

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

- Exercise Regularly
- Healthy Diet
- Healthy Weight Control
- Avoid Sleeping on Your Back
- Smoking Cessation

Website Link to Low Cost Clinics

NeedyMeds

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
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Sacramento, CA 95826-9101
Fax: 916.854.4200

SSO Email: ng.ca.caarng.mbx.sso@mail.mil

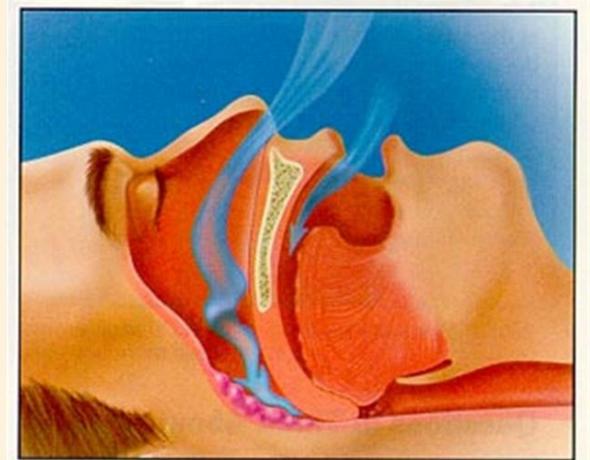


Sleep Apnea

(with prior diagnosis)



California Army National Guard
State Surgeon's Office



During sleep apnea, air flow is completely blocked.

Sleep Apnea

You have reported that you have a past history or diagnosis of **Sleep Apnea** with the use of CPAP machine. **Sleep Apnea** is a disorder where your breathing stops and starts repeatedly during sleep.

Signs that you have **Sleep Apnea** include loud snoring, excessive daytime sleepiness, and insomnia. 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 **Sleep Apnea**. 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:

- Sleep study results with CPAP titration
- Diagnosis (what is your medical condition)
- Prognosis (what your doctor thinks your likely outcome will be)
- Duration of CPAP Use, Compliance of Using CPAP, and Response to Therapy to Date
- 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 reports past Hx of **Sleep Apnea** with CPAP use. Please provide polysomnography results with CPAP titration. Please comment on duration of CPAP treatment, the patient's compliance, and response to therapy to date. Please state future treatment plan, including surgical intervention, if indicated, and if the patient has any daytime/working hour symptoms despite therapy. 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