

## APPENDIX B

**MANAGEMENT OF INDIVIDUAL HEALTH RECORDS  
IN THE FIELD****B-1. General**

*a.* This appendix provides guidance on the maintenance of the soldier's individual health record (HREC) and civilian employee medical records (CEMR) in the field. The governing regulation is AR 40-66.

*b.* Health records are maintained by the MTF that provides primary care for the soldier.

*c.* Unit commanders will ensure that HRECs are always available to AMEDD personnel who require such records in the performance of their duties. Unit commanders will also ensure that the information in the HRECs is kept private and confidential in accordance with law and regulations governing patient records administration.

*d.* Health records located at an Echelon I MTFs are maintained by unit medical personnel. The AMEDD officer-in-charge serves as the custodian of the HRECs and CEMRs. Army Medical Department officers are in charge of the HRECs and CEMRs for the members of the units and civilian employees for whom they supply primary medical care. They are also in charge of the HRECs, CEMRs, and the records of other individuals that are receiving treatment from the MTF. Health records are important for the conservation and improvement of the patient's health. Therefore, AMEDD officers will ensure that all pertinent information is promptly entered in the HREC/CEMR in their custody. If any such pertinent information has been omitted, the AMEDD officer will take immediate action to obtain such information from the proper authority and include it in the HREC/CEMR.

**B-2. Health Records of Deployed Soldiers**

*a. Health Records.* The HREC (DA Form 3444 or DA Form 8005 Series [Medical and Dental Treatment Records]) of deployed soldiers and the CEMR of deployed civilians will not accompany them to the combat area.

(1) The supporting MTF will initiate a DD Form 2766 (Adult Preventive and Chronic Care Flowsheet), DD Form 2766C (Adult Prevention and Chronic Care Flowsheet [Continuation Sheet]), DD Form 2795 (Pre-Deployment Health Assessment Questionnaire), and DD Form 2796 (Post-Deployment Health Assessment Questionnaire). If an individual deploys, the DD Form 2766 and DD Form 2766C will be photocopied prior to deployment and the copy will be kept in the medical record. The original DD Form 2766 and any DD Forms 2766C will accompany the individual to the field. The DD Form 2766 serves as the treatment folder for the individual that is deployed; other forms, such as DD Form 2766C, DD Form 2795, DD Form 2796, and Standard Form (SF) Form 600 (Health Record—Chronological Record of Medical Care) will be filed on the fastener inside DD Form 2766. The photocopies of the DD Form 2766 and DD Form 2766C will be removed and shredded when the originals are placed back into the HREC or CEMR. Forms that had been filed inside the DD Form 2766 folder will be removed and placed in the HREC or CEMR (in the regular treatment folder).

## FM 4-02.4

(2) When processing individuals for deployment, the MTF and dental treatment facility (DTF) will audit each individual's HREC or CEMR and record essential health and dental care information on DD Form 2766. If a HREC or CEMR is not available, DD Form 2766 will be completed based on individual interviews and any other locally available data. A HREC may not be available for most Individual Ready Reserve, Individual Mobilization Augmentees, and retired personnel because these HREC may remain on file at the Army Reserve-Personnel Command (AR-PERSCOM) or the Department of Veterans Affairs.

(3) Upon notification of deployment, all military personnel will complete DD Form 2795.

(a) The individual being screened will fill out the section entitled *Demographics* on page 1, and the section entitled *Health Assessment* on page 2. These sections are self-explanatory.

(b) The health assessment administrator will fill out the boxed area on page 1 entitled *Administrator Use Only*, and will answer the user's questions on filling out the form. The administrator will document the deployment location as well as the completion date of the pre-deployment evaluation on DD Form 2766, Block 11—*Pre-/Post-Deployment History*. This does not apply to classified operations.

(c) The health care provider will fill out the section entitled *Pre-Deployment Health Provider Review* on page 2.

(d) A copy of the form will be filed on the fastener inside the DD Form 2766 folder; one copy will remain in the HREC, and the original form will be sent to the Army Medical Surveillance Activity, ATTN: MCHB-TS-EDM/Deployment Surveillance, Building T-20, Room 213, 6825 16th Street NW, Washington, DC 20307-5000.

