

Medical Requirements for:

**Tour Extensions and Annual Medical Updates**

The policy for submitting updated medical information has changed.

Please read the following steps very carefully to be able to successfully navigate the revised process.

There is a new interim history and physical examination form required to be downloaded and completed.

The audiogram and HIV tests have been removed as extension and update requirements.

The other standards are still required and the results must be submitted with the completed Deployment Medical Extension Form (DMEF).

Step 1. Carefully read the Medical Update Guide for Tour Extension

Step 2. Determine which of the four categories in the Tour Extension Table applies to you

Step 3. Review the six conditions that require additional blood tests

Step 4. Complete the History section of the [DMEF](#) and print it to give to your doctor

Step 5. Have the doctor complete the Physical Exam portion of the DMEF

Step 6. Submit the completed DMEF with all the test results to your APPO or AMC POC.

**Medical Update Guide for**  
**Tour Extension**

If your tour is being extended, and, if more than fifteen months have elapsed since the date of the last medical submissions, updated medical data is required.

Use the following table to determine whether your medical data must be refreshed.

Tour Extension Table

	<b>Tour + Extension is 15-18 Months from initial physical</b>	<b>Tour + Extension is 18 Months or &gt; from the initial physical</b>
Age < 51	Pap smear <sup>1</sup> Mammogram <sup>2</sup> (if > 2 yrs since last x-ray) Men- nothing required	<u>New Packet*</u>
Age > 50	<u>New Packet*</u>	<u>New Packet*</u>

\*- New Packet:

- Completed Deployment Medical Extension Form ([DMEF](#))
- 2813 (dental form)
- EKG ( if 40 or older)
- Women: Pap smear<sup>1</sup> and mammogram<sup>2</sup>
- PPD or chest x-ray if PPD is positive
- Laboratory tests: CBC and platelets, urine, Chem 7

If you have any of the following illnesses, please note that additional blood tests need to be done:

- Diabetes:** ..... HbA1c
- Thyroid disease:** ..... TSH, T<sub>4</sub>
- Hepatitis B or C:** ..... AST, ALT, Alk Phos, Bili
- Prostate cancer** (w/in 5 yrs of diagnosis): ..... PSA
- Colon cancer** (w/in 5 yrs of diagnosis): ..... CEA
- Testicular cancer** (w/in 5 yrs of diagnosis): ..... αFP, hCG

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1. No Pap smear required if total hysterectomy has been performed
2. Age: 40-49 mammogram: every other year, except if at high risk  
> 49 mammogram: yearly

# Deployment Medical Extension Form

Name \_\_\_\_\_ Date \_\_\_\_\_

## History

1. Have there been any significant<sup>1</sup> illness(es) or injury(ies) since your last 2807, 2808, 2813?  
Yes  No   
If yes, specify illness(es) or injury(ies) with dates, treatment, outcome, residual, and follow up.

2. List all prescription medication you are taking (underline anything started since you deployed.)

Physical Exam<sup>2</sup>: Date: \_\_\_\_\_ Examiner \_\_\_\_\_

Weight: \_\_\_\_\_ BP \_\_\_\_\_ Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Neck Lymph nodes Thyroid Carotids

Lungs Heart Abdomen Extremities

Breasts Pelvic Pap Smear<sup>3</sup> Rectal

Other:

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1. 'Significant' means hospitalization, &/or lasting > one week, &/or requiring > three follow up visits to the doctor

2. Check each site if normal. Additional pertinent findings can be noted under 'Other'
3. No Pap smear required if total hysterectomy has been performed

8/28/09