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(U) USINDOPACOM GENADMIN P-25-0295 FISCAL YEAR (FY) 2026 FORCE

Originator: HQ USPACOM J3

TOR: 11/07/2025 09:05:40

DTG: 070905Z Nov 25

Prec: Priority

DAC: General

CDRUSARPAC CG FT SHAFTER HI, USARPAC COMMAND CENTER FT SHAFTER HI, PACAF CC HICKAM AFB HI, COMPACFLT PEARL HARBOR
To: HI, CDRUSARPAC JOC CURRENT OPS FT SHAFTER HI, COMMARFORPAC, COMMARFORPAC, COMSOPAC HONOLULU HI, CDR USFK
SEOUL KOR, COMUSJAPAN YOKOTA AB JA, HQ USPACOM HONOLULU HI, HQ ALCOM ELMENDORF AFB AK, JIATF WEST
JOINT STAFF WASHINGTON DC, CNO WASHINGTON DC, HQ USPACOM J1, HQ USPACOM J2, HQ USPACOM J3, HQ USPACOM J5, HQ
USPACOM J6, HQ USPACOM JOC, COMJTF MICRONESIA GU, COMFLT CYBERCOM FT GEORGE G MEADE MD, COMPACAREA COGARD
CC: ALAMEDA CA, COMUSKOREA J3 EOC SEOUL KOR, COMMARFORPAC G THREE, COMMARFORPAC G THREE, COMSOPAC HONOLULU HI,
CDR USTRANSCOM SCOTT AFB IL, COMSEVENTHFLT, COMTHIRDFLT, CG I MEF G THREE, CG I MEF G THREE, CG III MEF G THREE, CG III
MEF G THREE, KAIS 7AF OSAN AB KOR, PACOM JIOC HONOLULU HI

PAAUZYUW RUICAAA2343 3110905-UUUU--RUICAAA.
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FM HQ USPACOM J3
TO RUIAAAA/CDRUSARPAC CG FT SHAFTER HI
RUIAAAA/USARPAC COMMAND CENTER FT SHAFTER HI
RUIAAAA/PACAF CC HICKAM AFB HI
RUOIAAAA/COMPACFLT PEARL HARBOR HI
RUIAAAA/CDRUSARPAC JOC CURRENT OPS FT SHAFTER HI
RUJDAAA/COMMARFORPAC
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INFO RUEKJCS/JOINT STAFF WASHINGTON DC
RUOIAAAA/CNO WASHINGTON DC
RUICAAA/HQ USPACOM J1
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RUICAAA/HQ USPACOM J3
RUICAAA/HQ USPACOM J5
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RUOIAAAA/COMSEVENTHFLT
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RUJDAAA/CG I MEF G THREE
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SUBJ/(U) USINDOPACOM GENADMIN P-25-0295 FISCAL YEAR (FY) 2026 FORCE HEALTH PROTECTION GUIDANCE FOR USINDOPACOM AOR

PASS TO:

COMUSKOREA CP SEOUL KOR

USINDOPACOM J07 (OFFICE OF THE COMMAND SURGEON) IS THE RESPONSIBLE OFFICE FOR THIS ORDER.
THIS ORDER IS ACTIVE UNTIL CANCELLED.

BLUF/(U) THIS MESSAGE PROVIDES UPDATES FOR FORCE HEALTH PROTECTION MEASURES REQUIRED BY PERSONNEL WITHIN THE U.S. INDO-PACIFIC COMMAND (USINDOPACOM) AREA OF OPERATIONS (AOR).//

NARR/REF A is "DOD Dictionary of Military and Associated Terms" of August 2025, available at

[HTTPS\(DOUBLE SLASH\)JDEIS.JS.MIL/JDEIS/INDEX.JSP?PINDE=4](https://double_slashjdeis.js.mil/jdeis/index.jsp?pinde=4).

REF B is Chairman Joint Chiefs of Staff Memo 0028-07,

"Procedures for Deployment Health Surveillance" of 02 NOV 2007.

REF C is DODI 6490.03 "Deployment Health" of 19 JUN 2019.

REF D is DHA Procedural Instruction (DHA-PI) 6490.03

"Deployment Health Procedures" of 17 DEC 2019.

REF E is ASD(HA) Memo "Clinical Practice Guidance for Deployment-Limiting Mental Health Disorders and Psychotropic Medications" of 7 OCT 2013.

REF F is DODI 6490.07 "Deployment-Limiting Medical Conditions for Service Members and DOD Civilian Employees" of 05 FEB 2010.

REF G is DODD 6200.04 "Force Health Protection" of 09 OCT 2004, Certified Current as of 23 APR 2007.

REF H is Directive-Type Memo 17-004, "Department of Defense Expeditionary Civilian Workforce" of 25 JAN 2017, Incorporating Change 8, Effective 28 JAN 2025.

REF I is DODI 3020.41 "Operational Contract Support Outside the United States" of 27 NOV 2024.

REF J is AR 40-562/BUMEDINST 6230.15B/AFI 48-110_IP/CG COMDTINT M6230.4G "Immunization and Chemoprophylaxis for the Prevention of Infectious Diseases" of 07 OCT 2013.

REF K is United States Forces Korea Instruction 4200.02, "Force Health Protection" of 20 AUG 2024, Incorporating Change 1, 21 Nov 2024.

REF L is DEPSECDEF Memo, "Clarifying Guidance for Smallpox and Anthrax Vaccine Immunization Programs" of 12 NOV 2015.

REF M is SECDEF Memo, "Rescission of the August 24, 2021 AND November 30, 2021 Coronavirus Disease 2019 Vaccination Requirements for Members of the Armed Forces" of 10 JAN 2023.

REF N is DEPSECDEF Memo, "Guidance for Implementing Rescission of August 24, 2021 and November 30, 2021 Coronavirus Disease 2019 Vaccination Requirements for Members of the Armed Forces" of 24 FEB 2023.

REF O is National Center for Medical Intelligence Website at (SIPR) [HTTPS\(DOUBLE SLASH\)DIA.SMIL.MIL/SOURCE/WEB/?TOPIC=MEDICAL](https://double_slashdia.smil.mil/source/web/?topic=medical).

REF P is Centers for Disease Control and Prevention (CDC)

Travelers Health Website at

[HTTPS\(DOUBLE SLASH\)WWNC.CDC.GOV/TRAVEL/](https://double_slashwwnc.cdc.gov/travel/).

REF Q is Shoreland Travax Website at

[HTTPS\(DOUBLE SLASH\)WWW.TRAVAX.COM](https://double_slashwww.travax.com).

REF R is Advisory Committee of Immunization Practices Vaccine Recommendations and Guidance Website at

[HTTPS\(DOUBLE SLASH\)WWW.CDC.GOV/ACIP-RECS/HCP/VACCINE-SPECIFIC/INDEX](https://double_slashwww.cdc.gov/acip-recs/hcp/vaccine-specific/index.html).HTML.

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REF S is USD (P&R) Memo, "Use of Next-Generation Smallpox Vaccines" of 23 OCT 2023.

REF T is DHA-PI 6025.52 "Guidance for the DOD Influenza Vaccine Program (IVP)" of 04 JUN 2024.

REF U is DODI 6490.13 "Comprehensive Policy on Traumatic Brain Injury-Related Neurocognitive Assessments by the Military Services" OF 11 SEP 2015, Incorporating Change 2, Effective 28 MAY 2024.

REF V is "Guide to Clinical Preventive Services" from the Agency for Healthcare Research and Quality at [HTTPS\(DOUBLE SLASH\)WWW.USPREVENTIVESERVICESTASKFORCE.ORG/USPSTF/](https://www.uspreventiveservicestaskforce.org/uspstf/).

REF W is HA POLICY 13-002 "Guidance on Medications for Prophylaxis of Malaria" of 15 APR 2013.

REF X is Armed Forces Pest Management Board Technical Guide 36 of NOV 2015.

REF Y is HA POLICY 09-006 "Policy for Decreasing Use of Aspirin (Acetylsalicylic Acid) in Combat Zones" of 12 MAR 2009.

REF Z is USINDOPACOM Instruction 6490.03, "Food and Water Risk Assessments in the United States Indo-Pacific Command" of 01 OCT 2025.

REF AA is USPACOM 1107.2 "Force Health Protection (FHP) Program for Deployments" of 18 MAR 2013.

