THE ASSISTANT SECRETARY OF DEFENSE

WASHINGTON, D. C. 20301-1200

HEALTH AFFAIRS

OCT 14 2005

MEMORANDUM FOR ASSISTANT SECRETARY OF THE ARMY (M&RA)
ASSISTANT SECRETARY OF THE NAVY (M&RA)
ASSISTANT SECRETARY OF THE AIR FORCE (M&RA)
DIRECTOR OF HEALTH AND SAFETY, USCG

SUBJECT: Policy Guidance for Separation Physical Examinations

Section 706 of the Ronald W. Reagan National Defense Authorization Act for Fiscal Year 2005 amended section 1145(a) of Title 10, United States Code to require that members of the armed forces who are scheduled to be separated from active duty as described in paragraph (2) of section 1145(a), undergo a physical examination immediately before separation. This requirement may only be waived if the member has undergone a physical examination within 12 months before separation, and then only with consent of the member and concurrence of the unit commander.

The continued good health of our Service members is of paramount importance, and we must ensure those who separate from active duty have their health status thoroughly reviewed and documented. For many Service members separating from active duty, especially members of the Reserve Components, the demobilization out-processing center is the last opportunity to provide closure to their medical records.

For purposes of this statute, the separation physical examination is an individual health assessment sufficient to evaluate the health of members at the time of separation, determine whether any existing medical condition was incurred during active duty service, provide baseline information for future care, complete a member's military medical record, and provide a final opportunity to document prior to separation any health concerns, exposures, or risk factors associated with active duty service.

Routine general physical examinations for persons without symptoms or known risk factors have never been proven to extend life or decrease illness or discomfort. A more systematic way to improve health and ensure quality of care is through periodic clinical preventive services. The Armed Forces Epidemiology Board strongly recommended replacing routine physical examinations with such an approach and endorsed the U.S. Preventive Service Task Force (USPSTF) guidelines as an authoritative source of appropriate clinical preventive service recommendations *(http://www.ha.osd.mil/afeb/2003/2003-16.pdf)*.

Department of Defense separation physical examinations will be individually tailored and, at a minimum, will include a face-to-face interview with a health care provider, a review of the individual medical history and medical record, a focused,

age- and gender-specific physical examination consistent with the USPSTF recommendations (*http://www.ahrq.gov/)*, any indicated specialty consultations, appropriate laboratory or imaging procedures, and review of the self-assessment of individual health, including DD Form 2697, Report of Medical Assessment, and, if appropriate, DD Form 2796, Post-Deployment Health Assessment.

Finally, an assessment is made regarding a member's worldwide qualification for retention (according to Service guidelines) or need for a referral to a Medical Evaluation Board and documentation of any health conditions not previously documented. The completed documentation is then placed in the Service member's permanent medical record.

Compliance with this statutory requirement is a priority and will require a concerted effort by military treatment facilities and commands and commanders at all levels. How well the Military Health System serves its members is more than just a measure of the care they receive while on active duty. It is also the fulfillment of our obligation to ensure they are returned to civilian life in the best health possible, that they are compensated for any disability, and any care received or injury incurred is documented.

William Winkenwerder, Jr., MD

cc:
Surgeon General, Army
Surgeon General, Navy
Surgeon General, Air Force