(4) Department of Defense Directive (DODD) 6490.2 and Department of Defense Instructions (DODI) 6490.3 state that to the extent applicable, medical surveillance activities will include essential DOD civilian and contractor personnel directly supporting deployed forces, consistent with plans established under DODI 1400.32 and DODI 3020.37. If DD Form 2795 is used for civilians, a copy of the form will be filed on the fastener inside the DD Form 2766 folder; one copy will remain in the CEMR, and the original form will be sent to the Army Medical Surveillance Activity.

(5) If the deployed individual is taking part in a classified operation, the pre-deployment evaluation (DD Form 2795) is still required, but the form will be maintained only in the personnel folder.

(6) The completed DD Form 2766 and a copy of any printout from an automated immunization tracking system will be provided to the individual's command, or to the individual if he or she is an individual replacement, and then handed off to the MTF in the AO responsible for providing primary medical care to that individual. That MTF will maintain the DD Form 2766 as an outpatient field file for reference as needed. The MTF will ensure that the ABO/Rh blood type from a verified blood bank typing is recorded in Block 10. The field file will consist of, in part, DD Form 2766, DD Form 2795, and possibly DD Form 2766C, DD Form 2796, SF 600, SF 558 (Medical Record—Emergency Care and Treatment), SF 603 (Health Record—Dental), or DD Form 1380. These forms will be filed on the fastener inside the DD Form 2766. For detailed information on how to complete the DD Form 1380, see Appendix C, FM 8-10-6.

(7) If DD Form 2766 is not available, the individual's field file may be managed as a "drop" file (forms not attached) and integrated into the DD Form 2766 when it is available.

*b. Forwarded Deployed Force.* If time permits, follow guidance in *a*(1), (2), and (3) above. If not, consolidate HREC in-country and process when time permits.

*c. Limited Contingency Operations.* Retain the HREC at the MTF and DTF providing primary care. If the servicing primary care facility closes, forward the HREC to the MTF or DTF indicated by the servicing medical department activity (MEDDAC) and dental activity. If full mobilization occurs, follow guidance in *a*(1), (2), and (3) above.

*d. Units That Do Not Process Through a Mobilization Station.* Units that do not process through a mobilization station before deployment or otherwise do not have access to an MTF or DTF will follow the procedures in *b* above.

### **B-3. Use of Field Files/DD Form 2766**

*a.* If a member's primary MTF changes, the field file/DD Form 2766 should be moved to the gaining MTF.

*b.* If a member requires admission to the hospital, every attempt will be made to forward the field file/DD Form 2766. The file will be returned to the member's primary MTF if disposition is RTD.

### **B-4. Storage of Health Records and Civilian Employee Medical Records**

Forward deployed (Echelon I and Echelon II) MTFs will secure field chest or field file containers in quantities sufficient for the troop and civilian employee population supported. They will maintain the DD Form 2766 for each individual receiving primary medical care from their MTF.

### **B-5. Establishment and Management of the Field File in the Operational Area**

*a.* A DD Form 2766 and the medical records identified above will be maintained by medical companies operating an Echelon II MTF or the medical platoon/section that operates an Echelon I MTF, or will be handed off to the MTF providing their primary care.

*b.* Supported units will be required to provide the primary care MTF a battle roster of personnel assigned. This roster should be provided when personnel assignment changes are made or upon request.

*c.* The MTF, when possible, will attempt to ensure that the HREC or CEMR accompanies the medically evacuated individual.

*d.* If an individual's primary MTF changes, the HREC or CEMR will be transferred to the gaining MTF.

## FM 4-02.4

*e.* If an individual requires hospital admission, every attempt will be made to forward the HREC or CEMR to the admitting hospital.

