeployed at soonest opportunity via medical evacuation with appropriate escorts and per TRANSCOM guidelines.
N13	Post-Traumatic Stress Disorder (PTSD)	**1.** Currently being evaluated for possible diagnosis of PTSD **2.** Diagnosed with PTSD and currently has symptoms which interfere with ability to perform full duties/occupation **3.** Diagnosed with PTSD and with symptoms controlled but period of stability is less than 6 months **4.** Diagnosed with PTSD and has symptoms under control but requires frequent follow-up with a specialist (more often than every 6 months) **5.** Diagnosed with PTSD and with symptoms controlled and stabilized, but judged to be at risk for deterioration if deployed **6.** Requiring antipsychotics, benzodiazepines, lithium or anti-consultants

N14	Substance use disorders (SUD)	**1.** Current untreated substance use disorder (SUD) **2.** Use of Medication Assisted Therapies to treat SUDs **NOTE1:** Cases of isolated misuse of substance only require a waiver when there is/was concern of an underlying disorder requiring treatment **NOTE2:** A minimum of 3 months is required following formal completion of a substance abuse program before a waiver will be considered **NOTE3:** Waivers will be considered on a case-by-case basis for individuals that have formally completed a treatment program at the time of deployment.
N15	Narcolepsy	Required to take Wakefulness Agents such as Modafinil, Armodafinil, or other CNS stimulants

Table B-16. Respiratory Condition DLCs

Respiratory Conditions		
Sequence #	**Condition**	**Description (Waiver Required for Any of the Following, Unless Stated Otherwise)**
O1	Respiratory conditions (mild)	Well-controlled for 3 months and are evaluated to pose no risk of deterioration while deployed may be considered for waiver (e.g., mild interstitial lung disease, chronic bronchitis, emphysema (COPD), pulmonary fibrosis, etc.)
O2	Respiratory conditions (moderate and severe)	Well-controlled for 6 months and are evaluated to pose no risk of deterioration while deployed may be considered for waiver (e.g., mild interstitial lung disease, chronic bronchitis, emphysema (COPD), pulmonary fibrosis, etc.)
O3	Asthma and Wheezing Disorders	**1.** Use of systemic (oral or injectable/intravenous) steroids in past 6 months **2.** Any asthma/wheezing disorder related hospitalizations in last 12 months **3.** Any asthma/wheezing disorder related visits to an Emergency Dept in last 12 months **4.** Forced Expiratory Volume in 1 second (FEV1) < 50% with treatment **5.** Requirement for physician assessment for asthma/wheezing disorder more often than once every 3 months **6.** Symptoms likely to be exacerbated by triggers in theater (e.g., dust, cold weather) **7.** Inability to wear personal protective equipment. **8.** Active treatment with approved biologics (i.e., Omalizumab (Xolair®) injections) in the last 6 months
O4	Obstructive Sleep Apnea (OSA)	**1.** Severe Sleep Apnea (AHI or RDI ≥ 30/hr.) **2.** Non-compliant with Continuous Positive Airway Pressure (CPAP) **3.** Risk of sudden death if no equipment available or if equipment malfunctions **NOTE1:** Mild and moderate OSA with functional CPAP with battery back-up and documented compliance do not require a waiver **NOTE2:** In-laboratory polysomnography (PSG), with a minimum of two hours of total sleep time, is required objective testing for all personnel with the diagnosis of OSA. The PSG must yield an apnea-hypopnea index (AHI), and/or respiratory disturbance index (RDI), of greater than 5/hr. home testing with portable monitors is acceptable on a case- by-case basis. For individuals previously diagnosed with OSA, updated or repeat PSG is not required unless clinically indicated (i.e., significant change in body habitus, corrective surgery or return of OSA symptoms). The USEUCOM waiver authority may request repeat PSG to further evaluate a specific waiver request.

Table B-17. Surgery or Surgical DLCs

Surgery or Surgical Conditions		
Sequence #	**Condition**	**Description (Waiver Required for Any of the Following, Unless Stated Otherwise)**
P1	Medical condition requiring surgery or ongoing treatment/rehabilitation	Device removal (e.g., external fixator placement) will not be considered for a medical waiver. This item refers to devices currently in place.
P2	Surgical repair	Major surgical repair within the prior 12 weeks (minor skin repairs do not require a waiver)
P3	Colectomy	History of a total or partial colectomy
P4	Cosmetic, bariatric, or gender reassignment procedures	Disqualifying until fully recovered with all follow-up and revisions complete, to include adjuvant counseling, medical treatment, and completing all Service-specific requirements. Special dietary and hygienic requirements cannot be reliably accommodated and may be independently disqualifying.

Table B-18. Vascular DLCs

Vascular Conditions		
Sequence #	**Condition**	**Description (Waiver Required for Any of the Following, Unless Stated Otherwise)**
R1	Abdominal/Thoracic Aortic Aneurysms	**1.** Aortic or arterial aneurysm that requires a surgical intervention or at risk of rupture are non-deployable and will not be considered for medical waiver **2.** History of aortic aneurysms (past and present) **3.** Any evidence of aneurysm enlargement during follow-up (i.e., disease is progressive) will be considered on a case-by-case basis
R2	History of Pulmonary Embolism (PE)/Deep Venous Thrombosis (DVT)	**1.** Anyone on anti-coagulant therapy **2.** History of more than one DVT (i.e., the disease has proven to be recurrent) **3.** History of major/proximal DVT **4.** DVT with evidence of a Post Thrombotic Syndrome (PTS) **5.** History of large PE with evidence of a permanent functional limitation which prevents performance of full duties/occupation
R3	Venous Insufficiency	**1.** Current symptomatic varicose pathology with significant functional impairment or edema or interference with wearing normal equipment (including boots) **2.** History of varicose veins in the lower limbs with chronic significant skin pathology, such as hypo-dermatitis, and/or skin ulcers, that has not yet been treated definitively.

Table B-19. Eye, Ears, Nose, Throat and Dental DLCs

Eye, Ear, Nose, Throat and Dental Conditions		
Sequence #	**Condition**	**Description (Waiver Required for Any of the Following, Unless Stated Otherwise)**
S1	Refractive eye surgery	**1.** Currently using ophthalmic steroid drops post-procedure **2.** Attending ophthalmologist or optometrist determines that refractive surgery recovery is NOT complete **3.** Does not meet service specific retention standards and/or Air Force Specialty Code/Military Occupational Specialty (AFSC/MOS) specific duty standards **NOTE:** A waiver is not required once cleared by the attending ophthalmologist or optometrist with supporting documentation.
S2	Visual impairment	**1.** Service member's best corrected visual acuity does not meet the occupational or retention standards of the military **2.** Visual problem (cataracts; night blindness; scotomata, etc.) that is currently affecting the ability to perform full duties/occupation
S3	Hearing loss	**NOTE:** The requirement for use of a hearing aid does not necessarily preclude deployment. However, the individual must have sufficient unaided hearing to perform duties safely (See reference [a]). **NOTE:** For hearing aids IF a Service member is found qualified for retention with no limitations on assignments or deployments following evaluation of a medical condition by competent medical and personnel authority of his or her respective Service, and if the condition remains stable, a deployment waiver of that same condition is not required by reference (a). **NOTE:** Those traveling to combat areas should have an occupationally focused assessment of ability to hear and wake up to emergency alarms unaided and hear instructions in the absence of visual cues (such as lip reading). If there are any safety questions regarding the individual's hearing ability, speech recognition in noise test (SPRINT) or equivalent is a recommended adjunct.
S4	Meniere's disease (or, other vertiginous/motion sickness conditions)	**NOTE:** A medical waiver will be granted only if the condition is well controlled with medications available in the USEUCOM AOR (e.g., Meclizine) and without any degradation in duty performance.
S5	Open tracheostomy or aphonia	**NOTE:** Will not be considered for a medical waiver
S6	Healed prior tracheostomies	**NOTE:** Waiver not required if follow-up is not required

Table B-20. Medication DLCs

Medication Deployment Limiting Conditions (DLCs)

Although not exhaustive, use of any of the following medications (specific medication or class of medication) is disqualifying for deployment, unless a waiver is granted. A Commander's Endorsement letter signed by the first O-5/O-6 in the individual's chain of command is required for individuals taking controlled substances and individuals using medications that require special hazardous material storage & disposal requirements (e.g., needles for injections of medicines) (see Enclosure (E), Appendix B for example letters). In this table, use of the word 'chronic' is defined as use of any combination of medications for more than 30 days over a three-month period, currently, or within the last year. Medication changes or discontinuations must have sufficient time and trial of duty to demonstrate stability IAW Enclosure (A), paragraphs 1.c – 1. e.