REF AB is "Armed Forces Reportable Medical Events Guidelines and Case Definitions" of October 2022, available at [HTTPS\(DOUBLE SLASH\)HEALTH.MIL/REFERENCE-CENTER/PUBLICATIONS/2022/11/01/ARMED-FORCES-REPORTABLE-MEDICAL-EVENTS-GUIDELINES/](https://health.mil/Reference-Center/Publications/2022/11/01/ARMED-FORCES-REPORTABLE-MEDICAL-EVENTS-GUIDELINES/).

REF AC is DODI 6490.11 "DOD Policy Guidance for Management of Mild Traumatic Brain Injury/Concussion in Deployed Setting" of 18 SEP 2012, Incorporating Change 3, 01 OCT 21.

REF AD is DODD 6490.02E, "Comprehensive Health Surveillance" OF 08 FEB 2012, Incorporating Change 2, Effective 28 AUG 2017.

REF AE is "FY 2025 Force Health Protection Guidance for USINDOPACOM AOR" of 16 OCT 2024.

GENTEXT/RMKS/

1. (U) This message provides updated USINDOPACOM medical guidance in support of contingency operations, as defined by REF (A), within the USINDOPACOM AOR, in accordance with (IAW) REFS (B) through (AD). This message cancels REF (AE).

2. (U) APPLICABILITY.

2.A. (U) This message applies to Active (AC), Activated Reserve (RC) and Guard (NG) Component Military, other Uniformed Services attached to the Department of Defense (DOD), and DoD Civilian Personnel traveling to or within the USINDOPACOM AOR, as well as DoD Contract Personnel traveling to or within the USINDOPACOM AOR IAW their Statement of Work.

2.B. (U) This guidance applies to deployments, operational movement of units, Individual Augmentees, exercise support personnel, and those otherwise TDY/TAD to the USINDOPACOM AOR for 30 days or longer unless otherwise specified.

2.B.1. (U) This guidance does not apply to personal leave travel or travel by dependents.

2.B.1.A. (U) All individuals, including dependents, are encouraged to consult with their primary care provider or travel medicine clinic prior to any travel to ensure appropriate preventative measures are offered.

2.B.2. (U) IAW REFS (B) and (C), personnel traveling for less than 30 days are exempt from the requirements in Paragraphs 3 through 17, but shall follow Service-, Agency-, Command-, and/or occupational health specific requirements.

2.B.3. (U) IAW REFS (B) through (D), personnel on deployment orders for 30 days or longer must meet the requirements in Paragraphs

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3 through 17.

2.B.4. (U) Except for as described in Paragraphs 2.C. and 2.D. below, all personnel traveling in the USINDOPACOM AOR for 30 days or longer must meet the requirements in Paragraphs 3 through 17.

2.C. (U) Geographic Exceptions to Requirements.

2.C.1. (U) U.S. States and Territories.

2.C.1.A. (U) Personnel traveling to and remaining within the United States (to include Hawaii and Alaska and the U.S. territory of Guam) are exempt from the requirements in Paragraphs 3 through 17 IAW REF (C) but shall follow Service-, Agency-, Command-, and/or occupational health specific requirements.

2.C.2. (U) Civilian personnel permanently assigned to Australia, Japan, Singapore, or the Republic of Korea.

2.C.2.A. (U) Civilian Personnel who are not classified as Emergency Essential, Non-Combat Essential, or a DoD Expeditionary Civilian AND who are executing permanent change of station (PCS) orders to Australia, Japan, Singapore, or the Republic of Korea, are exempt from the requirements in Paragraphs 3 through 17, but shall follow Service , Agency-, Command-, and/or occupational health specific requirements.

2.C.2.B. (U) Civilian Personnel classified as Emergency Essential, Non-Combat Essential, or a DoD Expeditionary Civilian must meet the requirements in Paragraphs 3 through 17.

2.C.2.C. (U) Civilian Personnel not permanently assigned to Australia, Japan, Singapore, or the Republic of Korea and on deployment or TDY/TAD orders of 30 days or longer to the same countries must follow the requirements in Paragraphs 3 through 17.

2.C.2.D. (U) Civilian Personnel permanently assigned to Australia, Japan, Singapore, or the Republic of Korea who receive deployment orders or TAD/TDY orders of 30 days or longer outside their assigned country must follow the requirements in Paragraphs 3 through 17.

2.C.3. (U) DoD Contract Personnel permanently assigned to Australia, Japan, Singapore, or the Republic of Korea.

2.C.3.A. (U) DoD Contract Personnel who are not authorized to accompany the force (Non-CAAF), who are permanently assigned to Australia, Japan, Singapore, or the Republic of Korea, are exempt from the requirements in Paragraphs 3 through 17, but shall follow Service , Agency-, Command-, and/or occupational health specific requirements.

2.C.3.B. (U) DoD Contract Personnel who are authorized to accompany the force (CAAF) must meet the requirements in Paragraphs 3 through 17 IAW their statement of work.

2.C.3.C. (U) Contractor Personnel not permanently assigned to Australia, Japan, Singapore, or the Republic of Korea and on deployment or TDY/TAD orders of 30 days or longer to the same countries must follow the requirements in Paragraphs 3 through 17.

2.C.3.D. (U) Contractor Personnel permanently assigned to Australia, Japan, Singapore, or the Republic of Korea who receive deployment orders or TDY/TAD orders of 30 days or longer outside their assigned country must follow the requirements in Paragraphs 3 through 17.

2.D. (U) Non-deployment travel exceeding 30 days but less than 45 days.

2.D.1. (U) Personnel not on deployment orders but traveling in the USINDOPACOM AOR for 30 days or longer must meet the requirements in Paragraphs 3 through 8 and 10 through 17 but are exempt from Paragraph 9.

2.E. (U) This guidance does not supersede more stringent policy from Services-, Agencies-, Commands-, occupational health specific requirements, or appropriate General Medical Officer clinical judgment.

3. (U) HEALTH SUITABILITY SCREENING REQUIREMENTS.

3.A. (U) All personnel traveling to the USINDOPACOM AOR for 30 days or longer:

3.A.1. (U) Must be medically, dentally, and psychologically fit.

3.A.1.A. (U) Fitness specifically includes the ability to accomplish tasks unique to a particular operation and tolerate environmental and operational conditions of the deployed location.

3.A.2. (U) Must be screened and meet medical readiness standards, IAW REFS (E) through (F) prior to travel.

3.A.2.A. (U) See Paragraph 4 for waiver-requiring conditions.

3.B. (U) In addition to Paragraph 3.A., Service Members traveling to the USINDOPACOM AOR for 30 days or longer must:

3.B.1. (U) Have current periodic health assessment (PHA) prior to deployment or travel.

3.B.2. (U) Be current on all applicable special duty exams prior to deployment or travel.

4. (U) WAIVER REQUIRING CONDITIONS.

4.A. (U) Any personnel with the conditions listed in Paragraphs 4.B. and 4.C. may not deploy or travel for 30 days or greater in the USINDOPACOM AOR unless and until an approved deployment waiver has been obtained (See Paragraph 5 for waiver submission process).

4.B. (U) Conditions consistent with REF (F):

4.B.1. (U) Conditions affecting FHP including inability to effectively wear personal protective equipment (PPE) and conditions that prohibit immunizations or the use of FHP prescription products.

4.B.1.A. (U) This includes the inability to wear permethrin treated uniforms or clothing.

4.B.2. (U) Unresolved health conditions requiring care or affecting performance.

4.B.2.A. (U) Any chronic medical condition that requires frequent clinical visits, fails to respond to adequate conservative treatment, or necessitates significant limitation of physical activity.

4.B.2.A.1. (U) This includes conditions that require clinical visits more than semiannually, as well as conditions that require ancillary tests more than twice/year.

4.B.2.A.2. (U) This also includes conditions that require care from medical specialties or ancillary tests that are not available at the deployment locations.

4.B.2.B. (U) Pregnancy.

4.B.2.C. (U) Any medical condition that requires either durable medical equipment or appliances, or periodic evaluation and treatment by medical specialists that is not readily available in theater.

4.B.2.C.1. (U) Individuals with mild obstructive sleep apnea (OSA) (Apnea Hypopnea Index (AHI) or Respiratory Disturbance Index (RDI) < 15/hour) documented within 5 years may deploy without a waiver even if utilizing CPAP.

