NATO STANDARD

AMedP-4.8

PRE- AND POST- DEPLOYMENT HEALTH ASSESSMENT

Edition A Version 2

AUGUST 2018

NORTH ATLANTIC TREATY ORGANIZATION

ALLIED MEDICAL PUBLICATION

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NORTH ATLANTIC TREATY ORGANIZATION (NATO)

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NATO LETTER OF PROMULGATION

29 August 2018

1. The enclosed Allied Medical Publication AMedP-4.8, Edition A, Version 2, PRE- AND POST- DEPLOYMENT HEALTH ASSESSMENT, has been approved by the nations in the Military Committee Medical Standardization Board, is promulgated herewith. The agreement of nations to use this publication is recorded in STANAG 2235.

2. AMedP-4.8, Edition A, Version 2, is effective upon receipt and supersedes AMedP-4.8, Edition A, Version 1, which shall be destroyed in accordance with the local procedure for the destruction of documents.

4. This publication shall be handled in accordance with C-M(2002)60.

Zoltan GULYAS
Brigadier General, HUNAF
Director, NATO Standardization Office

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RESERVED FOR NATIONAL LETTER OF PROMULGATION

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RECORD OF RESERVATIONS

CHAPTER	RECORD OF RESERVATION BY NATIONS
Note: The reservations listed on this page include only those that were recorded at time of promulgation and may not be complete. Refer to the NATO Standardization Document Database for the complete list of existing reservations.	

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RECORD OF SPECIFIC RESERVATIONS

[nation]	[detail of reservation]
LVA	LVA implements STANAG 2235, with exceptions of logistic requirements for points "k" and "l" in paragraph 0203 of Chapter 2.
USA	a. While the STANAG clearly specifies that its requirements are minimum essential information requirements, the STANAG does not fully address information requirements which through USA experience are critical to adequate pre and post-deployment health surveillance. b. All of the listed pre-and post-deployment minimum essential data points are collected for USA military forces but not at the same time or using a single form. Therefore, while Department of Defense Form 2795, Pre-Deployment Health Assessment, and Department of Defense Form 2796, Post-Deployment Health Assessment, are used to collect some of the minimum essential data, these forms in addition to multiple data collection and management systems collect and retain the information for retrieval, reference and analysis as necessary. c. One drawback of the system is that it seems to imply a fairly static deployment. The system needs to be able to track where service members go during their deployment within a theater of operations, so that health episodes can be more discreetly aligned with potential environmentally or operationally related incidents.
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CHAPTER 1 INTRODUCTION

1.1. GENERAL

One of the deciding factors for a successful result in a military operation is the health of the soldiers. Healthcare as part of the pre-deployment preparations as well as during the operations is in this respect vital. Healthcare after redeployment is crucial in taking care of the troops, and has a deep impact on morale. Recording health data post-service also gives valuable information needed to assess military health care as well as military force health protection in a comprehensive manner, and also contributes to understanding and preventing delayed-onset diseases and conditions among troops.

Healthcare in deployed operations is increasingly based on multinational solutions. In planning the setup of medical resources, medical planners will rely on the assumption that deployed forces have a defined, good health status regardless of which nations are providing the troops. This emphasizes the need for the alliance to ensure that the same minimum standards are met by all nations. This does not exclude any nation from taking further steps to enhance health or document health information, as all such initiatives will serve troop health as a whole.

To minimize health problems during NATO operations, a pre-deployment health assessment of deploying personnel is essential. Health problems noted during the pre-deployment health assessment should be addressed adequately to reduce health issues brought into the operation.

After an operation, it is important to apply a post-deployment health assessment to identify any health issues that could potentially result in post-deployment health problems. This information should be used in the learning cycle of military medical preparations. The pre- and post-deployment health assessments are intended to supplement the more comprehensive longitudinal health assessments conducted periodically during a military member’s career, as performed by the nations.