Sequence #	Medication (or, class of medication)	Description (Waiver Required for Any of the Following, Unless Stated Otherwise)
T1	Medication that Requires Laboratory Monitoring	Any medication that requires regular laboratory monitoring less than every 6 months.
T2	Blood Modifiers - Therapeutic Anticoagulants	e.g., warfarin (Coumadin®), rivaroxaban (Xarelto®), Eliquis
T3	Blood Modifiers - Platelet Aggregation Inhibitors or Reducing Agents	e.g., Clopidogrel (Plavix®), Anagrelide (Agrylin®), Dabigatran (Pradaxa®), Aggrenox®, Ticlid (Ticlopidine®), Prasugrel (Effient®), Pentoxifylline (Trental®), Cilostazol (Pletal®) Note: isolated use of aspirin for cardiovascular protection does not require a waiver if cleared for deployment by prescribing provider.
T4	Blood Modifiers - Hematopoietics	filgrastim (Neupogen®), Sargramostim (Leukine®), erythropoietin (Epogen®, Procrit®)
T5	Blood Modifiers - Antihemophilics	Factor VIII, Tranexamic Acid (TXA), KCENTRA, etc.
T6	Antineoplastics (oncologic or non-oncologic use)	e.g., antimetabolites (methotrexate, hydroxyurea, mercaptopurine, etc.), alkylators (cyclophosphamide, melphalan, chlorambucil, etc.), antiestrogens (tamoxifen, etc.), aromatase inhibitors (anastrozole, exemestane, etc.), medroxyprogesterone (except use for contraception), interferons, etoposide, bicalutamide, bexarotene, oral tretinoin (Vesanoid®), Tyrosine Kinase Inhibitors (imatinib, Nilotinib, etc.), or other biologic agents
T7	Immunosuppressants	e.g., chronic systemic steroids, mycophenolate, oral tacrolimus, etc.
T8	Biologic Response Modifiers (immunomodulators)	e.g., abatacept (Orencia®), adalimumab (Humira®), anakinra (Kineret®), etanercept (Enbrel®), infliximab (Remicade®), Leflunomide (Arava®), omalizumab (Xolair®), etc.
T9	Benzodiazepines	Chronic use of Benzodiazepines requires a waiver to deploy (e.g., lorazepam (Ativan), alprazolam (Xanax), diazepam (Valium), Clonazepam (Klonopin), etc.) (see paragraph at top of the table for a definition of chronic)
T10	Central Nervous System Stimulants (to include treatment of ADHD/ADD and Narcolepsy)	Ritalin, Concerta, Adderall, Dexedrine, Focalin XR, Vyvanse, Provigil, Nuvigil etc. **NOTE:** For individuals requiring medication for ADHD/ADD, a waiver is not required if all condition in Table B-14, sequence number N3.1, are met
T11	Sedative Hypnotics/Amnestics	Taken for greater than three months for treatment of chronic insomnia: zolpidem (Ambien, Ambien CR), eszopiclone (Lunesta), Zaleplon (Sonata), Estazolam (ProSom), triazolam (Halcion), temazepam (Restoril), Flurazepam (Dalmane), etc. Note 1: This does not include diphenhydramine or melatonin. Note 2: Isolated short term (<2 weeks) use for jet lag does not require a waiver.
T12	Antipsychotics	Including atypical antipsychotic medication **NOTE:** Refer to Table B-15, Sequence # N7 for antipsychotic usage for chronic insomnia
T13	Antimanic (bipolar) agents	e.g., Lithium, etc.
T14	Anticonvulsants (i.e., for seizure control or psychiatric diagnosis)	
T15	Valproic acid	e.g., Depakote®, Depakote ER®, Depacon®, etc.
T16	Carbamazepine	e.g., Tegretol®, Tegretol XR®, etc.
T17	Varenicline (and similar medication for smoking cessation)	e.g., Chantix® - Blackbox warning for neuropsychiatric potential removed in December 2016; however, need to address stability on medicine in waiver request
T18	Narcotics	Chronic use of narcotics requires a waiver to deploy (e.g., opioids, opioid combination drugs, tramadol for chronic use, etc.) (see top of table for the definition of chronic)
T19	Insulin and exenatide	Any insulin preparation or insulin mimetic (Byetta®, Victoza®, etc.)
T20	Polypharmacy	Any individual taking 3 or more psychoactive medications requires a waiver to deploy into the USEUCOM AOR (includes medication for pain, sleep, depression, ADD/ADHD and other behavioral health conditions).
T21	Injectable Medications	excludes Medroxyprogesterone **NOTE:** Need to establish proper disposal procedures for all used needles
T22	Special Handling Medications	Any medication requiring refrigeration, extensive preparation and/or administrations, HAZMAT items, etc.
T23	SUD Medication Assisted Therapy	e.g., Disulfiram, Naltrexone, Acamprosate, etc. (chance of relapse is high)
T24	Allergy Specific Immunotherapy	Sublingual Immunotherapy, unless stable dose for 6 weeks (high risk of anaphylaxis)
T25	Emergency Anaphylaxis Preparations	Epinephrine autoinjectors, such as EpiPen, Auvi-Q, etc.
T26	Inflammatory Bowel Diseases (i.e., Ulcerative Colitis, Crohn's)	e.g., Mesalamine, Sulfasazine, Lubiprostone
T27	Severe Asthma	Severe asthma treated with immunomodulators/biologics (i.e., Omalizumab (Xolair®), Nucala, Faserna, Cinqair), and moderate to high dose inhaled corticosteroids +/- long-acting beta-agonists (e.g., Flovent, Asmanex, Advair, Symbicort)
T28	Chronic Neurological Diseases Minus BH/MH	Treatment for Multiple Sclerosis, Parkinson's, Syncope, etc.
T29	Chronic Infectious Diseases	IAW Enclosure A, paragraph 1.m., and Table B-9, treatment for Chronic Infectious Diseases (e.g., HIV, HBV, HCV, active Tb)
T30	Migraine Rescue Medications	Treatment with IV, SQ, or oral medications (excludes migraine prophylaxis medications)

T31	Cardiac Conditions Requiring Aspirin Therapy	Scheduled Aspirin therapy on daily basis (Increased risk of CV events, adverse bleeding)
T32	Weight Loss Medications	e.g., Liraglutide (Saxenda), Lorcaserin (Belviq, Belviq XR), Naltrexone/Bupropion SR (Contrave), Orlistat (Xenical), Benzphetamine (Didrex), Phentermine (Adipex-P), (Wegovy, Ozempic) – Tirzepatide (Zepbound, Mounjaro). Note: Waiver not required if storage, handling, resupply, and disposal are verified to be available at the deployment destination.

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Enclosure C
Medical Clearance – Pharmacy, Medical Equipment, Contact Lens, etc.

1. Pharmacy requirements.

a. Supply. Personnel who require medication(s) and who are traveling to the USEUCOM AOR will travel with up to a 180-day supply of maintenance medications with arrangements to obtain a sufficient supply to cover the remainder of the deployment using a follow-on refill prescription. Where applicable, TRICARE eligible personnel should have prescription refills entered into the TRICARE Mail Order Pharmacy (TMOP) per the deployment prescription program.

b. Exceptions. Exceptions to the 180-day prescription quantity requirement include:

(1) Malaria prophylaxis. Personnel requiring malaria chemoprophylactic medications (e.g., doxycycline, atovaquone/proguanil [Malarone®], etc.) will travel with enough medication, from an approved source, for their entire period in theater. The deployment or travel period will be considered to include an additional 28 days after leaving the malaria risk area for doxycycline, or 7 days for Malarone® to account for required primary prophylaxis. Terminal prophylaxis with primaquine for 14 days should begin once the individual member has left the area of malaria risk.

(a) Side effects. Medical personnel shall be knowledgeable of the possible side effects of all malaria medications and educate individuals that, if they experience intolerable side effects, they should seek medical attention and possibly switch to an alternate drug. The individual shall not stop taking the medication without first consulting their medical provider.

(b) Terminal prophylaxis with primaquine. Currently, primaquine is the only drug used for prevention of *Plasmodium vivax* and *Plasmodium ovale* relapse after possible exposure. Most malaria endemic areas of the world have either or both of these species, and terminal primaquine prophylaxis is required after several weeks' exposure unless in situations of low risk for *Plasmodium vivax* or *Plasmodium ovale* infection. In this case, consult with a service-specific preventive medicine or infectious disease specialist early in the planning process.

(c) Glucose-6-Pohsphate Dehydrogenase (G6PD) deficiency testing. Individuals must have been tested for G6PD deficiency before taking Primaquine.

(d) Mefloquine usage. Mefloquine should only be used for personnel with contraindications to doxycycline and atovaquone-proguanil and who do not have any contraindications to the use of mefloquine. Mefloquine should be prescribed by a licensed provider on an individual basis because of its history of causing psychiatric symptoms in a number of patients, ranging from anxiety, paranoia, and depression to hallucinations and psychotic behavior. See references (r) and (s) for guidance on medications for prophylaxis of malaria.

(2) Controlled Substances. All FDA controlled substances (Schedule CII-CV) are limited to maximum of a 90-day supply in-theater, with only 30-day supply allowed on the person (USEUCOM/SG acknowledges the potential burden on the command to store/secure the remainder of an individual's medication). An approved USEUCOM waiver is required prior to deployment and all prescription renewals. Individuals will initiate follow-up medical care shortly after arriving in the USEUCOM AOR to prevent any disruptions in therapy and to resolve any potential logistical issues.

(3) Deployment Prescription Program (DPP). If a required medication is not available in the USEUCOM AOR, personnel will use the TMOP, when possible, to deliver the individual's medication to the temporary duty/deployed location. Those eligible for the TMOP will complete online enrollment and registration prior to deployment to the maximum extent possible and will update "Permanent" address to the new Army Post Office (APO) or Fleet Post Office (FPO) address once in theater. Instructions and registration for TMOP are located at https://www.TRICARE.mil/CoveredServices/Pharmacy/FillPrescriptions/DPP

(a) Potential DPP issues. German Law prohibits mailing of prescription medications to include APO/FPO addresses, which are required to utilize DPP.

(b) Over-The-Counter Drugs. TMOP does not mail medications that are available without a prescription. Exceptions to the policy are: Omeprazole (Prilosec®), Loratadine (Claritin®), Loratadine /Pseudoephedrine (Claritin-D®), Cetirizine (Zyrtec), and Cetirizine/Pseudoephedrine (Zyrtec-D®).

(c) Prescriptions take an average of 3-4 weeks to arrive by mail. Therefore, service members are strongly encouraged to request medication refills around two months early to prevent any breaks in treatment.

2. Medical Equipment.

a. Permitted Equipment. Deploying personnel who require medical equipment (e.g., corrective eyewear, hearing aids, etc.) must travel with all required items in their possession to include two pairs of eyeglasses, protective mask eyeglass inserts, ballistic eyewear inserts, and hearing aid batteries, as applicable IAW reference (a). Individuals should address possible cyber security concerns associated with devices that are equipped with wireless or cellular communication capabilities.

b. Non-permitted Equipment.

(1) Personal durable medical equipment is not permitted (e.g., nebulizers, scooters, wheelchairs, catheters, dialysis machines, insulin pumps, implanted defibrillators, spinal cord stimulators, cerebral implants, Ventriculoperitoneal [VP] shunts, etc.) without a waiver because medical maintenance, logistical support and infection control protocols for personal medical equipment might not be available and electricity can be unreliable.

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(2) A waiver for a medical condition requiring personal durable medical equipment will also be considered applicable to the equipment. For example, if an individual is medically waived for obstructive sleep apnea requiring the use of a Continuous Positive Airway Pressure (CPAP) machine, the CPAP machine is also considered waived; a separate waiver is not required.

(3) Durable medical equipment that is not medically compulsory, but used for relief or maintenance of a medical condition, will require a waiver. The waiver should compellingly argue for continued readiness despite presumed failure of the equipment.

(4) Maintenance and resupply of non-permitted/non-waived equipment is the responsibility of the individual.

3. Contact Lenses. Personnel requiring corrected vision will travel with two pairs of eyeglasses and a supply of contact lens maintenance items (e.g., cleansing solution) adequate for the duration of the travel IAW reference (e).

a. Army, Navy, and Marine Corps personnel will not travel to operational locations with contact lenses except IAW Service policy.

b. Air Force personnel (non-aircrew) may travel to operational locations with contact lenses IAW Service policy. Air Force aircrew personnel deploying with contact lenses must comply with reference (t).