4.B.2.C.1.A. (U) Individuals utilizing a CPAP with AHI or RDI equal to or greater than 15/hour must receive a waiver to enter the USINDOPACOM AOR.

4.B.2.C.2. (U) Shipboard personnel not in support of land-based operations may be exempt from this requirement as per REF (B) and MANMED P117.

4.B.2.D. (U) Any unresolved acute illness or injury that would impair duty performance during the duration of the deployment.

4.B.2.E. (U) Cancer that requires continuing treatment or specialty medical evaluations during the anticipated duration of the deployment.

- 4.B.2.F. (U) Pre-cancerous lesions that have not been treated and/or evaluated and that require treatment and/or evaluation during the anticipated duration of the deployment.
- 4.B.2.G. (U) Any medical condition that requires surgery or for which surgery has been performed that requires rehabilitation or additional surgery to remove devices.
- 4.B.2.H. (U) Any musculoskeletal condition that significantly impairs performance of duties in a deployed environment.
- 4.B.2.I. (U) An acute exacerbation of a physical or mental health condition that could significantly affect duty performance.
- 4.B.3. (U) Conditions that could cause sudden incapacitation including recurrent loss of consciousness for any reason, history of stroke within the last 24 months, seizure disorders, and diabetes mellitus type I or II treated with insulin or oral hypoglycemic agents.
- 4.B.4. (U) Uncontrolled Asthma.
- 4.B.5. (U) Infectious diseases including active pulmonary tuberculosis (TB) and transmissible blood-borne diseases.
- 4.B.6. (U) Sensory disorders including severe hearing loss and severe visual impairment.
- 4.B.7. (U) Cardiac and vascular disorders including uncontrolled hypertension, symptomatic coronary artery disease, heart failure, history of myocardial infarction within one year, or recent history (less than one year) of coronary artery bypass graft, coronary artery angioplasty, carotid endarterectomy, other arterial stenting, or aneurysm repair.
- 4.B.8. (U) Mental Health Disorders.
 - 4.B.8.A. (U) Psychotic and/or bipolar disorders as detailed in REF (D).
 - 4.B.8.A.1. (U) No waivers will be granted for psychotic and bipolar disorders.
 - 4.B.8.B. (U) Psychiatric disorders with less than 3 months of demonstrated stability.
 - 4.B.8.B.1. (U) A member with a disorder in remission or whose residual symptoms do not impair duty performance may be considered for deployment, but Service Member must have been clinically stable for at least three months prior to Pre-Deployment Assessment.
 - 4.B.8.B.2. (U) A waiver request must be submitted for personnel who are on psychotropic medications, including antidepressants, and have been stable for at least three months while on medication.
 - 4.B.8.B.3. (U) Service Members on psychotropic medications must obtain a small arms waiver IAW Service Component policy.
 - 4.B.8.C. (U) Clinical psychiatric disorders with residual symptoms that impair duty performance.
 - 4.B.8.D. (U) Mental health conditions that pose a substantial risk for deterioration and/or recurrence of impairing symptoms in the deployed environment.
 - 4.B.8.E. (U) Chronic psychiatric conditions that require ongoing treatment with antipsychotics, lithium, or anticonvulsants.
 - 4.B.8.E.1. (U) Individuals cannot deploy on anti-psychotics, lithium, or anti-seizure medications. However, off-label use of these medications for pain management, sleep disorders, PTSD, etc., will be considered by individual waiver request.
 - 4.B.8.F. (U) Individuals with a history of inpatient psychiatric hospitalization.
 - 4.B.9. (U) Individuals with a history of alcohol or substance abuse will require a waiver for entry into the USINDOPACOM AOR.
 - 4.B.9.A (U) Individuals will have demonstrated at least 180 days of clinical stability to be considered for a waiver.
 - 4.B.9.B. (U) Individuals with a history of alcohol or substance abuse with any of the following features will be not granted

waivers:

4.B.9.B.1. (U) Less than 180 days of documented stability (e.g. abstinence from substance(s), completion of program if advised/ordered, resolution of related symptoms and disorders).

4.B.9.B.2. (U) Any documented history of treatment failure in a treatment program.

4.B.9.B.3. (U) Currently require the use of medication for treatment of substance use disorder (e.g. oral or injectable naltrexone, disulfiram, buprenorphine, methadone, etc.).

4.C. (U) Operational Dental Readiness Class 3 OR 4. These conditions are generally not waiverable.

4.D. (U) Justification for any approved waiver shall be recorded in waiver log (see Paragraph 5 below).

5. WAIVER SUBMISSION PROCESS.

5.A. (U) Waiver Authority.

5.A.1. (U) Service Members.

5.A.1.A. (U) Waiver requests for Service Members will be submitted to the Service Member's respective Component- or Sub-Unified Command Surgeon as per paragraph 5.D.

5.A.1.B. (U) Component Surgeons may designate an additional approval authority within their Component Office.

5.A.1.B.1. (U) If additional approval authorities are desired, they may be requested in writing through the USINDOPACOM Surgeon.

5.A.1.C. (U) Sub-Unified Surgeons may designate an additional approval authority within each Sub-Unified Component.

5.A.1.C.1. (U) If additional approval authorities are desired, they may be requested in writing through the USINDOPACOM Surgeon.

5.A.2. (U) DoD Civilians.

5.A.2.A. (U) Waiver requests for DoD Civilian who are directly assigned to a Service (i.e. Department of the Navy or Department of the Army Civilians) are submitted to the respective Component Surgeon as per paragraph 5.D.

5.A.2.B. (U) Waiver requests for DoD Civilians who are not directly assigned to a Service (i.e. Combat Support Agencies) will be routed to the USINDOPACOM Surgeon's Office as per Paragraph 5.D.

5.A.3. (U) DoD Contractors.

5.A.3.A. (U) Medical and dental waivers for Contractors shall follow the process described in REF (I).

5.A.3.B. (U) Waiver requests for DoD Contractors that meet requirements in REF (I) shall be routed to USINDOPACOM Surgeon's Office as per Paragraph 5.D.

5.B. (U) Waiver Timelines.

5.B.1. (U) Waivers may be granted up to 3 months prior to anticipated travel.

5.B.2. (U) Waivers may be requested for up to 12-month period from anticipated start of travel and may include planned subsequent return to the same area, if anticipated travel will complete within the 12 month period.

5.B.3. (U) For personnel on prepare-to-deploy or rapid-response teams, waivers may be granted up to 3 months prior to deployment window and may be granted for up to 12 months from start of deployment window.

5.B.3.A. (U) Waivers for personnel with confirmed deployment/travel take precedence over waivers for personnel on prepare to deploy or rapid-response teams.

5.B.4. (U) All timelines in Paragraphs 5.B.1. through 5.B.3. may be shortened by the appropriate waiver authority, but may not exceed the listed timelines.

5.C. (U) Waiver Tracking.

5.C.1. (U) Component Surgeons shall track and archive all approved or denied waivers to include information about:

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5.C.1.A. (U) Service Member's name.
5.C.1.B. (U) Date of birth.
5.C.1.C. (U) DOD identification number.
5.C.1.D. (U) Unit identification code (UIC).
5.C.1.E. (U) Date of theater entry.
5.C.1.F. (U) Duration of orders to the USINDOPACOM AOR.
5.C.1.G. (U) Condition for which the waiver was requested.
5.C.1.H. (U) Disposition of the waiver (i.e., whether the waiver was granted or denied).
5.D. (U) Contact information.
5.D.1. (U) USINDOPACOM.
5.D.1.A. (U) DSN: 315-477-7885
5.D.1.B. (U) COM: 808-477-7885
5.D.1.C. (U) Group email: JOC-MED.PACOMATNAVY.MIL
5.D.2. (U) USARPAC.
5.D.2.A. (U) DSN: 315-787-5901.
5.D.2.B. (U) COM: 808-787-5901.
5.D.2.C. (U) Group email:
USARMY.SHAFTER.USARPAC.LIST.ACSMED-WAIVERSATARMY.MIL.
5.D.2.D. (U) Most recent guidance: USARPAC Surgeon's Office, "USARPAC Force Health Protection Guidance" of 01 MAR 2025.
5.D.3. (U) PACAF.
5.D.3.A. (U) DSN: 315-447-6367.
5.D.3.B. (U) COM: 808-789-6367.
5.D.3.C. (U) Group email:
USAF.JBPHH.PACAF-SG.MBX.MEDICAL-WAIVERATHEALTH.MIL.
5.D.3.D. (U) Most recent guidance: PACAF SG Memo, "Medical Review and Approval Procedures for Personnel Deploying or Traveling via PCS or TDY into the INDOPACOM AOR" of 17 JUN 2025, available at [HTTPS\(DOUBLE SLASH\) WWW.MEDXS.AF.MIL/PUBLIC/NEWS-WAIVER-FORM-UPDATED.HTML](https://www.medsx.af.mil/public/news-waiver-form-updated.html).
5.D.4. (U) PACFLT.
5.D.4.A. (U) DSN: 315-474-6339 OR 315-474-9111.
5.D.4.B. (U) COM: 808-474-6339 OR 808-474-9111.
5.D.4.C. (U) Waivers should be submitted to PACFLT via ETMS2 or other tasking system.
5.D.4.D. (U) Waivers for Theater Entry do NOT supersede or replace submarine or sea duty screenings for Active or Reserve Component personnel.
5.D.5. (U) MARFORPAC.
5.D.5.A. (U) DSN: 315-477-8668 OR 315-477-8664.
5.D.5.B. (U) COM: 808-477-8668 OR 808-477-8664.
5.D.5.C. (U) Group email:
MARFORPAC-OFFICEOFTHEFORCESURGEONATUSMC.ONMICROSOFT.COM.
5.D.5.D. (U) Waiver requests shall be submitted by the origin chain of command to the in-theater receiving command and be reviewed by the respective medicine departments for each. All requests must be approved prior to applicable personnel entering theater. Approval may only be granted at the Major Subordinate Command-level and above.
5.D.5.E. (U) I MEF.
5.D.5.E.1. (U) COM: 760-763-4522.
5.D.5.E.2. (U) Group email: IMEF_G4_MEDICALATUSMC.MIL.
5.D.5.E.3. (U) Most recent guidance: I MEF Force Health Protection (FHP) Requirements FY25, 162101Z Oct 2024.
5.D.5.F. (U) III MEF.
5.D.5.F.1. (U) DSN: 315-622-3900.
5.D.5.F.2. (U) Group email: IIIMEFSURGEONSOPSATUSMC.ONMICROSOFT.COM
5.D.5.F.3. (U) Most recent guidance: III Marine Expeditionary Force (MEF) Force Health Protection (FHP) Guidance and Requirements 2024, available at [WWW.IIIMEF.MARINES.MIL/PORTALS/22/IIIF20MEF20FHP20GUIDANCE20AND20REQUIREMENTS202024_FINAL_1.PDF](http://www.iiimef.marines.mil/portals/22/IIIF20MEF20FHP20GUIDANCE20AND20REQUIREMENTS202024_FINAL_1.PDF).

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5.D.6. (U) SOCPAC.
5.D.6.A. (U) DSN: 315-470-1081.
5.D.6.B. (U) COM: 808-470-1081 OR 808-470-7930 OR 808-470-7929.
5.D.6.C. (U) Group email: SOCPAC.S0J07ATSOCOM.MIL.
5.D.6.D. (U) Most recent guidance: SOCPAC SG Memo, "Memorandum for Special Operations Command, INDOPACOM: Waiver Requirements" of 4 JAN 2024.
5.D.7. (U) USFK.
5.D.7.A. (U) DSN: 315-755-8450.
5.D.7.B. (U) Most recent guidance: USFKI 4200.02, "Force Health Protection" of 20 AUG 2024, Incorporating Change 1 of 21 Nov 2024, available at WWW.USFK.MIL/PORTALS/105/DOCUMENTS/PUBLICATIONS/INSTRUCTIONS/USFKI-4200.02_FORCE-HEALTH-PROTECTION(FHP)_20240820.PDF?VER=8G7FQ0JY25A_BFHH5CFJQG%3D%3D.
5.D.7.B.1. (U) 7TH AIR FORCE.
5.D.7.B.1.A. (U) DSN: 315-784-8080.
5.D.7.B.1.B. (U) Group email: 7AF.SGWORKFLOWATUS.AF.MIL.
5.D.7.C. (U) 8TH ARMY.
5.D.7.C.1. (U) DSN: 315-755-2716.
5.D.7.C.2. (U) Group email: USARMY.HUMPHREYS.8-ARMY.LIST.SURGEON-DEPLOYMENT-WAIVERATARMY.MIL.
5.D.7.D. (U) CNFK.
5.D.7.D.1. (U) DSN: 315-763-8793.
5.D.7.D.2. (U) Group email: CNFK-MEDICALATUS.NAVY.MIL.
5.D.7.E. (U) MARFORK.
5.D.7.E.1. (U) DSN: 315-755-8356.
5.D.7.F. (U) SOCKOR.
5.D.7.F.1. (U) DSN: 315-757-3536.
5.D.7.F.2. (U) Group email: SOCKOR_CMD_SURGEON_CELLATSOCOM.MIL.

6. (U) MANDATORY VACCINATIONS, REF (J).
6.A. (U) Ensure all Service Members, Emergency Essential Civilians, Non-Combat Essential Civilians, DoD Expeditionary Civilians, and Contractors Authorized to Accompany the Force (CAAF) are current for routine adult vaccinations as in Paragraphs 6.B. through 6.D.
6.A.1. (U) For DoD Civilians who are not categorized as Emergency Essential, Non-Combat Essential, or DoD Expeditionary Civilians, vaccinations are not mandatory except as required for country clearance/entry or as in Service-, Agency-, Command-, and/or occupational health specific requirements.
6.A.2. (U) For DoD Contractors (NON-CAAF) not authorized to accompany the force vaccinations are not mandatory except as required for country clearance/entry or as in Service-, Agency-, Command-, and/or occupational health specific requirements.
6.A.2.1. (U) Contract Personnel will receive immunizations IAW contract at expense of Contract Organization unless contract with U.S. Government indicates otherwise.
6.B. (U) Documentation of immunity or immunization is required as listed below:
6.B.1. (U) Proof of immunization may include:
6.B.1.A. (U) SF 601, Health Record Immunization Record.
6.B.1.B. (U) Form CDC 731, International Certificate of Vaccination or Prophylaxis (commonly called "Yellow Card").
6.B.1.C. (U) DD Form 2766, Adult Preventive and Chronic Care Flow Sheet.
6.B.1.D. (U) Equivalent Service immunization database record (e.g., ASIMS, MEDPROS, MRRS).
6.B.2. (U) Documentation of immunity may include:
6.B.2.A. (U) Laboratory evidence of immunity (antibody titer).
6.B.2.B. (U) Documentation of the disease in the medical record by a medical provider based on clinical assessment.
6.B.2.B.1. (U) Personal reporting of previous infection is not

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sufficient for evidence of immunity in absence of healthcare provider verification or diagnosis.

6.C. (U) Routine adult vaccinations and requirements.

6.C.1. (U) Hepatitis A Vaccine. One of the following:

6.C.1.A. (U) Documentation of immunity.

6.C.1.B. (U) Proof of immunization series complete.

6.C.1.C. (U) At least one dose prior to deployment.

6.C.2. (U) Hepatitis B Vaccine. One of the following:

6.C.2.A. (U) Documentation of immunity.

6.C.2.B. (U) Proof of immunization series complete.

6.C.2.C. (U) At least one dose prior to deployment.

6.C.3. (U) Influenza Vaccine.

6.C.3.A. (U) Proof of current seasonal vaccine.

6.C.4. (U) Measles/Mumps/Rubella Vaccine. One of the following:

6.C.4.A. (U) Documentation of immunity.

6.C.4.B. (U) Proof of immunization series complete.

6.C.4.C. (U) At least one dose prior to deployment.

6.C.5. (U) Polio Vaccine. One of the following:

6.C.5.A. (U) Proof of immunization series complete.

6.C.5.B. (U) One adult lifetime dose.

6.C.5.C. (U) In the setting of a polio outbreak (as defined by International Health Regulations (IHR) Emergency Committee for Polio), comply with IHR Emergency Committee for Polio recommendations, available at [HTTPS\(DOUBLE SLASH\)WWW.WHO.INT/NEWS](https://www.who.int/news).

6.C.5.C.1. (U) As a general rule, adults who have been fully vaccinated should receive (or have documentation of) a single lifetime adult polio booster dose before travel. However, if in an area with ongoing transmission of wild-type polio or circulating vaccine-derived polio virus for more than 4 weeks, polio immunization with inactivated polio vaccine may be required within one year of departing for the at-risk country.

