DEPARTMENT OF THE AIR FORCE
AIR FORCE RESERVE COMMAND

MEMORANDUM FOR ALL AFR AEROSPACE AND OPERATIONAL MEDICINE (AOM) RESERVE MEDICAL UNITS (RMU)

FROM: AFRC/SG3P

SUBJECT: Interim Update to AFRC/SG3P Periodic Health Assessment Guidance

1. The AFRC/SG PHA guide (June 2019) will be rescinded as a standalone document. AFR guidance will be relocated to the master Aerospace Medicine Enterprise Tactical Implementation Guide (TIG). As this re-write occurs, AOM RMUs may implement the following changes immediately.

a. Mandatory every 3-year visit is no longer required. Face-to-face visits will be based on either; service member request, or as clinically necessary based on member self-assessment or findings of the comprehensive record review performed by the medical technician.

b. The RMU Chief of Professional Services (SGH) and Chief of Aerospace Medicine (SGP) will develop local protocols or standard operating procedures (SOP) that establish the criteria by which a face-to-face appointment is required. These protocols and/or SOP will be reviewed on an annual basis and the most current version attached to the Self-Assessment Communicator (SAC) in MICT for the governing Air Force Instruction, 48-170.

c. Under normal operations, these clinically indicated visits are in-person. Under COVID-19 operations, virtual visit may be authorized via previously established deviation from normal operations procedures. Absent authorized deviations, these visits are intended to be in-person.

d. The PHA is a stand-alone IMR requirement and therefore does not require a face-to-face exam unless clinically indicated. However, for the purpose of Occupational Health/Fly/SOD requirements the in-person visit is still required for these types of exams when combined with the PHA. Note: A new 2992 cannot be issued without the annual flight qualification exam, which is more extensive than the PHA.

e. Security Forces personnel will continue to require an annual face-to-face exam as part of their PHA in support of specialty review/consideration requirements for the Arming Use of Force Program.

f. Clinical Preventive Service (CPS). While provision of preventive services, e.g. cholesterol, PAP, fasting blood sugar, etc…, by the RMUs is not permitted; PHA providers should counsel and advise members on CPS recommendations per the United States Preventive Services Task Force Guide to Clinical Preventive Services (www.uspreventiveservicestaskforce.org). This counseling should be documented in the PHA and RMUs should request member submit results of these CPS if accomplished, document review of such by a provider, and file in the service treatment record.

g. Cardiac Risk Assessment (CRA) is no longer required as a standard requirement. However, providers should still consider cardiac risk factors in the PHA, and if warranted, request either a civilian provider performed CRA, or a current cholesterol screening from the civilian provider to run the CRA themselves. This should be reviewed by a provider and recorded in the STR.

2. My point of contact for this program is CMSgt Daniel Kupcho, daniel.kupcho.1@us.af.mil.

SCHWARTZ.HENRY.1256843192
Digitally signed by SCHWARTZ.HENRY.1256843192
Date: 2021.05.20 11:41:47 -04'00'

HENRY J. SCHWARTZ, COL, USAF, MC, SFS
Chief, Medical Operations and Aerospace Medicine