4. Medical Alert Tags. Deploying personnel requiring medical alert tags (e.g., medication allergies, G6PD deficiency, diabetes, sickle cell disease, etc.) will deploy with red medical alert tags worn in conjunction with their personal identification tags. Medical personnel will identify a need for medical warning tags and will prepare the required documentation. Installation or organization commanders will direct embossing activities to provide medical alert tags IAW Service procedures. If an individual is found to be G6PD-deficient, they will be issued medical alert tags (red dog tags) that state "G6PD deficient".

5. Immunizations.

a. Administration. All of the following immunizations will be administered IAW reference (o) and can be found on the Defense Health Agency - Immunization Healthcare Branch website: https://www.health.mil/Military-Health-Topics/Health-Readiness/Immunization-Healthcare/Vaccine-Recommendations/Vaccine-Recommendations-by-AOR.

b. Requirements. Deploying personnel traveling for any period to the USEUCOM AOR will be current with Advisory Committee on Immunization Practices (ACIP) immunization guidelines and service individual medical readiness requirements IAW references (b), (c) and (o). DoD civilians and contract

employees should refer to reference (o), paragraphs 3-3 and 3-4, for vaccination requirements. In addition, all DoD personnel must comply with the FCG for the countries by which they are entering/exiting in Europe. The following are mandatory vaccines for DoD personnel traveling for any period of time in the USEUCOM AOR:

(1) COVID-19. Recommended vaccination IAW current Centers for Disease Control and Prevention (CDC) guidelines.

(2) Hepatitis A. First dose given at least 14 days prior to departure or documentation of immunity through a titer is mandatory for all DoD military personnel with subsequent completion of series in theater IAW reference (u).

(3) Hepatitis B. First dose given at least 14 days prior to departure or documentation of immunity through a titer is mandatory for all DoD military personnel with subsequent completion of series in theater IAW reference (o).

(4) Seasonal influenza. DoD personnel must be current on annual seasonal flu vaccine. This includes event specific vaccines (e.g., H1N1). Commanders will continue to immunize unvaccinated assigned/attached SMs until all flu vaccines are either exhausted, expired, unavailable, or upon achieving 100% compliance.

(5) Measles/Mump/Rubella (MMR). It is assumed that all individuals born before 1957 are considered immune and do not require the MMR immunizations. For personnel born in 1957 or after, documentation of immunity by titer or immunization records of two lifetime doses is required.

(6) Meningococcal vaccine is not generally indicated within the USEUCOM AOR. Additional vaccination may be recommended on a case-by-case basis when exposure risk is evaluated and recommended by National Center for Medical Intelligence (NCMI) or CDC. For updated information within the USEUCOM AOR refer to Secure NCMI (SIPR): (https://www.dia.smil.mil) (CAC authentication required) and Shoreland TRAVAX (https://private.travax.com/account/login/dod).

(7) Pneumococcal vaccine is required for personnel in a high-risk category per ACIP recommendations (e.g., adults with immunocompromising conditions, functional or anatomic asplenia, cerebrospinal fluid leaks, or cochlear implants). A second dose is administered to persons without spleens or severely immunocompromised persons five years after the initial dose IAW reference (u).

(8) Polio-Inactivated Polio Vaccine (IPV). Completion of primary series plus a single adult booster of inactivated poliovirus vaccine (or previously administered oral vaccine) is required for all personnel IAW reference (o), para 4-13, and CDC Yellow Book: https://wwwnc.cdc.gov/travel/page/yellowbook-home. Service members likely received this booster upon accession to the military.

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(9) Rabies. For planning purposes (except as noted below) Rabies pre-exposure vaccination series may be considered for personnel who are not expected to receive prompt medical evaluation and risk-based Rabies post-exposure prophylaxis within 72 hours of exposure to a potentially rabid animal IAW references (o), (v), and (w). Deploying staff should consider alternate methods to obtain both Rabies Immune Globulin and post-exposure prophylaxis (e.g., U.S. embassies, TRICARE Remote, other U.S. installations within close proximity).

(a) Pre-exposure vaccination is required for veterinary personnel, military working dog handlers, animal control personnel, certain security personnel, laboratory personnel who work with Rabies suspect samples, personnel assigned long-term to regions with endemic rabies, and civil engineers occupationally at risk of exposure to rabid animals, bats, or bat colonies. Additionally, personnel assigned or attached (enablers) to Special Operations Command Europe may have unique requirements for rabies vaccination, per service-specific policies.

(b) Personnel previously immunized against Rabies will have titers drawn to determine continued protective immunity (every two years) following the most recent immunization and be provided booster immunizations when titers indicate.

(10) Anthrax and Smallpox. Not required in the USEUCOM AOR with exception of specially missioned units that have a current Exception to Policy approved and on file with Department of Defense – Health Affairs.

(11) Tetanus/Diphtheria/Acellular Pertussis (Tdap). Receive a one-time adult dose of Tdap. Receive tetanus/diphtheria (TD) if ~ 10 years since last Tdap or TD booster. For adults who previously have not received a dose of Tdap, one dose should be given regardless of the interval since the last tetanus vaccine.

(12) Tick-borne encephalitis (TBE) vaccine (TicoVac™) is a potentially chronic and deadly disease present across parts of western, central, and Eastern Europe. It is required for travel of any duration that is anticipated to involve extensive outdoor activities in countries with > 1/100,000 of confirmed TBE on the most recent annual epidemiological report available here: https://www.ecdc.europa.eu/en/tick-borne-encephalitis. At the time of publication this included: Austria, Czech Republic, Estonia, Finland, Latvia, Lithuania, Slovakia, Slovenia, and Sweden.

(13) Typhoid vaccine is required every two years for injectable or every five years for oral when traveling to the following countries that have been determined to be either an intermediate or high risk: Albania, Georgia, Israel, Kosovo, Macedonia, Moldova, Montenegro, Romania, Russia, Serbia, Turkey, and Ukraine. Where risk is present, it typically exists year-round. See para 5.b.(15) for Regionally Aligned Forces, Theater Support Packages and State Partnership Programs.

(14) Varicella (chickenpox). Personnel must have documentation of varicella

vaccine or serologic proof of immunity. The required documentation must include one of the following: Born before 1980 (assumed immunity except for healthcare workers), documented history of disease by the provider who treated the member at that time (either by an epidemiologic link or laboratory confirmation), sufficient varicella titer, or administration of vaccine (two lifetime doses). See reference (o), para 4-18, for screening details.

(15) Yellow Fever. Not required in the USEUCOM AOR. However, Albania requires proof of vaccination on CDC 731 for personnel traveling from or transiting through a yellow fever endemic country. While there is no risk for yellow fever in Albania, health authorities require proof of vaccination to prevent importation of this disease via infected personnel. Yellow fever endemic countries can be determined by referring to Secure NCMI (SIPR): (https://www.dia.smil.mil), Shoreland TRAVAX (https://private.travax.com/account/login/dod), or CDC Yellow Book websites. Individuals arriving in Albania that have traveled from or through a yellow fever endemic area without proof of yellow fever vaccination may be quarantined, refused entry or subjected to onsite vaccination. As of 11 July 2016, a ten-year booster is not required.

(16) All Regionally Aligned Forces, Theater Support Package and/or State Partnership Program personnel deploying to the USEUCOM AOR in support of USEUCOM missions, regardless of initial entry point or staging site, shall be vaccinated and up to date with vaccines or have proof of immunity as listed in para 5.b.(1) through 5.b.(14), to include current seasonal influenza vaccine and typhoid vaccination prior to arrival in the USEUCOM AOR.

(17) Adverse medical events related to immunizations should be reported through Reportable Medical Events (RME) if case definitions are met. All immunization related unexpected adverse events are to be reported through the vaccine adverse events reporting system at http://www.vaers.hhs.gov.

6. Medical / Laboratory Testing.

a. HIV Testing must be current IAW reference (n) and service specific guidelines and will remain current throughout the duration of official travel.

(1) HIV screening for DoD Civilians will be IAW DoD, Service, Status of Forces Agreements and Host Nation requirements.

(2) HIV screening for contract employees will be IAW their contract requirements.

(3) Serum Sample. IAW reference (x), when required, pre- and post-deployment samples will be taken within the previous 365 days. If the individual's health status has recently changed or has had an alteration in occupational exposures that increases health risks, a healthcare provider may choose to have a specimen drawn closer to the actual date of deployment.

(4) All titers shall be drawn in CONUS prior to entering USEUCOM. Those unable to comply with this requirement will route a Commander's Critical Information Requirement (CCIR) via their chain of command to USEUCOM/SG.

b. Glucose-6-Phosphate Dehydrogenase (G6PD) testing. Documentation of one-time G6PD deficiency testing is required IAW reference (y). Ensure the result is recorded in the medical record or draw the sample prior to departure. Pre-deployment medical screeners will record the result of this test in the member's permanent medical record, deployment medical record (DD form 2766) and Service-specific electronic medical record.

c. Pregnancy. All personnel will receive counseling on family planning to include barrier methods and long acting reversible contraceptive options available locally at least 90 days prior to deployment. A medically performed pregnancy test is required within 30 days of deployment into the USEUCOM AOR for all women. The same testing is also required for female-to-male transgender individuals who have retained female anatomy. Female personnel with a documented history of a hysterectomy are exempt from the pregnancy test. Active duty or Guard/Reserve females who become pregnant during deployment will follow parent Service requirements for disposition.

d. DNA Sample. Required for all DoD SMs, including civilians and contract employees. Prior to departure, a sample should be obtained, or confirmation made that an existing sample is on file by contacting the Armed Forces Repository of Specimen Samples for the Identification of Remains at Comm: 302.346.8800, DSN: 366; Fax: 366.8766, IAW references (c), (b), (e), and (z).

e. Blood type, Rh-Factor and sickle cell trait screening IAW reference (y) must be recorded prior to deployment to the USEUCOM AOR.

f. Tuberculosis Screening/Testing

(1) Tb screening or testing for service members will be performed and documented IAW Service policies in references (g) through (j). Current policy is to avoid universal testing, and instead use targeted testing based upon risk assessment, usually performed with a simple questionnaire. Deployment to Tb endemic countries, even for periods in excess of a year, has not been shown to be a risk factor for Tb for most average-risk service members. Tb testing for DoD civilians, contract employees, volunteers, and other personnel should be similarly targeted IAW CDC guidelines, with testing for Tb to be accomplished within 90 days of deployment if indicated. If testing is performed tuberculin skin test (TST) or an interferon-gamma release assay may be used unless otherwise indicated.