1.2. AIM

The aim of this document is to ensure that pre- and post-deployment health assessments are conducted for personnel participating in NATO operations, that these assessments include at least a minimum set of data elements, and that proper action is made on medical findings to ensure that deployed personnel are in good health.

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CHAPTER 2 PRE-DEPLOYMENT HEALTH ASSESSMENT

2.1. GENERAL

The pre-deployment health assessment serves two purposes. Firstly, it assists commanders by providing realistic information on health as a prerequisite for fighting ability, while giving the ability to perform selection and treatment in order to increase force health prior to deployment. Secondly, provided this information is acted on, the reduction of unnecessary health issues in deployed forces reduces the workload of the deployed health services, and increases the military value of a resource needed to cope with battle injuries.

2.2. DEMOGRAPHICS

The following demographics on the service member should be listed:

a. Name

b. Date of birth

c. Gender

d. Nationality

e. Rank

f. Unit and position

g. Service (e.g. Army/Navy/Air Force/Marines)

h. Component (e.g. Active/Reserve)

i. Date of assessment

j. Country of deployment

k. Location of deployment

l. Name of the military operation

2.3. COLLECTION OF HEALTH INFORMATION

The following health information should be collected at an individual level to assess deployability:

a. Presence of any medical problems.

b. History of surgical procedures, with emphasis on the last six months.

c. Significant changes in health since last examination.

d. Presence of dental problems.

e. Alcohol and drug habits.

f. History of dental examination, date of the last performed examination

g. Restrictions in duties because of medical or dental problems.

h. Allergies, hypersensitivity, health based food restrictions.

i. Pregnancy status.

j. Use of prescription medicines, needs to be specified.

k. Need for supply of prescription medicines.

l. Need of prescription glasses, and supply of the same

m. History of counseling or care for mental health.

n. Specific health concerns or questions regarding the specific deployment.

The collection of this information could be made by interview or self-declaration, and should be kept in a prepared format.

2.4. HEALTH ASSESSMENT

A final assessment of the individual soldiers' health should be made by a physician, based on the following actions:

a. Assessment of information collected as described in 2.3,

b. Physical examination, including testing of hearing and vision,

c. Dental examination,

d. Vaccination as required.

Based on the assessment, the resulting consequence could be:

a. The soldier is medically fit for deployment,

b. The soldier is referred for further (specialized) assessment,

c. The soldier is treated as needed, re-evaluated and deemed medically fit for deployment,

d. The soldier is deemed unfit for deployment.

The medical decision should be documented as part of the troop preparation process.

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CHAPTER 3 POST-DEPLOYMENT HEALTH ASSESSMENT

3.1. GENERAL

After an operation, a risk based post-deployment health assessment should be performed, in order to identify health problems and/or exposures that could potentially result in health problems. This health assessment will form the basis for providing the soldier with health support as needed. Furthermore, it feeds into the process of continuously improving military medical services, including force health protection.

3.2. DEMOGRAPHICS

The following demographics on the service member should be listed:

a. Name

b. Date of birth

c. Gender

d. Nationality

e. Rank

f. Unit and position

g. Service (e.g. Army/Navy/Air Force/Marines)

h. Component (e.g. Active/Reserve)

i. Date of assessment

j. Country of deployment

k. Location of deployment

l. Name of the military operation

3.3. COLLECTION OF HEALTH INFORMATION

Medical personnel, through interview, should collect the following information:

a. Medical or dental problems during time of deployment,

b. Manifest restrictions in duty ability because of medical or dental problems,

c. Need for counseling or care for mental health issues as a result of deployment,

d. Possible exposures or other health related events during deployment.

3.4. HEALTH ASSESSMENT

Based on the collected information, the medical personnel will document as listed below, as a minimum:

a. General health assessment,

b. Exposure assessment,

c. Assessment of other health related events in the operation or theatre,

d. Need for referral,

e. Need for medical risk debriefing.

The made medical assessments should be documented in the soldiers' medical file and be fed into the lessons learned process of the medical services, while at all times meeting legislative demands on the protection of the individuals' medical information.

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