6.C.5.C.2. (U) Polio vaccination shall be documented on Form CDC 731 ("Yellow Card"). Refer to Paragraph 7.L.2.A. below for more details regarding Form CDC 731.

6.C.6. (U) Tetanus-Diphtheria (TD) or Tetanus-Diphtheria-Acellular Pertussis (Tdap).

6.C.6.A. (U) Proof of immunization within 10 years of projected end of deployment.

6.C.6.B. (U) Proof of immunization of at least one adult dose of Tdap.

6.C.6.C. (U) Should be administered at the time of wound management if it has been more than five years since last dose tetanus toxoid-containing vaccine and the wound is dirty or major.

6.C.7. (U) Varicella Vaccine. One of the following:

6.C.7.A. (U) Documentation of immunity.

6.C.7.A.1. (U) In addition to definition in Paragraph 6.B.2. above, U.S. citizens born before 1980 (except those working in healthcare) are considered immune.

6.C.7.B. (U) Proof of immunization series complete.

6.C.7.C. (U) At least one dose prior to deployment.

6.D. (U) Tracking of unit immunizations will be IAW Service policy.

7. (U) OTHER VACCINATIONS, REF (J).

7.A. (U) Anthrax.

7.A.1. (U) Vaccination against Anthrax is required on the Korean peninsula IAW REFS (K) AND (L).

7.A.2. (U) For individuals requiring anthrax vaccination, USFK requires a minimum of two doses prior to arriving on the Korean Peninsula IAW REF (K).

7.B. (U) Cholera.

7.B.1. (U) Not routinely recommended but may be indicated for deployments into high-risk situations (e.g., ongoing cholera

outbreak, certain humanitarian or disaster relief operations). Consult with preventive medicine/public health clinic for additional guidance.

7.C. (U) COVID-19.

7.C.1. (U) Being up-to-date with COVID-19 vaccinations is highly recommended for those entering the USINDOPACOM AOR.

7.C.2. (U) DOD personnel must comply with foreign nation vaccination entry requirements, REF (M) AND (N). Additional information is available in the Foreign Clearance Guide at [HTTPS\(DOUBLE SLASH\)APACS.MILCLOUD.MIL/FCG/INDEX.HTML](https://double_slash.apacs.milcloud.mil/fcg/index.html).

7.D. (U) Japanese Encephalitis (JE).

7.D.1. (U) JE virus risk varies based on destination, season, and types of activities.

7.D.1.A. (U) JE virus is typically found throughout much of the rural USINDOPACOM AOR, particularly in sub-tropical Asia, South Asia, and certain Western Pacific Islands.

7.D.1.B. (U) JE is transmitted by morning/evening-biting mosquitoes and is primarily associated with areas of rice agriculture and pig farming.

7.D.1.C. (U) Greater risk is associated with day-time outdoor activities to include substantial time outdoors in rural or agricultural areas and in accommodations without air conditioning and lacking screened openings.

7.D.2. (U) JE vaccine is recommended for personnel being deployed for more than 30 days to endemic areas during JE transmission season.

7.D.2.A. (U) JE risk assessments are available at REF (O) (see Infectious Disease Risk Assessment for specific country), REF (P) (see Yellow Book chapter on JE), and REF (Q) (see travel report for specific country).

7.D.3. (U) JE vaccine should be considered for:

7.D.3.A. (U) Travelers to areas with an ongoing JE outbreak regardless of length of travel.

7.D.3.B. (U) Travelers with short-term (i.e., less than 30 days) or frequent travel to endemic areas during the JE virus transmission season if they plan to travel outside of an urban area and have an increased risk for exposure due to outdoor activities IAW REF (R).

7.D.3.C. (U) Individuals who may be deployed to areas with JE virus transmission on short notice.

7.D.4. (U) JE vaccine may be required by respective Command, Subcomponent, or Service Component guidance.

7.E. (U) Meningococcal Vaccine.

7.E.1. (U) Meningococcal vaccine is recommended for travel to countries where *Neisseria meningitidis* is hyperendemic or epidemic, particularly if contact with the local population will be prolonged.

7.E.1.A. (U) See REFS (O) through (Q) for specific country recommendations.

7.F. (U) Pneumococcal Vaccine.

7.F.1. (U) Single dose of pneumococcal vaccination recommended for all individuals age 50 or greater.

7.F.2. (U) Pneumococcal vaccine is also recommended for smokers, for people with asthma, and for those with chronic conditions that may have increased risk of pneumococcal infection.

7.F.3. (U) See REF (R), section on pneumococcal vaccine for further details, recommendations, and vaccination options.

7.G. (U) Rabies.

7.G.1. (U) Pre-exposure rabies vaccine series (two vaccinations) is recommended when deploying to known high-risk endemic areas and where exposure is likely to be unrecognized or mission requirements and/or environment will preclude timely access to post-exposure prophylaxis.

7.G.2. (U) Any routine requirements, based on the potential to deploy and/or occupational exposure, are covered in respective Service and/or Component guidance.

7.H. (U) Smallpox.

7.H.1. (U) Pre-exposure prophylaxis against smallpox is required on the Korean peninsula IAW REFS (K) AND (L).

7.H.2. (U) IAW REF (S):

7.H.2.A. (U) Pre-exposure prophylaxis will be completed using Jynneos rather than ACAM2000.

7.H.2.B. (U) Use of ACAM2000 is reserved for post-exposure prophylaxis.

7.H.2.C. (U) ACAM2000 may be utilized for pre-exposure prophylaxis only with written approval from ASD(HA).

7.H.3. (U) Jynneos is currently not routinely available for pre-exposure prophylaxis for smallpox.

7.H.3.A. (U) Pre-exposure prophylaxis should be offered when vaccine is available, but inability to obtain Jynneos does not preclude travel to Korea.

7.H.4. (U) Smallpox vaccination may also be indicated for prophylaxis against Mpox and should be administered based on specific risks and in consultation with preventive medicine/public health clinic.

7.H.4.A. (U) Refer to the Immunization Healthcare Division website at [HTTPS\(DOUBLE SLASH\)WWW.HEALTH.MIL/MILITARY-HEALTH-TOPICS/HEALTH-READINESS/IMMUNIZATION-HEALTHCARE](https://www.health.mil/military-health-topics/health-readiness/immunization-healthcare) for the most current information.

7.I. (U) Southern Hemisphere (SH) Influenza Vaccine.

7.I.1. (U) The vaccine should be given to Service Members participating in operations and exercises in the Southern Hemisphere during the influenza season (April-September) IAW REF (T).

7.I.2. (U) To ensure maximal effectiveness, the vaccine should be given at least two weeks prior to travel.

7.I.3. (U) SH Influenza vaccine must be ordered with significant lead time and may not always be available.

7.I.3.A. (U) While all efforts should be made to obtain SH Influenza vaccine when indicated, if not logistically possible, individuals may deploy without SH Influenza vaccine as long as current on most recent Northern Hemisphere Seasonal Influenza vaccine.

7.J. (U) Tick-borne Encephalitis vaccine.

7.J.1. (U) May be indicated for individuals deployed or traveling to forested areas where the disease is endemic and if compliance with personal protective measures to prevent insect bites is difficult, suspect, or insufficient. Consult with preventive medicine/public health clinic for additional guidance.

7.J.2. (U) Advanced planning is required as vaccine is not routinely stocked at military treatment facilities.

7.K. (U) Typhoid Vaccine (Injectable or Oral).

7.K.1. (U) Indicated for many locations in the AOR and administered based on site specific risk and in consultation with preventive medicine/public health clinic.

7.K.2. (U) Typhoid vaccine should be considered for forces who may deploy on short notice to ensure readiness.

7.K.3. (U) Vaccine is effective for two years (injectable) or five years (oral) per package insert.

7.L. (U) Yellow Fever (YF).

7.L.1. (U) YF vaccine may be required for entry into some USINDOPACOM countries if traveling from, or transiting through, endemic areas in Africa and/or South America.

7.L.1.A. (U) See REF (P) (chapter on YF) OR REF (Q) (country specific travel report).