(2) Positive TB tests will be handled IAW Service policy and CDC guidelines. Personnel with a positive Tb test should be evaluated and counseled. Evaluation will include at least a symptom questionnaire for active Tb disease, exposure history, and chest X-ray.

(3) The decision to treat latent tuberculosis infection (LTBI) in U.S. service members and civilians during deployment instead of after redeployment should include consideration of the risks and benefits of treatment during deployment, including: risk of Tb activation, risk of adverse events from LTBI treatment, time remaining in deployment, availability of medical personnel trained in LTBI treatment, availability of follow-up during treatment, and availability of medication. Lack of treatment for LTBI is not a contraindication for deployment into the USEUCOM AOR and no waivers are required for a diagnosis of LTBI if appropriate evaluation and counseling, as noted above, is completed.

(4) Unit-based/large group or individual LTBI testing should not be performed in the USEUCOM AOR except among close contacts of cases of known Tb disease.

(5) U.S. service members and DoD civilians deployed with active Tb disease will be evacuated from the deployed location for definitive treatment. Evaluation and treatment of Tb among U.S. contract employees, LN and TCN employees will be at contract employee's expense. Employees with suspected or confirmed pulmonary Tb disease will be excluded from work until cleared by the theater preventive medicine consultant for return to work.

g. Other Laboratory Testing. Other testing may be performed at the medical provider's discretion commensurate with ruling out disqualifying conditions and ensuring personnel meet standards of fitness.

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Enclosure D
Medical Clearance – Health Assessments and Documentation

1. Health Assessments.

a. Health Assessments and Exams. Periodic Health Assessments (PHA) and special duty exams must be completed for service members (Active Duty and Reserve) IAW reference (aa) prior to deployment and must remain current for the duration of the deployment period IAW reference (e). A trained DoD health-care provider must make a provisional determination as to the deployability of DoD personnel. All DoD personnel (military, civilian, and contractor) deploying to the USEUCOM AOR for more than 30 consecutive days will complete a Deployment-Related Health Assessment (DRHA) as required by reference (c). This requirement does not apply to Permanent Change of Station (PCS) personnel or shipboard personnel, and should follow Service-specific guidelines.

b. Pre-Deployment Health Assessment (PDHA). The PDHA is conducted to assess the state of health 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. IAW references (a) through (c), all rotating DoD forces/personnel deploying to the USEUCOM AOR greater than 30 days will complete or confirm a current PDHA on a DD Form 2795 within 120 days before estimated deployment date.

c. Per reference (a), DoD civilians will complete deployment-related health assessments at the redeployment site or Military Treatment Facility designated by their respective DoD Component. Per references (b) and (c), for deploying contract personnel, all pre-, during-, and post-deployment medical assessments, examinations, treatments, and preventive measures are the responsibility of the contractor unless otherwise stated in the contract.

d. Automated Neuropsychological Assessment Metric (ANAM). All DoD service members and Civilians deploying to the USEUCOM AOR for more than 30 days will undergo ANAM testing within 12 months prior to deployment. ANAM testing will be recorded in the appropriate Service database and electronic medical record IAW references (c), (p) and (bb). Contractors, PCS and shipboard personnel are not required to undergo ANAM testing. Special Operations Forces will incorporate the ImPACT neurocognitive assessment, when appropriate.

e. Post-Deployment Health Assessment (DD form 2796).

(1) All personnel who were required to complete a pre-deployment health assessment will complete a post-deployment health assessment on a DD Form 2796. The post-deployment health assessment must be completed no earlier than 30 days before expected redeployment date and no later than 30 days after redeployment.

(a) Individuals who were not required to complete a pre-deployment health assessment may be required to complete a post-deployment health assessment by the Combatant Commander, Service Component Commander, or Commander exercising operational control IAW reference (c).

(2) All redeploying personnel who complete a DD Form 2796 will undergo a person-to-person health assessment with an independent practitioner to ensure appropriate medical follow-up. The assessment will include the patient's answers on the questionnaire, mental health or psychosocial issues commonly associated with deployments, Force Health Protection Prescription Products (FHPPPs) taken during deployment and concerns about possible environmental or occupational exposures. The original completed copy of the DD Form 2796 must be placed in the individual's medical record and an electronic copy transmitted to the Defense Medical Surveillance System (DMSS) at the Armed Forces Health Surveillance Center (AFHSC). Contract employee personnel are not required to submit the DD Form 2796 electronically; a paper version will suffice.

(3) Mental health assessment. IAW reference (c), all service members will undergo a person-to-person mental health assessment with a licensed mental health professional or trained and certified health care personnel (specifically a physician, physician assistant, nurse practitioner, advanced practice nurse, independent duty corpsman, special forces medical sergeant, independent duty medical technician, or independent health services technician). Assessments will be accomplished within 120 days prior to deployment, once during each 180-day period during which a member is deployed (in-theater mental health assessment), and after redeployment within 3 timeframes (3-6, 7-18, and 18-30 months after redeployment), or as required by Service policy. Assessments will be administered at least 90 days apart. Currently administered periodic and other person-to-person health assessments, such as the post-deployment health reassessment, will meet the time requirements if they contain all psychological and social questions.

(a) In-theater mental health assessments will be conducted by personnel in deployed units whose responsibilities include providing unit health care services, if such personnel are available, and the use of such personnel for the assessments would not impair the capacity of such personnel to perform higher priority tasks.

(b) Scheduling in-theater mental health assessments must be made in consideration of and seek to lessen potential impacts on the operational mission.

(c) Mental health assessment guidance does not directly apply to DoD contract employees unless specified in the contract or there is a concern for a mental health issue. All related mental health evaluations will be at the contract employee's expense.

(4) Post-deployment health re-assessment (DD form 2900). All personnel who were required to complete a pre- and post-deployment health assessment will complete a post-deployment health reassessment (DD form 2900) 90 to 180 days after return to home station. The original completed copy of the DD Form 2900 must be placed in the individual's medical record and an electronic copy transmitted to the DMSS at the AFHSC. Contract employee personnel are not required to electronically submit the DD form 2900; a paper version will suffice.

2. Medical Record.

a. Deployed Medical Record. All rotating deployed personnel will use the DD Form 2766, Adult Preventive and Chronic Care Flowsheet, or equivalent, instead of an individual's entire medical record. The deployed DD Form 2766 should be re-integrated into the electronic medical record as part of the redeployment process.

(1) Travelers (more than 30 days): The DD Form 2766 is required. DOD civilians and contractors may submit an annual physical exam documentation that includes medications, immunizations, labs, and any other pertinent medical information.

(2) Travelers (15-30 days): The DD Form 2766 is highly encouraged, especially for those who travel frequently to theater, to document theater- specific vaccines and chemoprophylaxis, as required.

(3) Travelers (less than 15 days). The DD Form 2766 is not required.

(4) PCS personnel. Service guidelines must be followed for medical record management.

b. Medical Information. The following health information must be part of an accessible electronic medical record for all deployed personnel (Service members, civilians and contract employees), or be hand-carried as part of a deployed medical record:

(1) Annotation of blood type and Rh factor, G6PD, Sickle Cell trait screening IAW reference (y), HIV, and DNA.

(2) Current medications and allergies. Include any FHPPPs prescribed and dispensed to an individual.

(3) Special duty qualifications.

(4) Annotation of corrective lens prescription.

(5) Summary sheet of current and past medical and surgical conditions.

(6) Most recent DD form 2795, Pre-deployment Health Assessment.

(7) Documentation of dental status class I or class II.

(8) Immunization Record. Medical deployment sites/sections will enter immunization data into Service Tracking Systems (Army – Medical Protection System, Air Force – Aeromedical Services Information Management System, Coast Guard – Medical Readiness Reporting System (MRRS), Navy-MRRS (ashore) or Shipboard Automated Medical System or Theater Medical Information Program (afloat) and Marine Corps – MRRS). Deployment sites will not enter DoD contract employee immunization data into the medical health system resource unless they are authorized DoD members (i.e., Retired, Dependents, National Guard or Reserve).

(9) Framingham 10-year coronary heart disease risk % calculation, if required.

(10) Body Mass index (BMI) score.

(11) All approved medical waivers.

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Enclosure E
Medical Waiver Authorities and Process for Deploying Personnel

1. Medical Waiver Authority. In general, medical waivers for deploying into the USEUCOM AOR are different from a "medical profile" or "limited duty" status an individual might receive. Being considered "non-deployable" into the USEUCOM AOR is not a recommendation. The approval authority for all medical waiver requests for entry into the USEUCOM Area of Responsibility (AOR) rests with the Commander, USEUCOM (CDRUSEUCOM), and is delegated to the USEUCOM Surgeon, in accordance with reference (a). The designation status of "non-deployable" is an authoritative decision made by the CDRUSEUCOM and is not a recommendation that can be overridden (unlike a medical profile, which is a recommendation to an individual's commander).

a. The parent (home station) command must support the deployment of a person with an apparently disqualifying condition. IAW Service-specific guidelines and the items identified in Enclosure (B), the medical waiver may be required to be endorsed by the first O-5/O-6 in the individual's chain of command. This endorsement indicates the individual's command has identified them as mission critical and accepts the risk of deploying medically unfit personnel to a region of the USEUCOM AOR that might have sparse medical care. Examples of Commander's Endorsement Memorandums are included in Appendix B of this Enclosure.

(1) The Commander's Endorsement letter should advise USEUCOM leadership that the individual's unit leadership is aware of the subject conditions and the unit is appropriately resourced to manage any corresponding issues (including, for example, special storage, disposal, or security requirements for hazardous waste, medical waste and needles, or controlled substances).

(2) In addition to the conditions listed in Enclosure (B), a Commander's Endorsement letter should accompany any medical waiver request where granting the requested waiver would subject the unit or the commander to major risk or would involve special management of the requesting service member's time in the deployed environment.

b. The healthcare provider evaluating personnel for deployment will endorse the waiver form if the medical assessment is consistent with criteria detailed in Enclosure (A) of this document. A trained DoD health-care provider must make a provisional determination on DD Form 2795 as to the deployability of DoD personnel.

c. Delegation authority.