*f.* When the MTF determines that an individual was evacuated without the DD Form 2766 and other medical records in the file, then the individual's DD Form 2766 and other medical records are forwarded to the medical C2 headquarters responsible for regulating patients out of the AO. The medical C2 headquarters forwards the outpatient field file to the hospital where the patient was evacuated. The hospital patient administration section will attach the file to the inpatient chart and the file is evacuated with the patient out of the AO or theater.

### **B-6. Health Assessments after Deployment**

*a.* All military personnel will complete DD Form 2796 prior to leaving the AO.

(1) The individual being screened will fill out the section entitled *Demographics* on page 1 and the section entitled *Health Assessment* on page 2. These sections are self-explanatory.

(2) The health assessment administrator will fill out the boxed area on page 1 entitled *Administrator Use Only* and will answer the user's questions on filling out the form. The administrator will document the deployment location (if this information is missing) and the completion date of the post-deployment evaluation on DD Form 2766, Block 11—*Pre-/Post-Deployment History*. This does not apply to classified operations.

(3) The health care provider will fill out the section entitled *Post-Deployment Health Provider Review* on page 2.

*b.* If a situation does not allow this health screening prior to departure, the individual's commander will ensure that the health assessment is completed and submitted to the local MTF commander within 30 days of the individual's return. The local MTF commander will ensure that a procedure is in place for submitting the original DD Form 2796 to the Army Medical Surveillance Activity and for filing a copy in the HREC.

*c.* If the DD Form 2796 is completed prior to leaving the AO, a copy of the form will be filed in the DD Form 2766 folder until it can be integrated into the HREC. The original DD Form 2796 will be submitted to the Army Medical Surveillance Activity, ATTN: MCHB-TS-EDM/Deployment Surveillance, Building T-20, Room 213, 6825 16th Street NW, Washington, DC 20307-5000.

*d.* The post-deployment assessment of Reserve Component personnel must be completed prior to release from active duty if not completed before redeployment. Reserve Component personnel who have been deployed will also complete DD Form 2697 (Report of Medical Assessment) according to AR 40-501. Reserve Component personnel who are called to active duty but never actually deployed will only complete DD Form 2697.

*e.* If DD Form 2796 is used for civilians, the form will be completed prior to leaving the AO. If a situation does not allow this health screening prior to departure, the individual's commander will ensure

that the health assessment is completed within 30 days of the individual's return. If the DD Form 2796 is completed prior to leaving the AO, a copy of the form will be filed in the DD Form 2766 folder until it can be integrated into the CEMR. The local commander will ensure that a procedure is in place for submitting the original DD Form 2796 to the Army Medical Surveillance Activity and for filing the copy in the CEMR.

*f.* If the deployed individual is taking part in a classified operation, the post-deployment evaluation (DD Form 2796) is still required, but the form will be maintained only in the personnel folder.

#### **B-7. Field Record Administration after Hostilities Cease**

*a.* Field files/DD Form 2766 will be integrated with the HREC or CEMR after demobilization at the home station or at mobilization stations.

(1) On return to the MTF (post-deployment), forms, such as SF 600, will be removed from the DD Form 2766 folder and placed with the other SF 600 in the medical record.

(2) DD Form 2795 and DD Form 2796 will be removed from the DD Form 2766 folder and placed as shown in Figures 5-1, 5-2, or 7-1 of AR 40-66. If a previously photocopied DD Form 2795 is contained in the record, only one of the DD Forms 2795 will be kept; the other will be removed and shredded.

(3) The photocopies of the DD Form 2766 and DD Form 2766C will also be removed and shredded when the originals are placed back into the record. Field files/DD Form 2766 will be forwarded to AR-PERSCOM for those members whose HREC is maintained at AR-PERSCOM.

*b.* Each continental United States (CONUS) MTF must request records from AR-PERSCOM for those members who remain on active duty and are assigned for support upon demobilization.

*c.* Field files will be integrated with the HREC maintained at home station or mobilization station. Field files will be forwarded to Army Reserve Personnel Center (ARPERCEN) for those members whose HREC is maintained at ARPERCEN.

*d.* Each CONUS MTF must request records from ARPERCEN for those soldiers who remain on active duty and are assigned for support upon demobilization.