7.L.2. (U) If required, YF vaccine must be documented on the Form 731 with an official "Uniform Stamp".
7.L.2.A. (U) Form 731 can be obtained from the U.S. Government Printing Office at [HTTPS\(DOUBLE SLASH\)BOOKSTORE.GPO.GOV/](https://bookstore.gpo.gov/).
7.L.2.B. (U) If the YF Vaccine is contraindicated, a signed and dated exemption letter on letterhead stationery must clearly state the individual's contraindications to vaccination and must bear the official YF stamp.

8. (U) ROUTINE TESTING AND SCREENING REQUIREMENTS.

8.A. (U) The laboratory tests and/or screenings in Paragraph 8.B. are required prior to non-exempt travel (see Paragraph 2.C.) of 30 days or longer within the USINDOPACOM AOR.
8.A.1. (U) Contract personnel will obtain testing/screening IAW contract at expense of contract organization unless contract with U.S. Government indicates otherwise.
8.B. (U) Laboratory Tests and Screening.
8.B.1. (U) DNA Sample.
8.B.1.A. (U) One lifetime cheek swab sample is required for DNA repository.
8.B.2. (U) Sickle Cell.
8.B.2.A. (U) Personnel will be screened IAW Service specific standards.
8.B.2.B. (U) One lifetime screening test is sufficient.
8.B.3. (U) G6PD Deficiency.
8.B.3.A. (U) All personnel will be screened IAW Service specific standards.
8.B.3.B. (U) One lifetime screening test is sufficient.
8.B.3.C. (U) Due to the risk of hemolysis, personnel with G6PD deficiency will not receive Tafenoquine or Primaquine for terminal malaria prophylaxis and/or treatment unless referred to or discussed with an Internal Medicine or Infectious Disease specialist.
8.B.4. (U) Blood Type/RH Factor.
8.B.4.A. (U) Personnel will be screened IAW Service specific standards.
8.B.4.B. (U) One lifetime validation test is sufficient.
8.B.5. (U) Deployment Blood Donor Screening (AC, RC, and National Guard only).
8.B.5.A. (U) Deployment blood donor screening is required within 120 days of deployment for all operational travel within the USINDOPACOM AOR that is:
8.B.5.A.1. (U) Equal to or greater than 30 days of length OR
8.B.5.A.2. (U) Of any length where the Service Member will be engaging in high-risk events or live fire activities.
8.B.5.B. (U) Deployment blood donor screening may be required for deployments 30 days or less, absent high risk or live fire activities, at the direction of COMUSINDOPACOM, Service Component Commander, or the Commander exercising operational control of a deployment in consultation with the Joint Blood Program Director.
8.B.5.C. (U) Deployment blood donor screening consists of:
8.B.5.C.1. (U) Blood type (previous testing as per Paragraph 8.B.4. is sufficient).
8.B.5.C.2. (U) Donor health history questionnaire.
8.B.5.C.3. (U) Screening for transfusion transmitted diseases.
8.B.5.C.4. (U) For individuals with blood group O, current anti-A and anti-B titer levels.

9. (U) TESTING AND SCREENING FOR DEPLOYMENTS AND EXTENDED TRAVEL.

9.A. (U) In addition to Paragraph 8, the screenings and laboratory tests in Paragraph 9.B. are required prior to deployments of

30 days or greater or non-exempt travel (see Paragraph 2.C.) of 45 days or greater within the USINDOPACOM AOR.

9.A.1. (U) Contract personnel will obtain testing/screening IAW contract at expense of contract organization unless contract with U.S. Government indicates otherwise.

9.B. (U) Screenings and Lab Tests.

9.B.1. (U) Personnel must complete deployment health and mental health assessments IAW REFS (C) and (D).

9.B.1.A. (U) IAW REFS (B), (C), (D), (G), and (H), a Pre-Deployment Health Assessment - DD Form 2795, Post-Deployment Health Assessment (PDHA) - DD Form 2796, Post-Deployment Health Reassessment (PDHRA) - DD FORM 2900, and Mental Health Assessments (MHAs) - DD FORM 2978 - will be completed by personnel who deploy for over 30 days to OCONUS areas without a fixed U.S. Military Treatment Facility (MTF).

9.B.1.A.1. (U) Time frames for administering the Deployment Health Assessment forms or Deployment-Related Health Assessments (DRHA) will be IAW REF (C) and (F).

9.B.1.A.2. (U) A copy of the completed assessment forms must be integrated into the individual's health record and an annotation of completion noted in the appropriate block of DD Form 2766.

9.B.1.A.3. (U) For Service Members, an annotation of completion must be noted in the appropriate Individual Medical Readiness (IMR) system.

9.B.1.B. (U) Shipboard personnel not going ashore to support land-based operations may be exempt from these requirements as per REF (B).

9.B.1.C. (U) Responsible Preventive Medicine/Public Health personnel, USINDOPACOM Surgeon, Component Surgeons, or Joint Task Force Surgeon may require assessments for any deployment (regardless of location or length) based on anticipated or actual health threats.

9.B.2. (U) Neurocognitive Assessment.

9.B.2.A. (U) IAW REF (U), each deployer will receive a neurocognitive assessment using the Automated Neuropsychological Assessment Matrix (ANAM) or equivalent validated neurocognitive assessment tool (NCAT) within 12 months prior to deployment.

9.B.2.A.1. (U) Shipboard personnel not going ashore to support land based operations may be exempt from these requirements as per REF (B).

9.B.2.B. (U) Neither the ANAM nor NCAT are diagnostic and do not influence whether the member is deployable. They establish a pre-deployment baseline that can be used if a Member is injured with a suspected mild traumatic brain injury/concussion.

9.B.3. (U) Hearing Readiness.

9.B.3.A. (U) DD Form 2215 "Reference Baseline Audiogram" OR DD Form 2216 "Periodic Audiogram" shall be used in the individual's medical record.

9.B.3.A.1. (U) If a Member's record does not contain DD Form 2215, then one will be completed by qualified personnel using a Defense Occupational and Environmental Health Readiness System (DOEHRS) Hearing Conservation Audiometer prior to deployment.

9.B.3.B. (U) IAW Service specific requirements, deploying Service Members may be required to have their hearing assessed by audiometric testing in addition to the above requirement.

9.B.4. (U) Vision Readiness.

9.B.4.A. (U) The vision readiness of each Service Member will be assessed within 12 months of deployment.

9.B.4.B. (U) Service Members classified as Vision Readiness Classification One and Two are fully deployable.

9.B.4.C. (U) Service Members in Class Three (corrected vision worse than 20/40 or uncorrected vision worse than 20/400, or do not

possess required optical devices) or Class Four (last vision screening or eye exam is greater than one-year old or vision classification is unknown) are not deployable.

9.B.4.C.1. (U) Service Members who are in Class Three or Class Four at the time of screening will immediately be reclassified after obtaining corrective vision or optical services.

9.B.4.D. (U) Civilians and contract employees visual acuity must meet requirements for job description.

9.B.4.E. (U) Personnel requiring corrective eyewear will have in their possession two pairs of eyeglasses, protective mask optical inserts, and ballistic eyewear inserts as appropriate.

9.B.4.F. (U) Contact lens wear may be unauthorized in certain deployed/contingency situations, see Service specific guidelines.

9.B.5. (U) Cancer Screening.

9.B.5.A. (U) Service Members who require age, sex, and risk appropriate cancer screening shall receive the appropriate healthcare services prior to deployment IAW REF (V) and Service specific guidance.

9.B.6. (U) Tuberculosis (TB) Screening.

9.B.6.A. (U) Pre-deployment TB screening questionnaire will be conducted IAW Service specific policy.

9.B.6.B. (U) A large number of countries within the USINDOPACOM AOR are classified as having a high burden of TB, to include multidrug resistant (MDR) TB.

9.B.6.C. (U) In keeping with CDC guidelines, if a Service Member will be deploying for an extended period of time to a high risk area and will have routine contact with high risk populations, including hospital, prison, homeless, or displaced populations, they should be tested for exposure to TB prior to leaving the U.S. with either a tuberculin skin test (TST) or an interferon-gamma release assay (IGRA).

9.B.6.C.1. (U) For these unique deployment situations, if the anticipated deployer had a test within the past 12 months and no subsequent suspected exposures, then that most recent test can be a valid pre-deployment test.

9.B.6.C.2. (U) For rapid deployments (within 48 hours or less), if testing is indicated, IGRA is the preferred testing method as patient recall is not needed to determine the results of the test and interference from prior BCG vaccine is minimal.