(1) As delegated by the USEUCOM Commander, the USEUCOM/SG has the final approval and appeals authority for medical waivers for any deploying personnel (uniformed, civilian, or contractor) with apparently disqualifying medical condition(s). Commanders of the deploying member, unlike the military profile system, are not authorized to override the medical deployable determination of the USEUCOM/SG.

(2) The USEUCOM/SG retains medical waiver authority for the following personnel but may, at their discretion, delegate this responsibility to the SOCEUR Surgeon as needed for:

(a) Any DoD support agency personnel (civilian or contract employee) who are unaffiliated with a specific Service Component (e.g., National Security Agency (NSA), Defense Intelligence Agency (DIA), Defense Threat Reduction Agency (DTRA), etc.) and who are entering the USEUCOM AOR on DoD orders.

(b) Any non-DoD personnel (uniformed, civilian, or contract employee), including any department or agency of the United States Federal Government other than DoD, who are entering the USEUCOM AOR in support of a specific DoD mission under DoD responsibility.

(3) Delegation to Component Surgeons. Waiver authority is delegated to the Component Surgeons by the USEUCOM/SG for all deploying personnel (uniformed, civilian, or contractor) within their respective component for all health conditions. The Service affiliation of contract employee and sub-contractor employees is determined by the contracting issuing agency block on their letter of authorization.

(a) Waiver authority is delegated to the Special Operations Command Europe (SOCEUR) Surgeon by the USEUCOM/SG for all Special Operations personnel (uniformed, civilian, or contract employee) entering the USEUCOM AOR on DoD orders.

(b) Waiver authority for other government agencies, such as the FBI, NSA, and others not affiliated with a Service Component, is delegated to the USEUCOM Command Surgeon or the SOCEUR Surgeon for review and approval.

(4) Sub-delegation. Waiver authority may not be sub-delegated by the SOCEUR Surgeon or the Service Component Surgeons without prior written approval by the USEUCOM/SG. Requests to sub-delegate waiver authority should be sent to the USEUCOM/SG with a proposed letter of designation via email at eucom.stuttgart.ecsg.list.eucom-surgeon@mail.mil. See Appendix A to Enclosure (E) for a template.

(5) A USEUCOM waiver request does not preclude the need for a Service-specific psychotropic medication small arms waiver (e.g., US Navy Small Arms Waiver). See reference (q).

(6) A USEUCOM medical waiver cannot override host or transit nation infectious disease or immunization restrictions. Active duty must comply with status of forces agreements; civilian travelers should contact the nation's embassy for up-to- date information as well as complying with the provisions of this document.

2. Medical Waiver Process.

a. If a service member's command supports such member's deployment despite a medical condition that requires a waiver, a medical waiver request must be submitted to, and approved by, the appropriate USEUCOM medical waiver authority before that person is cleared for entry into the USEUCOM AOR. Except in the case of DoD civilian employees who are covered by the Rehabilitation Act of 1973, an individual may be denied deployment by the local unit medical authority or chain of command. For civilian employees, an individualized assessment must be conducted to determine if they can perform the essential functions of a DoD civilian expeditionary workforce position with or without reasonable accommodations. See references (a), (b), (c), and (f).

b. Authorized agents (local medical provider, Commander/Supervisor, HIPAA compliant representative) will forward the medical waiver request form to the office of the appropriate USEUCOM medical waiver authority. Authorized agents should account for potential delays due to unknown workloads and operational commitments by appropriate USEUCOM medical waiver authority, and allow a **minimum of 30 days** for medical waiver adjudication.

(1) In the absence of a Service-specific waiver form, the USEUCOM medical waiver form may be used and is located at https://www.milsuite.mil/book/docs/DOC-127168, or contact the USEUCOM FHP branch via the organizational e-mail at eucom.stuttgart.ecsg.list.force-health-protection-fhp@mail.mil.

(2) All supporting documentation required for the USEUCOM medical waiver authority to properly assess the ability of the individual to travel to the USEUCOM AOR must be included with the medical waiver request form. The USEUCOM medical waiver authority may consult the receiving medical authority with questions regarding the deployable status of the service member, civilian or contract employee. Adjudication may account for specific medical support capabilities in the local region of the USEUCOM AOR.

(3) Medical waivers for service members, DoD civilian personnel and DoD contract employees will be considered only if all the following circumstances are met:

(a) The condition does not require frequent clinical visits (more than quarterly) or ancillary tests (more than twice/year), does not necessitate significant limitations of physical activity, or does not constitute increased risk of illness, injury, or infection.

(b) It must be determined, based upon an individualized assessment, that the member can perform the essential functions of the position in the deployed environment, with or without a reasonable accommodation, without causing undue hardship. In evaluating undue hardship, the nature of the accommodation and the location of the deployment must be considered. Further, the member's medical condition must not pose a significant risk of substantial harm to the member or others taking into account the condition of the relevant deployed environment, with particular consideration of areas of armed conflict in the USEUCOM AOR.

(c) The medical condition does not prevent the wear of personal protective equipment, including protective mask, ballistic helmet and/or body armor, if required.

(d) The medical condition does not prohibit USEUCOM required immunizations or medications.

(e) Any unresolved acute illness or injury must not impair the individual's duty performance during the duration of the deployment.

(4) Submit completed medical waiver requests to the office of the USEUCOM medical waiver authority. All medical waivers must be encrypted or password protected as they contain protected health information and are subject to both the Health Insurance Portability and Accountability Act and the Health Information Technology for Economic and Clinical Health Act; violators are subject to penalties as determined by the U.S. Department of Health and Human Services Office of Civil Rights.

(5) The USEUCOM medical waiver authority will return the adjudicated/signed medical waiver form to the request originator for dissemination and inclusion in the patient's deployment medical record and/or the electronic medical record, as applicable. Documented disapprovals for valid conditions are required and should not be given telephonically.

(6) All USEUCOM Service Component medical waiver authorities will maintain a waiver database and record/archive all Component medical waiver requests and status for 3 years. Additionally, USEUCOM Command Surgeon's Office will retain copies of other government agencies, i.e., FBI, NSA, etc., waivers for 3 years.

(7) Once approved, waivers are valid only for the location and timeframe specified on the medical waiver. Waiver coverage begins on the date of the initial deployment or travel and remains valid IAW service specific guidelines (all waivers require renewal after 36 months).

(8) In cases of in-theater/deployed personnel identified as unfit IAW this document due to conditions that existed prior to deployment, a waiver will be forwarded to the appropriate USEUCOM medical waiver authority (i.e., the Surgeon who would have received the waiver request had one been submitted) for investigation and potential redeployment determination.

3. Medical Immunization Exemptions. Service members seeking an exemption from immunization requirements, whether for medical reasons or religious accommodation, will follow the procedures outlined in reference (o).

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Appendix A to Enclosure E
Waiver Adjudication Authority Template

(Agency Letterhead)
(Office Symbol)

DD MM YYYY

SUBJECT: Service Component Surgeon Office Waiver Adjudication Authority

Per ECI 4202.01 – USEUCOM Theater Medical Entry Requirements DD MM YYYY, the following individuals have been delegated authority to adjudicate medical waivers:

Rank, Name (Unit) Title/position

Surgeon Signature
Surgeon Signature Block

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Appendix B to Enclosure E
Commander Endorsement Letter Templates
(Air Force Example)

(Agency Letterhead)
(Office Symbol)

DD MM YYYY

MEMORANDUM FOR: ***USAFE Command Surgeon (USAFE/SG)***

FROM: ***Commander of member's current unit***

SUBJECT: Deployment Medical Waiver Request

1. Request medical deployment waiver for ***Rank, Full Name, Last 4 of SSN***, to fill an upcoming deployment tasking. This member has an Assignment Limitation Code (***XX***), valid until INDEF. In order to ensure medical support for this member at the gaining location, coordination through local MDG/SGP (***XX/CC***) to deployment waiver authority is required IAW AFI 41-210 and AFI 48-123.

2. ***Rank Last Name*** has demonstrated the ability to perform all mission-related duties at home station despite the medical condition. I have every confidence that this Airman can perform all duties in a deployed environment with little or no risk to personal safety or mission effectiveness.

3. Deployment tasking specifics:
Departure Date: ***DD MMM YEAR***
AFSC: ***XXXXX***
ETL (number of days projected): ***# days***
Deployment Location (Base/MAJCOM): ***Base, Country, MAJCOM***
Member Duties (will duties be performed outside the wire): ***example: Production Superintendent-Flightline (No)***
Other relevant info (earlier training, dates): ***example: Member will not require off-station training***.

4. Please contact the following for further assistance: ***Rank First Name MI Last Name, DSN: 123-4567, email.address@us.af.mil***

Signed,
Commander

Commander Endorsement Letter Templates
(Army Example)

(Agency Letterhead)
(Office Symbol)

DD MM YYYY

MEMORANDUM FOR: ***USAREUR-AF Command Surgeon SG***

SUBJECT: Deployment Medical Waiver Request

1. Request medical waiver for, ***Rank, Full Name, Last 4 of SSN***, for deployment to ***Unit, Base, Country***.

2. ***Rank Last Name*** has been diagnosed with ***Deployment limiting condition***. The soldier is currently prescribed Medication(s). The soldier's symptoms are well controlled with this medication.

3. ***Rank, Last Name*** has demonstrated the ability to perform all mission-related duties at home station and during multiple field training exercises despite the medical condition. I have every confidence that this Soldier can perform all duties in a deployed environment with little or no risk to personal safety or mission effectiveness.

4. I understands the risks of deploying this service member and accept full responsibility for any unfavorable health outcomes resulting from deploying this service member for the indicated waiver.

5. The point of contact for this memorandum is the undersigned at DS ***XXX-XXX-XXX***, ***email.address***.mil@mail.mil.

Signature Block of O5/O6

(Agency Letterhead)
Commander Endorsement Letter Template
(Navy/USMC Example)

(Office Symbol)
DD MM YYYY

MEMORANDUM

From: Naval / USMC Command or Commander's Office
To: ***Surgeon General, Naval Forces/US Marine Corps Command Europe***

Subj: DEPLOYMENT MEDICAL WAIVER REQUEST

1. Request medical waiver for, ***Rank, Full Name, Last 4 of SSN***, for deployment to ***Unit, Base, Country***.

2. ***Rank Last Name*** has been diagnosed with ***Deployment limiting condition***. The Sailor/Marine is currently prescribed medication(s). The Sailor/Marine's symptoms are well controlled with this medication.

