

**U.S. DEPARTMENT OF HEALTH
AND HUMAN SERVICES**

PERSONNEL OPERATIONS MEMORANDUM



**POM 821.71
EFFECTIVE DATE: 5 December 2019**

By Order of the Surgeon General of the U.S. Public Health Service:

Jerome M. Adams, MD, MPH

TO: All Officers on Extended Active Duty and Candidates Seeking an Appointment in the Commissioned Corps of the United States Public Health Service (Corps)

SUBJECT: Physical Examination Requirements

1. As required by Commissioned Corps Instruction (CCI) 221.02, "Medical Readiness," this Personnel Operations Memorandum (POM) establishes the physical examination requirements for active duty Corps officers and for candidates for commission in the Corps.
2. Required Forms.
 - a. Medical History. Active duty Corps officers will submit DD Form 2807-1, "Report of Medical History," or the Military Treatment Facility's (MTF) equivalent. Civilian providers may attach their standard history form to the DD Form 2807-1. Candidates for commission in the Corps will submit DD Form 2492, "DoD Medical Examination Review Board (DoDMERB) Report of Medical History," or equivalent during the DoDMERB medical examination process.
 - b. Physical Examination. Active duty Corps officers will submit DD Form 2808, "Report of Medical Examination," or the MTF's equivalent. Civilian providers may attach their standard physical form provided all sections of the DD Form 2808 are addressed. Candidates for commission in the Corps will submit DD Form 2351, "DoD Medical Examination Review Board (DoDMERB) Report of Medical Examination," or equivalent during the DoDMERB medical examination process.
 - c. Dental Examination. Active duty Corps officers will submit Form DD 2813, "Department of Defense Active Duty/Reserve/Guard/Civilian Forces Dental Examination." Candidates for commission in the Corps will submit Form PHS-6355, "Report of Dental Examination of Applicants to the Public Health Service Commissioned Corps."
 - d. Behavioral Health Questionnaire. Active duty Corps officers will submit Form PHS-7083, "Behavioral Health Survey," which includes questions from Audit-C alcohol screen, Patient Health Questionnaire-2 (PHQ-2), Generalized Anxiety Disorder scale (GAD-2), and Primary Care Post-Traumatic Stress Disorder (PTSD) Screen for Diagnostic and Statistical Manual of Mental Disorders (DSM-5) (PC-PTSD-5).

3. Candidates for a commission in the Regular Corps. In addition to the DoDMERB examination requirements (Medical History, Physical Examination, Audiometry evaluation, Vision evaluation), and the PHS Dental Examination, applicants to the Regular Corps must submit the following laboratory tests (dated no more than 12 months prior to the date of DoDMERB examination unless otherwise noted):
 - a. Hemoglobin/Hematocrit;
 - b. Urinalysis;
 - c. Hepatitis B Surface Antigen (HBsAg);
 - d. Hepatitis C Antibody (HCV Antibody);
 - e. Human Immunodeficiency Virus (HIV), within 3 months of the DoDMERB examination;
 - f. Tuberculosis blood test (QuantiFERON-TB Gold or T-SPOT.TB);
 - g. Age 40 years and older.
 - (1) Fasting blood sugar;
 - (2) Blood lipid panel;
 - h. Women only.
 - (1) Urine pregnancy test, within 1 month of the DoDMERB examination;
 - (2) Most recent Pap smear (only if there has been an abnormal Pap smear within the previous 10 years); and
 - i. Additional tests, if requested, by DoDMERB or the Medical Affairs Branch (MAB), Commissioned Corps Headquarters (CCHQ).
4. Candidates for the Commissioned Officer Student Training and Extern Program (COSTEP).
 - a. Senior COSTEP candidates for a commission in the Ready Reserve Corps will undergo the same evaluations as candidates for the Regular Corps.
 - b. Junior COSTEP candidates for a commission in the Ready Reserve Corps will submit a current medical history using a DD Form 2807-1 reviewed by the officer with his/her healthcare provider and signed by the provider; a current verified weight and height signed by the provider; and a statement regarding use of tobacco products.
5. Periodic Health Update (PHU). A PHU consists of the following documents:
 - a. Medical History, DD Form 2807-1. Reviewed by the officer with his/her healthcare provider and signed by the provider.