9.B.6.C.3. (U) If Service specific policy is more comprehensive than the CDC guidelines, Service specific policy will take precedence.

9.B.6.D. (U) Routine testing of all personnel is not recommended as testing those at low risk will lead to an increased number of false positive test and unnecessary therapeutic treatment.

9.B.6.E. (U) TB convertors who have had a prior evaluation and appropriate management are deployable.

9.B.6.F. (U) Personnel who have recently become TST/IGRA positive must be medically evaluated and cleared before being considered for deployment.

9.B.6.F.1. (U) Deployability is based on Service Component policy.

9.B.6.F.2. (U) Persons receiving/undergoing therapy for latent TB infection are eligible to deploy if medically cleared and the deployment environment and/or situation permits and allows ongoing monitoring and treatment.

9.B.6.G. (U) Post-deployment assessment questionnaire for TB exposure is required IAW Service policy.

9.B.6.G.1. (U) Those found to have an increased TB exposure risk will have a TST/IGRA test conducted 8-10 weeks post-deployment to determine TB status.

9.B.6.G.2. (U) Those with a new positive TB test will be treated per CDC or Service guidelines.

9.B.6.H. (U) Repeat testing of individuals who were previously found to be TST or IGRA positive is unnecessary.

9.B.6.H.1. (U) These individuals must be clinically and/or radiographically evaluated post-deployment if they are found to have had an increased exposure risk and/or have become symptomatic.

9.B.7. (U) Pregnancy Testing.

9.B.7.A. (U) All deploying women of childbearing age will be assessed for pregnancy prior to actual movement IAW Service Component guidance and counseled that pregnancy may cause member to be non-deployable.

9.B.7.B. (U) If pregnancy is determined after deployment the member will return to home station per Service specific policy.

9.B.8. (U) HIV Testing and Deployment-Related Serum Specimens.

9.B.8.A. (U) A pre-deployment serum specimen for medical examination will be collected within one year of deployment. The most recent sample, including serum collected for HIV testing, collected within the previous 364 days of the date of the deployment may serve as the pre-deployment serum sample.

9.B.8.B. (U) As part of the redeployment process, a serum specimen will be collected within 30 days after arrival at the demobilization site, home station, or in-patient medical facility. This is usually accomplished through an HIV test.

9.B.8.C. (U) HIV screening is required within 24-months of deployment IAW REF (C).

9.B.8.C.1. (U) RC personnel are required to have current HIV test within two years of the date called to Active Duty if the duration is for 30-days or more.

9.B.8.C.2. (U) HIV testing is required for Civilian personnel only to the extent provided in the applicable contract or Service policies.

9.B.8.D. (U) There is no requirement for HIV testing following redeployment unless stipulated in mission orders or based on individual risk assessment by a clinician.

10. (U) PREVENTIVE MEDICINE AND PERSONAL PROTECTION COUNTERMEASURES.

10.A. (U) Malaria Protective Measures.

10.A.1. (U) Malaria Chemoprophylaxis.

10.A.1.A. (U) Falciparum Malaria or Mixed Species.

10.A.1.A.1. (U) Atovaquone-Proguanil (Malarone) or Doxycycline are the drugs of choice for chemoprophylaxis in the presence of Falciparum malaria or mixed species.

10.A.1.A.2. (U) Mefloquine resistance is significant in parts of Southeast Asia. Mefloquine should only be used for those personnel with contraindications to Malarone and Doxycycline and having no contraindications to Mefloquine. There are strict requirements when prescribing Mefloquine. Consult your local pharmacist to ensure compliance per REF (W).

10.A.1.A.3. (U) Tafenoquine may be an acceptable alternative for chemoprophylaxis.

10.A.1.A.3.A. (U) Tafenoquine is contraindicated in persons with G6PD Deficiency (see Paragraph 8.B.3.), and during pregnancy.

10.A.1.A.3.B. (U) Tafenoquine is in the DoD Formulary, but not necessarily locally stocked.

10.A.1.B. (U) Vivax Malaria.

10.A.1.B.1. (U) In the presence of Vivax malaria predominance and absence of chloroquine resistance, chloroquine is the drug of choice for chemoprophylaxis.

10.A.1.B.1.A. (U) Examples of this situation include the demilitarized zone during localized outbreaks, when risk may be determined to be elevated by specific medical authorities in accordance with REF (K).

10.A.1.B.2. (U) If there are reliable reports of chloroquine resistance, Atovaquone-Proguanil (Malarone) is the drug of choice due to its action on liver stage parasites.

10.A.1.B.3. (U) Tafenoquine may be an acceptable alternative for Vivax malaria chemoprophylaxis. See notes in Paragraph 10.A.1.A.3.

10.A.1.C. (U) Provider guidance should determine individual drug selection for each service member per REF (W). For current recommendations for the specific country/region of interest, consult malaria resources from REFS (O) through (Q).

10.A.2. (U) Presumptive Anti-Relapse Therapy (PART).

10.A.2.A. (U) PART may be required post-deployment where Vivax malaria is present, either as the predominant form or in a mixed setting with significant levels of Vivax malaria present.

10.A.2.B. (U) Primaquine is the drug of choice for PART.

10.A.2.B.1. (U) Use of Primaquine requires the documented absence of G6PD deficiency (see Paragraph 8.B.3.) and education regarding precautions of primaquine use and pregnancy.

10.A.2.B.2. (U) Tafenoquine, when used as chemoprophylaxis, precludes the necessity for PART.

10.A.2.B.2.A. (U) The concomitant use of tafenoquine with antimalarials other than chloroquine is not recommended because of the risk of recurrence of Vivax malaria.

10.A.3. (U) Insect Precautions.

10.A.3.A. (U) Insect precautions (see Paragraph 10.B. below) may be sufficient in settings of very low malaria transmission, especially if staying in accommodations with sealed doors and windows and limited time outdoors.

10.A.3.B. (U) Insect precautions should always be used if chemoprophylaxis is warranted; chemoprophylaxis without insect precautions is not sufficient to prevent malaria and creates opportunities for additional vector-borne infections.

10.B. (U) Insect Precautions. Service Members and Government Employees shall use all components of the DoD Insect Repellent System IAW REF (X) when insect vectors are/may be present.

10.B.1. (U) Insecticide-treated clothing.

10.B.1.A. (U) Manufacturer pre-treated uniforms.

10.B.1.A.1. (U) Currently available for Army, Air Force, and Marine Corps uniforms. Uniforms cannot be re-treated but are effective for fifty (50) washes or per manufacturer's label.

10.B.1.B. (U) Individual Dynamic Absorption Kit, Permethrin 40%, (NSN 6840-01-345-0237).

10.B.1.B.1. (U) Treat uniforms IAW manufacturer's instructions. Allow to air dry for at least three hours prior to wear. Effective for 50 washes.

10.B.1.C. (U) Insect Repellent, Clothing Application, Aerosol, Permethrin (0.5%) Arthropod Repellent, 6-Oz Cans (NSN 6840-01-278-1336).

10.B.1.C.1. (U) Spray outer surface of clothing until fabric appears moistened and slight color change is noted. Allow to fully air dry before wearing. Effective for six washes.

10.B.1.D. (U) Service specific preventive medicine units may be able to provide mass treatment of uniforms for operational units.

10.B.1.E. (U) Contact the Armed Forces Pest Management Board at [HTTPS\(DOUBLE SLASH\)WWW.ACQ.OSD.MIL/EIE/AFPMB/](https://www.acq.osd.mil/eie/afpmb/) or Contingency Liaison Officer for specific uniform insect repellency treatment recommendations.

10.B.2. (U) Insect/Arthropod Repellent.