3. ***Rank, Last Name*** has demonstrated the ability to perform all mission-related duties at home station and during multiple field/shipboard training exercises despite the medical condition. I have every confidence that this service member can perform all duties in a deployed environment with little or no risk to personal safety or mission effectiveness.

4. I understand the risks of deploying this service member and accept full responsibility for any unfavorable health outcomes resulting from deploying this service member for the indicated waiver.

5. The point of contact for this memorandum is the undersigned at DS ***XXX-XXX-XXX,*** ***email.address***.mil@mail.mil.

Signature Block of O5/O6

Enclosure F
Theater Force Health Protection

1. Medical threat briefs. A medical threat brief for the USEUCOM AOR may include the information in Sections 2 and 3 below as well as the information included in Enclosure (C). Service Components are responsible for communicating with their respective MTF's to provide comprehensive medical threat briefings to all inbound personnel and units.

2. Disease risk assessment. Despite the numerous areas of Europe that contain host nation healthcare infrastructure and standards comparable to the United States, deployments to the USEUCOM AOR could be in austere environments or in regions with less-developed healthcare organizations. Therefore, it is imperative to deliver comprehensive force health protection and medical guidance for those deploying to the USEUCOM AOR to ensure mission effectiveness and protect personal health. Balanced with mission requirements, prevention of disease and injury must receive the highest priority by all commanders, supervisors and individuals alike.

a. Health threat information. Refer to the Secure NCMI (SIPR): https://www.dia.smil.mil/ and Shoreland TRAVAX (https://private.travax.com/account/login/dod) for the most current medical threat assessment (e.g., endemic disease and environmental health threats) for assessed countries in the USEUCOM AOR.

b. Sexually Transmitted Infection (STI). Syphilis, gonorrhea (to include antibiotic resistant gonorrhea), chlamydia, human papillomavirus (HPV), and other common STIs are present at low to intermediate levels depending on the STI and location. STI incidence in general is increasing in many areas, including western Europe, similar to the current situation in the United States. HIV is also present and a growing concern in some countries, especially in eastern Europe. Preventive measures including abstinence, the use of condoms, and other prophylaxis are recommended to ensure a high-level of protection. Personnel should be educated on appropriate prophylaxis and encouraged to seek prompt medical diagnosis and treatment for STI symptoms.

c. Avian influenza concerns. Avian influenza virus may be highly pathogenic with pandemic potential if a virus gains the ability to be transmitted from birds to humans and human-to-human. Highly pathogenic avian influenza viruses H5N1, H5N8 and H5N6, in addition to numerous low pathogenic viruses, are circulating throughout Europe. Though no human cases have been reported in the USEUCOM AOR with these subtypes, emergence of viruses with ability to transmit from human-to-human are of concern. Most cases of avian influenza infection in humans have resulted from direct or close contact with infected birds or surfaces contaminated with secretions and excretions from infected birds. Minimizing contact with potentially infected birds and following general sanitation practices can help to prevent catching and spreading the virus.

d. Zoonotic and vector-borne diseases. Zoonotic and vector-borne diseases (VBDs) are prevalent across the USEUCOM AOR in varying levels. In deployed environments, military personnel face unique challenges in preventing VBDs and zoonotic diseases. Key measures include proactive environmental management to remove breeding sites for vectors, regular insecticide spraying, and using insecticide-treated uniforms/clothing and bed nets. Strict adherence to personal protective measures like wearing long-sleeved clothing, permethrin-treated clothing, and applying repellents is crucial, along with vector and human illness surveillance and rapid response protocols for disease outbreaks. Comprehensive pre-deployment training on disease awareness is essential. Collaboration among military health services, environmental specialists, and local authorities is vital for successful prevention in deployed settings. Common vector species and reservoirs include ticks, mosquitoes, sandflies, fleas, and rodents. Significant infections include TBE, Crimean-Congo Hemorrhagic Fever, Leishmaniasis, Lyme disease, hantavirus, rabies, brucellosis, Q-fever, and typhus among others.

(1) Tick-borne encephalitis. TBE is a potentially chronic and deadly disease present across parts of Western, Central, and Eastern Europe. This risk is greatest in forested areas with a high density of infected ticks in Northeast Poland, the Baltic region, Russia, southern Germany, Austria, and Slovenia. The Food and Drug Administration has approved a TBE vaccine, yet as of the date of this directive, it is not mandatory for USEUCOM FHP. However, voluntary utilization of the EU-approved TBE vaccine is permitted. It is now accessible and advised for high-risk units through supporting MTF's or TRICARE. Refer to the Secure NCMI (SIPR): http://www.dia.smil.mil, or Shoreland TRAVAX (https://private.travax.com/account/login/dod) to identify locations that are labeled as high risk of operationally significant infection of TBE. Review personal protective measures in section 3 below for prevention requirements.

(2) Lyme disease. Lyme disease, also called Lyme borreliosis or Borreliosis, is a significant tick-borne infection in Europe caused by the bacterium *Borrelia burgdorferi*. Although treatable if diagnosed early, Lyme disease is a significant, multisystem disease that may be characterized with chronic, non-specific neurologic and arthritic symptoms. The highest incidence occurs in Central Europe, specifically Czech Republic, Estonia, Lithuania and Slovenia, but areas with high risk of transmission can be found across Europe. The estimated prevalence of infected ticks in Europe is approximately 14% and transmission may occur anywhere with a high-density of infected ticks in the region. Review personal protective measures in section 3 below for prevention requirements.

e. Tuberculosis. TB is endemic at low to intermediate levels, depending on the country. The risk may be elevated in those personnel with close contact in enclosed spaces with local populations or medical personnel dealing with patients. As with many regions of the world, resistance to some or all of the current therapeutic regimens has been reported, including areas in the USEUCOM AOR with multi drug resistant

(MDR) – TB strains.

f. Measles. An ongoing epidemic of measles has affected numerous countries across Europe since late 2016. Declining vaccination rates across the European region have contributed to increased susceptibility of populations and widespread transmission of the disease. Measles is a highly contagious viral disease, and any child or adult who has not been previously infected (verified by titer), or has not received at least 2 doses of the MMR vaccine is at risk. All DoD personnel and family members traveling to the USEUCOM AOR should review their vaccination status.

g. Cross border disease transmission. Washing clean of dirt and then sanitizing boots and other personal items (using current host nation guidance), as well as unit equipment items, is essential in preventing the importation of agriculturally important diseases (e.g., African Swine Fever) during redeployment operations. Reference (cc).

3. Personal Protective Measures.

a. Vector protection. A significant risk of VBD caused by insects and ticks exists year-round, particularly in warmer months, in numerous regions within the USEUCOM AOR (e.g., TBE, Lyme disease, typhus, Crimean-Congo hemorrhagic fever, leishmaniasis, West Nile virus, Dengue, Chikungunya, etc.). Seasonal variations should be considered though some countries have year-round risk of transmission. A number of cases have occurred from exposure during recreational activities in civilian clothes. The threat of disease may be minimized by avoiding vectors, proper wear of uniform/other clothing, and utilizing the DoD insect repellant system/bed nets. For additional information, visit the Armed Force Pest Management website at NIPR: http://www.acq.osd.mil/eie/afpmb. See reference (cc) and (dd).

(1) Members deploying to the USEUCOM AOR should deploy with permethrin-treated uniforms and insect repellents (i.e., DEET or Picaridin) using the DoD Insect Repellent System.

(2) Permethrin treatment of uniforms and clothing. Uniforms are available for issue/purchase that are factory-treated with permethrin. The uniform label indicates whether it is factory treated. Uniforms that are not factory treated should be treated with the Individual Dynamic Absorption (IDA) kit (NSN: 6840-01-345-0237) or other approved method (e.g., 2-gallon sprayer permethrin treatment). Information on treating uniforms and number of washes that the permethrin remains effective (e.g., cotton or 50% cotton/nylon mix retains repellency for at least 50 washes) is available in Armed Forces Pest Management Board Technical Guide 36 available on NIPR at: http://www.acq.osd.mil/eie/afpmb/docs/techguides/tg36.pdf.

(3) Apply repellent to exposed skin. Wear treated uniform properly to minimize exposed skin (cover, sleeves down and pants bloused or tucked into boots). Additionally, individuals should be reminded to apply protective measures before

performing recreational activities in civilian clothes.

(4) Permethrin & bed nets. Use permethrin or other approved treated bed nets properly in at high-risk areas to minimize exposure during rest/sleep periods. Permethrin treated pop up bed nets are available: NSN: 3740-01-516-4415 or 3740-01-518-7310.

(5) Risk. Commanders/supervisors at all levels will inform personnel that not using the DoD insect repellent system will increase the risk for contracting vector-borne or arthropod-borne diseases, many of which chemoprophylaxis or vaccines may not be available. See reference (dd).

b. Animal Contact.

(1) General. Personnel will avoid contact with local animals (e.g., livestock, cats, dogs, birds, reptiles, arachnids, and insects) and will not feed, adopt or interact with them in any way. Local animals are carriers and reservoirs for multiple diseases, including Leishmaniasis, Rabies, Q-Fever, Leptospirosis, Avian Influenza, and diarrheal disease. Mascots should be strictly prohibited by commanders at all levels.

(2) Rabies. Without immediate treatment, rabies is an essentially 100% fatal disease. All potential rabies exposure cases will be assessed by the local Rabies Advisory Board (RAB) to determine appropriate bite-wound management, conduct a rabies risk assessment, and ensure administration of appropriate post-exposure prophylaxis (PEP) is accomplished IAW references (v), (w), (ee), (ff), and (gg). If PEP is determined to be required but is not available, a medical evacuation plan will be implemented to evacuate the patient to the appropriate level of care to render rabies PEP treatment within 72 hours post exposure. Military veterinary personnel must be consulted as part of the RAB process. These personnel will determine the disposition of the animal in question, to include quarantine (if applicable and safely possible) and/or rabies testing. Military veterinary personnel will determine if the animal must be euthanized, and how euthanasia will be conducted. Medical personnel must complete required documentation for every animal bite patient. Any contact with local animals, whether initiated or not, that results in a bite, scratch or potential exposure to any animal's bodily fluids (e.g., saliva, venom, etc.), will be immediately reported to the chain of command and local medical personnel for evaluation and consideration of rabies prevention measures and follow-up, as determined by the RAB.

(3) Hantavirus. Hantavirus exists in the USEUCOM AOR. Highest risk occurs when breathing dusts in warehouses and enclosed places where rodents frequent, thus personal protective equipment (PPE) should include simple, surgical-like masks to prevent the inhalation hazard of dusts from rodent feces when operating in such areas. Personnel should refer to the Armed Forces Pest Management Board at https://www.acq.osd.mil/eie/afpmb for additional guidance on recommended PPE.

