



DEPARTMENT OF THE AIR FORCE
HEADQUARTERS UNITED STATES AIR FORCE
WASHINGTON DC

MEMORANDUM FOR SEE DISTRIBUTION

JUN 19 2002

FROM: AFMOA/CC
110 Luke Avenue, Room 405
Bolling AFB, DC 20332-7050

SUBJECT: Demobilization of Air Reserve Component (ARC) Members

Large numbers of ARC personnel mobilized in support of the national response to the World Trade Center and Pentagon attacks are being demobilized. Air Force Medical Treatment Facilities (MTFs) must be prepared to support medical processing requirements for demobilization of ARC members. This memorandum provides clarification about medical assessments required prior to ARC members being released from active duty.

ARC members who are demobilized require a full medical assessment prior to being deactivated, in accordance with (IAW) HQ USAF CAT-DIR message, *Demobilization and Discharge Guidance for Air Force Reserve Members*, 5 June 2002. This medical assessment requires, at a minimum, screening members for new signs and/or symptoms of injury or illness that may have developed while mobilized. If indicated based on positive results of screening, an examination and further evaluation and treatment will be completed to the extent considered appropriate by a health care provider. The attached instructions specify the screening and documentation processes that are required.

It is extremely important we ensure every ARC member is assessed for illnesses and injuries that may have occurred while mobilized and to evaluate, treat and document any conditions IAW regulations. To avoid delaying demobilization of ARC members, please have MTFs promptly complete medical assessments and other services for ARC members who present for care.

My POC for this issue is Lt Col Kelly Woodward, AFMOA/SGZP, 110 Luke Avenue, Room 405, Bolling AFB, DC 20332-7050, DSN 297-4268, email: kelly.woodward@pentagon.af.mil.


GARY H. MURRAY, Brig Gen, USAF, DC
Commander
Air Force Medical Operations Agency
Office of the Surgeon General

Attachment:
Instructions for Medical Assessments

Distribution:

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**INSTRUCTIONS FOR MEDICAL ASSESSMENTS FOR AIR RESERVE COMPONENT
(ARC) MEMBERS WHO ARE DEMOBILIZED**

1. References
 - a. AFI 48-123, *Medical Examinations and Standards*, Section 5.5
 - b. HQ USAF/CAT-DIR message, *Personnel Guidance for Deactivating Air Force Reserve (AFR) Forces Mobilized in Support of World Trade Center (WTC) and Pentagon Attacks*, 29 Jan 02
 - c. DoDI 6490.3, *Implementation and Application of Joint Medical Surveillance for Deployments*
 - d. OASD(HA) memo *Updated Policy for Pre and Post-Deployment Health Assessments and Blood Samples*, 25 Oct 01
 - e. HQ USAF/SG memorandum, *Updated Procedures for Deployment Health Surveillance and Readiness*, 25 Mar 02
 - f. AFI 36-2910, *Line of Duty (Misconduct) Determination*
 - g. ASD (RA) memorandum, *Authority to Call Reserve Component Members to Active Duty for Medical Purposes*, 26 May 2000
2. All ARC members mobilized during times of contingency, conflict or war will complete a medical assessment prior to being released from active duty using DD Form 2697, Report of Medical Assessment, IAW references a. and b. The purpose of this medical assessment is to determine the member's continued qualification for worldwide service and evaluate new signs and/or symptoms of injury or illness that may have developed while on active duty.
3. ARC members called to active duty for 30 days or more, regardless of duty location, will also complete a post-deployment health assessment, using DD Form 2796, Post-Deployment Health Assessment, prior to being released from active duty, IAW references c., d. and e. The post-deployment health assessment is to be completed while at the deployed location. For instances where the assessment was not completed in theater, a local MTF will complete the assessment within 5 days of the member's redeployment. The purpose of the post-deployment assessment, using DD Form 2796, is to screen for and evaluate signs and/or symptoms of injury or illness at the end of a deployment, document and track redeploying member's health status, and capture deployment-specific information as close to the end of the deployment as feasible.
4. The original DD Form 2796, DD Form 2697, and all associated medical documents will be forwarded to the supporting reserve medical unit (unit assigned reservists), host Guard unit (Air National Guard members), or to HQ ARPC/SGP, 6760 E. Irvington Pl, Ste 7200, Denver CO 80280-7200 (IMA reservists), for filing in the member's medical record.
5. In all cases where a medical problem is documented, a line of duty determination will be made on AF Form 348, Line of Duty Determination, to determine if the disease/injury is service connected, IAW reference f. ARC members shall, with the member's consent, be retained on active duty pending resolution of medical conditions as provided in reference g.
6. POCs for unit assigned reservists are LTC William Klein, DSN 497-0605, and MSgt Clyde Harris, DSN 497-0603, HQ AFRC/SGP; for IMA reservists they are Col Quay Snyder, DSN 926-6150, and MSgt Jeffrey Hancock, DSN 926-7236/7, HQ ARPC/SGP; for ANG they are CMSgt Mary Gamache, DSN 278-8936, and Maj Brian Pinkston, DSN 278-8553, HQ ANG/SGP.

Attachment