

## How to Submit Documents

You can submit the medical documents through your chain of command via fax, email, or mail.

## You can Submit Documents to:

Unit  
Battalion Medical Readiness NCO  
Brigade Medical Liaison  
State Surgeon's Office

## Preventative Measures for Overall Good Health

- Use Stress Management Techniques
- Exercise Regularly
- Healthy Diet
- Healthy Weight Control
- Smoking Cessation

## Website Link to Low Cost Clinics

NeedyMeds

[http://www.needymeds.org/free\\_clinics.taf](http://www.needymeds.org/free_clinics.taf)

## State Surgeon's Office Website

Includes:

- Staff Contact Information
- Forms and Regulations
- Brochures

<http://www.calguard.ca.gov/G1/sso>



CA ARNG State Surgeon's Office  
9800 Goethe Road (Box 31)  
Sacramento, CA 95826-9101  
Fax: 916.854.4200

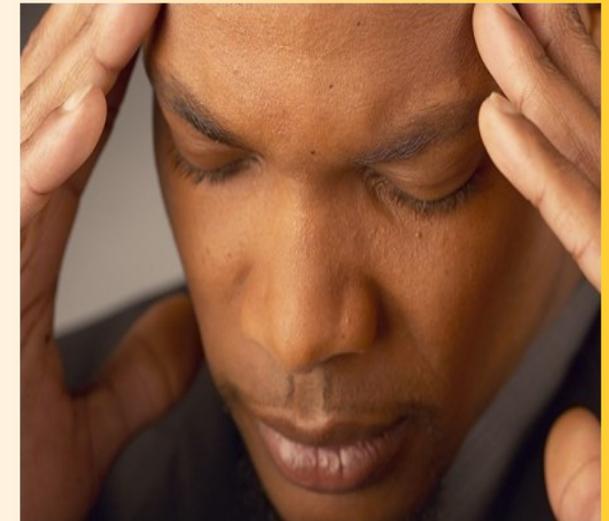
SSD Email: [ca-mail.sso.ngca@ng.army.mil](mailto:ca-mail.sso.ngca@ng.army.mil)



## Migraines/Headaches



California Army National Guard  
State Surgeon's Office



## Migraines/Headaches

You have reported having severe **Migraines/Headaches** that meet the following criteria: throbbing pain, nausea and/or vomiting, sensitivity to light and sound, and auras (e.g. flashes of light or blind spots). You will need to see your medical provider for further evaluation, diagnosis, and treatment.

## Medically Non Deployable Status

You have been placed in a Medically Non Deployable (MND) Status for **Migraines/Headaches**. You will need to submit appropriate medical documentation through the proper chain of command to clear your medical flag.



## What the State Surgeon's Office Initially Needs from your Medical Provider:

- Diagnosis (what is your medical condition)
- Results of Imaging Studies Deemed Relevant by Your Medical Provider (e.g. CT scan, MRI)
- Prognosis (what your doctor thinks your likely outcome will be)
- Treatment Plan (dietary changes, lifestyle changes, medications, etc.)
- Comment on Functional Activity Limitations (permanent or temporary, with duration)
  - What physical activities you can and cannot do (e.g. running, jumping, and lifting)

## For Your Medical Provider:

This patient is an Army National Guard Soldier who reports prior history of **Migraines /Headaches**. Please evaluate and treat as indicated. Please provide results of diagnostic work-up, and comment on this patient's diagnosis, prognosis and treatment plan. Please indicate any functional limitations on attached sheet. Thank you.

## Acceptable Medical Documents:

- Completed Standard Form 513 (SF 513)
- Office Visit/Provider Notes
- Results of any X-ray/Imaging Studies
- Results of any Diagnostic tests