(4) Snakes. Although uncommon, various species of venomous snakes are

present in the USEUCOM AOR. Even non-venomous snakes may bite and cause serious injury. Awareness and avoidance are key to avoid injury and envenomation.

c. Food and Water Sources.

(1) General. Acute diarrheal diseases ("traveler's diarrhea") constitute a great infectious disease threat to the force. Viral, bacterial, and protozoal pathogens, including hepatitis A, *E. coli, Salmonella*, and Typhoid are endemic in some countries, posing an intermediate to high-level risk in many locations, and are primarily transmitted by ingestion of contaminated water or food products. To counter these threats in high-risk areas, precautions should be implemented for procurement and consumption of food and water. Food and water (including ice for consumption) purchased with DoD funds must be procured from approved U.S. military sources (see Worldwide Directory of Sanitarily Approved Food Establishments for Armed Forces Procurement website: https://sph.health.mil/86257b8d004a4b6c/europe/).

(a) Minimizing Risk in Austere Environment. Deploying personnel must be provided with information on how to minimize risk of consuming potentially contaminated food and water when in austere locations. Risks can be mitigated by eating hot, fully-cooked foods, and avoiding raw or undercooked food items that have not been properly stored or handled. Peeled fruits and vegetables are generally considered safe, but are safest when first externally sanitized. Emphasis should be placed on field sanitation and maintaining good hygiene (e.g., hand-washing). Personnel deploying to areas at high-risk for bacterial diarrhea may be provided with an appropriate antibiotic for the location and specific instructions for self-treatment of traveler's diarrhea if treatment facilities are not expected to be quickly accessible. Current risk assessments, recommendations, and other information can be found at NCMI(SIPR) http://www.dia.smil.mil, TRAVAX https://private.travax.com/account/login/dod or CDC Yellow Book https://wwwnc.cdc.gov/travel/yellowbook.

(2) Food and waterborne illnesses. Consumption of contaminated, tainted, or adulterated food and beverages can cause a variety of illnesses, from mild gastrointestinal upset to debilitating multi-organ infections, and occasionally death. Food and water-borne illnesses can have a significant impact on mission success. Deployed personnel are to **avoid consuming street food** or food from non-approved sources.

(3) Troop feeding. Food and bottled water procured/purchased by military or contract personnel (to include provision agreements with host nation militaries) for troop feeding must come from DoD-approved sources IAW references (hh), (ii), and (jj). Deployed personnel are to avoid consuming street food or food that has not been approved by military public health authorities.

(4) Food and water risk assessments (FWRAs). FWRAs will be conducted for limited duration feeding of deployed military personnel from non-approved sources

(e.g., HN military dining facilities, caterers and restaurants) under certain circumstances such as initial entry operations, short-term deployments or exercises IAW references (b), (c), (hh), and (kk). FWRAs will be conducted by trained U.S. Army Veterinary Corps Officers or FWRA-credentialed public health personnel from any Service. FWRAs are risk assessments designed to evaluate food operations in order to identify and mitigate risk from intentional and unintentional contamination.

(5) All FWRAs will be completed IAW MIL-STD-3041 and MIL-HDBK-3041 and uploaded into the DoD FWRA database within the U.S. Army Veterinary Services Information Management System (https://isph.health.mil/FWRA/FWRAv5.nsf/) for routing and final approval. Additionally, IAW MIL-STD-3041 and MIL-HDBK-3041, FWRAs are valid for one-time, short-term or early entry use. Based on the mission, FWRAs are valid for 6 months (in some commands) or until the end of the operation or event, whichever comes first.

(6) FWRA ranking memos or results Memorandums for the Record will be presented to the operational commander for decision making on utilization of the food facility for troop feeding and implementation of health risk mitigation actions. The current USEUCOM FWRA POC is available at usarmy.apg.medcom-phc.list.vet-eucom@mail.mil.

(7) The Unit (Service) contracting or purchasing Class 1 (Food, Rations, and Water) supplies from a non-approved source for a short period must request the FWRA. Units should utilize Service Component organic assessors for this task. Whenever possible, Services will manage and conduct their own FWRAs. If the unit lacks trained personnel, an RFS should be submitted to higher command and request support from another Service.

(8) Commanders' assumption of risk. Mission commanders are responsible for enforcing the requirement for procurement of Class 1 supplies from approved sources or implement health risk mitigation actions identified in FWRAs. Operational commanders accept the medical readiness risks and associated mission assurance consequences if other options are selected. Mission commanders may prohibit individual consumption or purchase of local unapproved foodstuffs.

(9) Commanders must minimize the risk of food and water-borne illness. If neither procurement from an approved source or FWRA completion is possible, the best mitigation of food and water borne risk is to utilize operational rations.

(10) Inspections. Periodic inspections of food storage, preparation and service centers along with water storage facilities are required and must be conducted by qualified personnel.

(11) Potable water testing requirements. All water (including ice) is considered non-potable until tested and approved by appropriate medical personnel

(Army Preventive Medicine; Air Force Bioenvironmental Engineering or Independent Duty Medical Technician; Navy Preventive Medicine or Independent Duty Corpsman; or Special Forces Medical Sergeant [18D]). When used, commercial sources of drinking water must also be approved.

(12) Security. Commanders will ensure the necessary security to protect water and food supplies against tampering based on recommendations provided in food/water vulnerability assessments. Medical personnel will provide continual verification of quality and periodic inspection of storage and preparation facilities.

d. Environmental Exposures of Concern.

(1) Cold injury risk. Cold injury risk will depend on the specific region. Hypothermia, a life-threatening condition, may occur in air temperatures as low as 55 degrees Fahrenheit or below. Risk of cold injury increases for personnel who are at increased altitude, in poor physical condition, dehydrated, or wet. Countermeasures include proper wear of clothing and cover, hydration and nutrition, and physical activity. Exposed skin is more likely to develop frostbite. Ensure clothing is clean, loose, layered, and dry. Cover the head to conserve heat. Service specific guidance is provided in References (l), (m), (ll),through (nn).

(a.) Cold injuries, often termed as cold weather injuries (CWI), primarily stem from exposure to cold temperatures. The military closely monitors key CWI such as hypothermia, frostbite, chilblains, and immersion foot, categorizing them as Reportable Medical Events (RMEs) via the Disease Reporting System Internet (DRSi). These injuries have the potential to result in permanent loss of function or disability, posing significant risks. To continue serving in operational theaters, affected personnel must undergo a waiver submission; however, they are prohibited from returning to cold weather environments without proper medical clearance. Additionally, notification to the USEUCOM FHP office at eucom.stuttgart.ecsg.list.force-health-protection-fhp@mail.mil is mandatory for all CWI occurrences.

(2) Heat stress/solar injuries/illness. Heat injuries may be the greatest overall threat to military personnel deployed to warm climates. Acclimatization to increased temperature and humidity may take 10 to 14 days. Heat injuries can include dehydration, sunburn, heat syncope, heat exhaustion and heat stroke. Ensure proper work-rest cycles, adequate hydration, and command emphasis on heat injury prevention (e.g., scheduling outdoor work during coolest times of the day). Ensure availability and use of individual protection supplies and equipment such as sunscreen, lip balm, sun goggles/glasses, and potable water. The most severe types of heat illness (heat stroke and heat exhaustion) are military RMEs per reference (ee) and are routinely reported via DRSi and require USEUCOM FHP office notification at eucom.stuttgart.ecsg.list.force-health-protection-fhp@mail.mil. Personnel should be made aware that diarrhea, over exposure to the sun without protection, drinking alcohol, fever, obesity, older age, poor physical condition, and use of certain drugs (e.g., atropine, antihistamines, etc.) increase an individual's vulnerability to heat.

Service specific guidance is provided in References (k), (l), (m), (mm) and (nn).

(3) Altitude. Operations at high altitudes (over 9888 ft) can cause a spectrum of illnesses, including acute mountain sickness, high altitude pulmonary edema, high altitude cerebral edema, or red blood cell sickling in service members with sickle cell trait. Ascend gradually, if possible. Try not to go directly from low altitude to >9,888 ft (3,013 m) in one day. A health care provider may prescribe Acetazolamide (Diamox) or Dexamethasone (Decadron) to speed acclimatization if abrupt ascent is unavoidable. Treat an altitude headache with simple analgesics; more serious complications require oxygen and immediate descent. Service specific guidance is provided in References (l), (m), (ll), (mm), and (nn).

(4) Other threats. Other environmental threats are from the contamination of surface and ground water with raw sewage and industrial wastes, urban air pollution and locally grown vegetables contaminated with pesticides or fertilized with manure.

(5) To avoid waterborne infections, such as schistosomiasis and leptospirosis, bodies of fresh water should be off limits unless performing mission critical tasks.

e. Hygiene and sanitation. Commander emphasis on good field sanitation practices is essential to maintain force health. They include: frequent handwashing, proper dental care, clean and dry clothing (especially socks, underwear, and boots), bathing and dental care with water from a potable source. Change socks frequently; foot powder helps prevent fungal infections. Proper waste disposal is essential to mitigate health risks associated with environmental exposure.

f. Chemical, Biological, Radiological and Nuclear (CBRN) concerns. In deployment planning and preparation, commanders must consider the potential for deliberate use by an enemy of chemical, biological, radiological, or nuclear agents (including toxic industrial materials). Medical countermeasures include immunizations, personal protective equipment, mission oriented protective posture gear, biological/chemical warfare antidotes, and food, water, and environmental vulnerability assessments. If indicated by intelligence reports, environmental and/or disease and injury surveillance may be increased. Increased disease rate(s) may be the first indication of a terrorist-mediated bioterrorism event.

(1) Medical countermeasures include Medical CBRN Defense Material (MCDM). Some examples of MCDM are: Ciprofloxacin, antidote treatment nerve agent auto injectors, convulsant antidote nerve agent auto injectors, pyridostigmine bromide tablets (soman nerve agent treatment), and potassium iodide tablets (for beta/gamma radiation exposure). MCDM are not routinely issued, however, there are operational locations requiring these items. A specific list of MCDM will be issued based upon the requirements of the designated deployment location.

(a) Distribution responsibilities. Service Component Commands will

determine MCDM availability requirements based upon best estimates of risk and command policy for all forces that fall under their respective force protection authorities, in the appropriate minimum essential quantities. Contract employees will receive these items per their contract.