10.B.2.A. (U) Personal repellent should contain DEET equal to or greater than 30% concentration, IR3535 equal to or greater than 20% concentration, or Picaridin equal to or greater than 20% concentration. Example NSN include:

10.B.2.A.1. (U) Ultrathon (33% DEET Lotion)

- (NSN 6840-01-284-3982).
- 10.B.2.A.2. (U) Ultra 30 (30% DEET Lotion)
(NSN 6840-01-584-8393).
- 10.B.2.A.3. (U) Natrapel (20% Picaridin Spray)
(NSN 6840-01-584-8598).
- 10.B.2.B. (U) Do not use under clothing.
- 10.B.2.C. (U) Follow label application timing guidance.
- 10.B.3. (U) Proper uniform wear: pant legs bloused or tucked into boots or socks, undershirt tucked into pants, sleeves down, wrist openings secured, and collar closed.
- 10.B.4. (U) If sleeping in unprotected conditions (e.g., unscreened building or vehicle), use a bed net (Pop-Up, Self-Supporting, Low Profile) treated with Permethrin repellent. If pop-up bed nets are not available, use other military or commercially available bed nets.
- 10.C. (U) Occupational/Operational Specific Personal Protective Equipment (PPE).
- 10.C.1. (U) If additional PPE is warranted based on occupational/operational risk, the on-site command medical officer, USINDOPACOM Surgeon, Service Component, or Subcomponent Surgeon will provide recommendations.
- 10.C.2. (U) On-site Commanders, medical personnel, and FHP Officers should also evaluate the need to update PPE based on their ongoing evaluation of operational risks.
- 10.D. (U) Sunscreen and lip balm SPF-30 or greater.
- 10.E. (U) Triple or quad flange earplugs or combat arms earplugs.
- 10.F. (U) Chemical, Biological, Radiological, and Nuclear and Explosive (CBRNE) Medical Countermeasures.
- 10.F.1. (U) IAW REF (K), rotational and deployed forces traveling or deploying to the Republic of Korea for 30 days or greater are required to bring and maintain appropriate medical countermeasures such as chemical warfare antidotes and anti-microbial prophylaxis/post-exposure medications.
- 10.F.2. (U) For all other locations, there is no persistent indication for the use of medical counter defense measures for CBRNE threats, but the risk and need should be continually assessed.
11. (U) OTHER DEPLOYMENT PREPARATION REQUIREMENTS.
- 11.A. (U) Deployable Medical Record.
- 11.A.1. (U) All deploying personnel (Military and DoD Civilians) will mobilize with a deployable medical record (DD Form 2766) updated with blood type, medications, allergies (as documented in their medical record), immunization record, and summary sheet of past medical problems.
- 11.A.2. (U) Units will not deploy with permanent health and dental records.
- 11.A.3. (U) Deployable medical and dental encounter records will be returned to home station following mobilization/deployment processing IAW REF (C).
- 11.B. (U) Prescribed Medications.
- 11.B.1. (U) A minimum 90-day supply (or enough for duration of the deployment if resupply is not an option) of all current prescribed medications should be carried by Service Member into deployment.
- 11.C. (U) Individual First Aid Kit (IFAK).
- 11.C.1. (U) Follow Service Component standards for issuance.
- 11.D. (U) Aspirin Use.
- 11.D.1. (U) Service Members and Government Civilians deploying to combat zones must not take aspirin unless under physician's orders and documented in Member's medical records IAW REF (Y).
- 11.D.2. (U) Discontinue aspirin use at least 10 days before entering combat zone.
- 11.E. (U) Permitted Equipment.

- 11.E.1. (U) Personnel who require medical equipment, including corrective eyewear, hearing aids and chargers or batteries, orthodontic appliances, or CPAP (with waiver except as in Paragraph 4.B.2.C.1.) must deploy with all required items in their possession.
- 11.F. (U) FHP Briefing.
- 11.F.1. (U) A location and/or country specific FHP briefing must be provided to deployers prior to deployment IAW REFS (C), (F), AND (G) and include topics covered in Paragraphs 10 and 12.
- 11.G. (U) Individuals must have a minimum of 90-day supply of their medications to allow for continued stability until they can be followed by a provider in theater.
12. (U) FIELD HYGIENE AND SANITATION.
- 12.A. (U) Unit field sanitation teams (per Service requirements) will be used to aid the unit Commander with protecting the health of the forces.
- 12.B. (U) Most infections and illnesses can be prevented or mitigated through vaccinations, medications, and/or physical barriers. However, the best defense against infectious disease threats is strict discipline in proper field hygiene and sanitary waste disposal.
- 12.B.1. (U) Units are responsible for providing field sanitation requirements unless such services are contracted.
- 12.B.2. (U) Recommend deployers carry and use hand sanitizer.
- 12.B.3. (U) Environmental health oversight of food service contractors and waste disposal contractors is required.
- 12.C. (U) IAW REF (C) AND (F) Food and Water Risk Assessments (FWRA) will be conducted by the appropriate veterinary/medical personnel for all USINDOPACOM deployments where Service Members will consume contracted, locally procured food (including water and ice).
- 12.C.1. (U) See REF (Z) for USINDOPACOM specific FWRA procedures.
13. (U) DISEASE AND INJURY SURVEILLANCE.
- 13.A. (U) PER REFS (F) and (AA), disease and injury trends will be collected, monitored, recorded, and reported. Reports will be submitted using established Defense Health Agency systems.
- 13.B. (U) IAW REF (AB), all Reportable Medical Events (RME) listed in the current Armed Forces Reportable Medical Events Guidelines and Case Definitions will be reported per REF (F). Additionally, RME information must be transmitted to respective Service surveillance offices or directly entered into the Disease Reporting System-Internet (DRSI) system.
- 13.C. (U) IAW REF (AC), Line Commanders have the responsibility to report potential concussive events experienced by deployed personnel to their respective Service Components. Service Components are required to submit events on a monthly basis to the Joint Trauma Analysis and Prevention of Injury in Combat Program Office.
- 13.C.1. (U) Reports can be submitted via the on-line Joint Concussive Event Reporting Portal at [HTTPS\(DOUBLE SLASH\)JINCS.ARMY.MIL/](https://double-slash.jincs.army.mil/).
14. (U) OCCUPATIONAL AND ENVIRONMENTAL HEALTH (OEHS) SITE ASSESSMENTS (OEHSAs).
- 14.A. (U) OEHSAs will be conducted to identify OEHS hazards that pose potential health risks to U.S. personnel at U.S. Force Locations per REFS (C), (F), and (AD).
- 14.A.1. (U) This information will be leveraged for consideration during operational planning as part of the operation FHP program.
- 14.B. (U) OEHSAs are initiated and completed IAW REF (F).

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14.B.1. (U) All OEHS data or exposure incident investigations will be submitted to the DOEHS-Industrial Hygiene module.
14.B.2. (U) Classified exposure data should be submitted directly to MESL-S at [HTTPS\(DOUBLE SLASH\)MESL.CSD.DISA.SMIL.MIL](https://mesl.csd.disa.smil.mil).
14.B.2.A. (U) If access to the MESL-S is not available, email the document via SIPR to OEHS.DATA.ARMYATMAIL.SMIL.MIL IAW REF (F).

15. (U) CIVILIAN HEALTH CARE COVERAGE.
15.A. (U) It is incumbent upon DoD Civilian Employees traveling on TAD/TDY orders to have a health plan which will provide adequate coverage during these types of missions.
15.B. (U) The Federal Employees Compensation Act and the Office of Workers' Compensation Programs provide a mechanism to receive reimbursement for illness or injury sustained on the job. However, the employee is often required to pay up front and reimbursement, if approved, will come afterwards.

16. (U) SECURITY AND FOREIGN DISCLOSURE.
16.A. (U) Classification Challenges. If at any time, any of the security classification guidance herein is challenged, the items of information involved shall continue to be protected at the level prescribed by this order until such time as a final decision is made on the challenge by the appropriate authority. Classification challenges should be addressed to the
HQ USINDOPACOM J02 Command Security Advisor, Rizal Daquioag,
Email - PACOM.COMMAND.SECURITY.FCTATPACOM.SMIL.MIL,
DSN (315)/COM (808) 477-9001, WEB -
[HTTPS\(DOUBLE SLASH\)PSP-USA.HQ.PACOM.SMIL.MIL/PACOMINFOSEC/](https://pdp-usa.hq.pacom.smil.mil/pacominfosec/).

17. (U) POINTS OF CONTACT.
17.A. (U) J07 Force Health Protection, LCDR MATTHEW JUSTUS,
DSN (315)/COM (808) 477-7897,
EMAIL: MATTHEW.M.JUSTUSATPACOM.MIL or
MATTHEW.M.JUSTUSATPACOM.SMIL.MIL.
17.B. (U) JOC DIR, DSN (315)/COM (808) 477-7227,
EMAIL: [JOC.DIR.PACOM\(AT\)PACOM.SMIL.MIL](mailto:JOC.DIR.PACOM(AT)PACOM.SMIL.MIL)./

ACKNLDG/Y/VIA EMAIL TO USINDOPACOM JOC DIR.//
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