- b. Focused Medical Examinations.
 - (1) Minimal requirements are vital signs (pulse, blood pressure) and a verified weight. Additional examinations and testing if indicated for existing medical conditions and current occupational health risks, as recommended by the provider in consultation with the officer.
 - (2) Additional screening examinations as recommended by the United States Preventive Services Task Force (USPSTF) based on age, gender and medical history are required. (see Appendix)
 - b. Dental Examination, Form DD 2813.
 - c. Behavioral Health Screening Survey, Form PHS-7083.
6. Submission of PHU to MAB.
- a. Each officer must submit an annual PHU completed within one month of his/her birth month.
 - b. All officers are required to report in a timely fashion any medical/behavioral health/dental issues that could impact long-term (greater than six months) readiness. Such health issues will be documented on a DD Form 2807-1 (provider's signature not required) and submitted to MAB. A temporary waiver request with medical documentation should also be submitted if the issue prevents the officer from deploying or completing requirements for Basic Readiness.
7. The timely submission of the PHU (or the 5-year Periodic Physical Examination until full transition to the PHU is completed) satisfies "Health Standards" requirement for permanent promotion as documented in CCD 122.01, "Promotions," Section 6-5.d.
8. The Surgeon General or his/her designee may require that officers submit additional pre-deployment and post-deployment health information on forms designated by the Director, CCHQ.
9. This POM will remain in effect until rescinded.

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Surgeon General

Appendix

Required Major Additional Screening Examinations
(as recommended by USPSTF as of the date of this POM)

1. Women and Men.
 - a. Dyslipidemia.
 - (1) Women 45 years and older if at increased risk of coronary heart disease (CHD) is strongly recommended. Men 35 years and older.
 - (2) Women 20 to 45 years of age if at increased risk of CHD. Men 20 to 35 years of age if at an increased risk for CHD.
 - (3) No recommendation for or against routine screening in women 20 years and older if not at increased risk of CHD. No recommendation for or against routine screening in men 20 to 35 years of age if not at increased risk of CHD.
 - (4) Increased risk of CHD is defined as one or more of the following risk factors:
 - i. Diabetes mellitus;
 - ii. Personal history of CHD or non-coronary atherosclerosis;
 - iii. Family history of cardiovascular disease before 50 years of age in men or 60 years of age in women;
 - iv. Tobacco use;
 - v. Hypertension; and/or
 - vi. Obesity.
 - b. Type 2 Diabetes Mellitus.
 - (1) Women and men 40-70 years of age who are overweight or obese.
 - (2) Asymptomatic women and men with sustained blood pressure (treated or untreated) > 135/80 mm Hg.
 - (3) Insufficient evidence to recommend for or against screening asymptomatic adults with blood pressure \leq 135/80 mm Hg.
 - c. Colorectal Cancer.
 - (1) Begin at 50 years of age, and in general, discontinue at 75 years of age.
 - i. Fecal Occult Blood Testing (FOBT) annually, Sigmoidoscopy every five years, with FOBT every three years; or
 - ii. Colonoscopy every 10 years.
 - (2) Insufficient evidence to recommend for or against CT colonography (virtual colonoscopy) or fecal DNA testing.

- d. Human Immunodeficiency Virus (HIV). Screen 15-65 year olds at intervals based on individual risk assessments.
2. Women only.
 - a. Breast Cancer. Routine biennial (every two years) screening beginning at 50 years of age with discontinuation at 75 years of age.
 - b. Cervical Cancer.
 - (1) Every three years with cytology alone for women 21 to 29 years of age.
 - (2) Every three years with cytology alone or every five years if combined with HPV testing in women 30 to 65 years of age.
 - (3) Discontinue after hysterectomy with removal of the cervix for benign indications and no history of cervical intraepithelial neoplasia (CIN) 2 or CIN 3 or cervical cancer; or 65 years of age with adequate prior screening (negative recommended screening over previous 10 years).
 - c. Osteoporosis.¹
 - (1) Begin at 65 years of age with no recommended screening interval.
 - (2) Women younger than 65 years with fracture risk \geq that of a 65-year-old white woman with no additional risk factors (9.3 percent over 10 years).
 - (3) Fracture risk calculated using World Health Organization's Fracture Risk.
 3. Men only.
 - a. Abdominal Aortic Aneurysm.
 - (1) Screen once with ultrasonography in men 65 to 75 years of age if they have a family history or have smoked at least 100 cigarettes in their lifetime.
 - (2) No recommendation for or against screening in men 65 to 75 years of age who have never smoked.

¹ Assessment Tool available at: <http://www.shef.ac.uk/FRAX/>