(b) MCDM accountability and maintenance. Individual deployers receiving MCDM medications and/or equipment during pre-deployment processing should turn in these items to a pre-designated individual or unit upon arrival in the USEUCOM AOR. If no individual or unit is pre-designated, the member will be responsible for maintaining accountability of MCDM medications and/or equipment for the duration of their travel.

(c) Service Components with Base Operating Support (BOS) responsibility at strategically positioned bases in the USEUCOM AOR that are pivotal for transportation and support functions will ensure ample stocks of MCDM items are pre-positioned and stored. This stock and storage will aid in catering to transient populations including non-deployers, PCS personnel, and any individual deployers not associated with troop unit movements, who might stay or visit these locations for differing lengths of time.

g. Work-related, sports, and other recreational injuries are significant contributors to non-effectiveness. Command emphasis of safety awareness is extremely important.

h. Stress concerns. Commanders and all personnel should be aware of combat and deployment-related stress and injuries (e.g., post-traumatic stress disorder and mild traumatic brain injuries), their signs/symptoms, and how to seek help for themselves, their peers, or their troops. Personnel should be cognizant of sleep discipline and the impact of alcohol misuse.

i. Aspirin use in combat areas. IAW reference (oo), deployed service members and civilians should not take aspirin (acetylsalicylic acid) while in a combat zone as its use may increase blood loss immediately after injury. Members should be advised during the pre-deployment process to stop taking aspirin, alone or in drug combinations, at least 10 days prior to departure, unless advised by their health care provider to continue use. The dangers of unnecessary aspirin use should be explained, and if continued use is necessary for medical reasons, it should be documented in the member's medical record. Over-the-counter non-aspirin-based medications (e.g., acetaminophen, ibuprofen, and naproxen) are safer alternatives in deployed settings for colds, fever, muscle aches, and general pain relief.

4. Bio surveillance and Occupational and Environmental Health (OEH) surveillance.

a. Service Components will conduct Comprehensive Occupational and Environmental Health Hazard surveillance IAW references (b), (c), (pp) and other USEUCOM specific guidance and policy as directed. Additionally, Components must ensure a preliminary overall health hazard assessment has been considered during the

beginning stages of operational planning and preparation. Completed site-specific health assessment reports should be accomplished prior to troop deployment to a site and should be provided to the mission commander immediately upon completion, regardless of the requesting agency. Ensure health risk communication plans are developed and implemented, and that deployment health risk assessments and health risk communication support are documented and provided when required. Requests to task assets to conduct occupational and environmental health site assessments and/or food and water risk assessments (e.g., U.S. Army Veterinary Services or other service component preventive medicine assets) must be coordinated well in advance as planning/tasking/execution can take months.

b. In accordance with reference (cc), Service Components will provide minimum reporting standards for biosurveillance-related information as directed by USEUCOM guidance, policies and directives.

c. Investigate, report and document all OEH and CBRN exposure incidents. All newly identified health threats should additionally be communicated to Secure NCMI (SIPR): (https://www.dia.smil.mil) , Shoreland TRAVAX (https://private.travax.com/account/login/dod) and the USEUCOM FHP office at eucom.stuttgart.ecsg.list.force-health-protection-fhp@mail.mil.

d. Medical record requirements. IAW reference (b) OEH monitoring data summaries are no longer required to be filed in the individual medical records.

5. Disease and non-battle injury (DNBI) reporting. Service Components, JTF's and subordinate units will ensure compliance with all DoD and USEUCOM specific FHP and deployment health surveillance directives, policies and guidance. Disease surveillance will be conducted for all land-based deployments where there is not a pre-existing medical facility that is collecting the data (see references [c] and [y]) to detect any trends in the health of deployed personnel.

a. The list of DNBI reporting categories, their definitions, and the essential elements of the standard DNBI report can be found in Enclosure (C) of reference (hh).

b. Component and JTF surgeons are responsible for ensuring units within their AOR are collecting and reporting prescribed DNBI data through service-specific guidance.

c. Medical personnel at all levels will analyze the DNBI data from their unit and the units subordinate to them and make changes and recommendations as required to reduce DNBI and mitigate the effects of DNBI upon operational readiness.

d. In addition to U.S. military disease reporting requirements, NATO deployments also require redundant DNBI reporting via EPINATO-2 IAW reference (rr).

6. Individual Longitudinal Exposure Record (ILER). Per references (b), (c), and (u), the ILER is an online application designed to create a complete record of every Service

member's OEH exposures over the course of the service member's career. Service Components are responsible for the accurate collection, entry, and maintenance of exposure data in the ILER system throughout a service member's career. They verify data accuracy, provide authorized access to ILER records, and ensure compliance with privacy and security regulations. Service Components may offer training to personnel involved in ILER management. Their efforts are essential for maintaining reliable ILER records to support service member health and facilitate military-related exposure research.

7. Reportable Medical Events (RME) surveillance.

a. The list of diseases and conditions that must be reported can be found in the Tri-service RME Guidelines and Case Definitions in reference (ee).

b. Component and JTF surgeons are responsible for ensuring units within their AOR are collecting the appropriate RME data and reporting that data through their service specific reporting mechanisms.

c. It is required to notify the Office of the US European Command Surgeon General (ECSG) at eucom.stuttgart.ecsg.list.eucom-surgeon@mail.mil or 324-412-4224 (DSN); +49-(0)-711-7080-4242(Mobile); for the following RMEs: anthrax; botulism; CBRN and toxic industrial chemical/material (TIC/TIM) exposure; severe cold weather/heat injuries; dengue fever; hantavirus disease; hemorrhagic fever; hepatitis B or C, acute; HIV; malaria; measles; meningococcal disease; norovirus; outbreak or disease cluster; plague; pneumonia, eosinophilic; q-fever; rabies, Severe Acute Respiratory (SAR) infections; streptococcus, invasive group a; tetanus; tick-borne encephalitis; tuberculosis, active; tularemia; typhoid fever; varicella.

d. RME reporting will occur in DRSi IAW DoD and service specific requirements located in reference (ee).

8. Component and JTF surgeons must ensure appropriate storage, use and disposal of hazardous materials including appropriate biohazard disposal.

9. Component and JTF surgeons must ensure the integrity of field hygiene and sanitation, and occupational health and safety programs.

10. Point of Contact. The USEUCOM POC for FHP/Preventive Medicine is the USEUCOM Office of the Command Surgeon, FHP Branch, at DSN: 324-412-4197/4321/4207/4248; Comm: 011 (+49) (0)711 7080 4197/4321/4207/4248; NIPR: eucom.stuttgart.eccs.list.force-health-protection-fhp@mail.mil.

Enclosure G
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Glossary
Part I – Abbreviations and Acronyms

ACIP – Advisory Committee on Immunization Practices
ADHD/ADD – Attention Deficit Hyperactivity Disorder / Attention Deficit Disorder
AFHSC – Armed Forces Health Surveillance Center
AFSC – Air Force Specialty Code
AHI – Apnea-Hypopnea Index
AIDS – Acquired Immune Deficiency Syndrome
ANAM – Automated Neuropsychological Assessment Metrics
AOR – Area of Responsibility
APO – Army Post Office
AR – Army Regulation
ASIMS – Aeromedical Services Information Management System
BH – Behavioral Health
BMI – Body Mass Index
BOS – Base Operating Support
CII – Class Two
CABG – Coronary Artery Bypass Grafting
CAD – Coronary Artery Disease
CBRN – Chemical, Biological, Radiological, and Nuclear
CCQAS – Centralized Credentials Quality Assurance System
CDC – Centers for Disease Control and Prevention
CDRUSEUCOM – Commander, United States European Command
CHD – Coronary Heart Disease
CPAP – Continuous Positive Airway Pressure
CT – Computerized Axial Tomography
CVA – Cerebral Vascular Accident
Dept – Department
DHP – Defense Health Program
DIA – Defense Intelligence Agency
DMSS – Defense Medical Surveillance System
DNA – Deoxyribonucleic Acid
DNBI – Disease and Non-Battle Injury
DoD – Department of Defense
DOEHRS – Defense Occupational and Environmental Health Readiness System
DPP – Deployment Prescription Program
DRHA – Deployment-Related Health Assessments
DRSi – Defense Reporting System Internet
DSM IV/5 – Diagnostic and Statistical Manual of Mental Disorders, 4th or 5th Edition
DTRA – Defense Threat Reduction Agency
DVT – Deep Venous Thrombosis
ECI – European Command Instruction
EEG – Electroencephalogram
EPINATO – Deployment Health Surveillance System of NATO
FCG – Foreign Clearance Guide

FDA – Food and Drug Administration
FEV1 – Forced Expiratory Volume in 1 Second
FHP – Force Health Protection
FHPPP – Force Health Protection Prescription Products
FPO – Fleet Post Office
F/U – Follow-ups
FWRA – Food and Water Risk Assessment
G6PD – Glucose-6-phosphate Dehydrogenase
GERD – Gastroesophageal Reflux Disease
HAZMAT – Hazardous Materials
H1N1 – Hemagglutinin1/Neuraminidases1
HIV – Human Immunodeficiency Virus (HIV)
HN – Host Nation
IAW – In Accordance With
ICTB – Inter-facility Credentials Transfer Brief
IDC – Independent Duty Corpsmen
IDA – Individual Dynamic Absorption
IDMT – Independent Duty Medical Technician
IMR – Individual Medical Readiness
IPV – Inactivated Polio Vaccine
JS – Joint Staff
JTF – Joint Task Force
LN – Local Nationals
LOC – Loss of Consciousness
LTBI – Latent Tuberculosis Infection
MARFOREUR – Marine Forces in Europe
MCDM – Medical CBRN Defense Material
MEDPROS – Medical Protection System
MESL – Military Exposure Surveillance Library
MMR – Measles/Mump/Rubella
MSK – Musculoskeletal
MI – Myocardial Infarction
MIL STD – Military Standard
MOS – Military Occupational Specialty
MPS – Military Postal Service
MRI – Magnetic Resonance Imaging
MRRS – Medical Readiness Reporting System
MTF – Medical Treatment Facility
NATO – North Atlantic Treaty Organization
NAVEUR – Naval Forces in Europe
NCMI – National Center for Medical Intelligence
NIPR – Non-Secure Internet Protocol Router
OAR – Operation Atlantic Resolve
OCONUS – Outside of the Continental United States
OEH – Occupational and Environmental Health
OEHSS – Occupational and Environmental Health Site Surveillance