

UNCLASSIFIED//

PRECEDENCE TO: ROUTINE DTG: 0710181718Z

PRECEDENCE CC: ROUTINE

TYPE: PROXYXML

FROM: HQDA ASA(ALT) SEC EXPORTS

RELEASED BY: VACCARO.THOMAS.JOSEPH

ORIGINAL TO RECIPIENTS:

DIR SATFA FT MONROE VA @ MFI; DIR SATFA(UC) @ SATFA @ TRADOC @ FORT MONROE VA @ CONUS @ ORGANIZATIONS; SURGEON GENERAL(UC) @ DA ARMY STAFF(UC) @ WASHINGTON DC @ CONUS @ ORGANIZATIONS @ ARMY ORIGINAL CC RECIPIENTS:

HQ USSOUTHCOM J5(MC) @ HQ USSOUTHCOM(MC) @ MIAMI FL @ CONUS @ ORGANIZATIONS @ SOUTHCOM; EUCOM J4-ID INTERNATIONAL DIV(MC) @ EUROPE @ ORGANIZATIONS @ EUCOM @ DOD @ U.S. GOVERNMENT; HQ USPACOM J5 @ MFI; USCENTCOM CCJ5-IC3(MC) @ USCENTCOM CCJ5(MC) @ HQ USCENTCOM MACDILL AFB FL @ CONUS @ ORGANIZATIONS @ CENTCOM; DISAM WRIGHT PATTERSON AFB OH @ MFI; COMDT DLIELC LACKLAND AFB TX @ MFI; SECDEF WASHINGTON DC @ WASHINGTON DC @ OPS(UC); HQDA ASA(ALT) SEC EXPORTS

SUBJECT: U.S. ARMY MEDICAL REQUIREMENTS AND HEALTH CARE FOR INTERNATIONAL MILITARY STUDENTS (IMS) AND THEIR DEPENDENTS

REFERENCES:

A. JOINT SECURITY ASSISTANCE TRAINING REGULATION, AR 12-15.

B. DSCA MEDICAL POLICY UPDATE MESSAGE, 07-27 DATED 19 SEP 07.

C. STANDARDS OF AGREEMENTS (STANAG) 3526, SUBJECT: INTERCHANGEABILITY OF NATO AIRCREW MEDICAL CATEGORIES, PARAGRAPH 2, DATED 17 MAY 2005.

1. THE PURPOSE OF THIS MESSAGE IS TO PROVIDE POLICY GUIDANCE REGARDING ADDITIONAL U.S. ARMY MEDICAL REQUIREMENTS FOR IMS AND REFLECTS POLICY ALREADY COORDINATED AND APPROVED BETWEEN MILITARY DEPARTMENTS IN THE DRAFT JOINT SECURITY COOPERATION EDUCATION TRAINING (JSCET) REGULATION. THIS POLICY MESSAGE IS AN ARMY SUPPLEMENT TO DSCA'S MEDICAL POLICY UPDATE MESSAGE, 07-27 DATED 19 SEPTEMBER 2007 AND APPLIES TO IMS PARTICIPATING IN U.S. ARMY EDUCATION AND TRAINING UNDER SECURITY ASSISTANCE TRAINING AND RELATED PROGRAMS.

THIS MESSAGE ALSO PERTAINS TO DEPENDENTS WHO ACCOMPANY OR JOIN THE IMS DURING THEIR EDUCATION/TRAINING. THIS POLICY MESSAGE IS EFFECTIVE FOR STUDENTS WHO REPORT TO THEIR FIRST LINE OF TRAINING ON OR AFTER 1 FEB 08.

2. REQUIREMENTS:

A. IMS CARDIO VASCULAR SCREENING.

(1) ALL IMS AGE 40 AND OLDER AND REQUIRED TO PARTICIPATE IN PHYSICAL FITNESS TRAINING OR TESTING WILL UNDERGO A CARDIO-VASCULAR SCREENING (CVS) AS A COMPONENT OF THEIR PRE-DEPARTURE EXAMINATION. THE CVS CONSISTS OF A FASTING BLOOD SUGAR TEST; A FASTING LIPID PROFILE, INCLUDING TOTAL CHOLESTEROL, LDL, HDL, AND TRIGLYCERIDES; AND AN EKG WITH RESULTS POSTED ON DD FORM 2808 ITEM # 73. ALSO, IF APPLICABLE, A SMOKING HISTORY WILL BE RECORDED ON DD FORM 2807-1, SECTION 30.

(2) IF COUNTRIES DO NOT HAVE THE CAPABILITY TO PERFORM A CVS DURING THE PRE-DEPARTURE EXAMINATION, THE CVS WILL BE PERFORMED AT COUNTRY EXPENSE AT THE SCHOOL REQUIRING MANDATORY PHYSICAL FITNESS PARTICIPATION.

(3) THE U.S. ARMY SCHOOL(S) REQUIRING PHYSICAL TRAINING PARTICIPATION WILL FORWARD THE IMS MEDICAL PACKET TO THE LOCAL MEDICAL AUTHORITY FOR REVIEW. THE IMS MAY TAKE PART IN PHYSICAL TRAINING, TO INCLUDE DIAGNOSTIC PHYSICAL FITNESS TESTS, UNLESS PROFILED OR CONTRA-INDICATIONS TO EXERCISE EXIST. THE IMS WILL NOT TAKE PART IN A PHYSICAL FITNESS TEST FOR RECORD UNTIL CLEARED BY THE LOCAL MEDICAL AUTHORITIES.

B. MEDICAL COVERAGE FOR DEPENDENTS

(1) DEPENDENTS WILL NOT BE AUTHORIZED TO ACCOMPANY OR JOIN IMS IN U.S. ARMY TRAINING UNLESS THE FOREIGN GOVERNMENT ENSURES THEY HAVE MEDICAL COVERAGE. MEDICAL COVERAGE MAY BE PROVIDED BY:

(A) FOREIGN GOVERNMENT DIRECT PAYMENT OR PAYMENT VIA AN FMS CASE MEDICAL LINE.

(B) MEDICAL INSURANCE AT OR ABOVE THE MINIMUM AMOUNT ESTABLISHED BY DSCA MEDICAL POLICY 7-27 BELOW:

(1). HEALTH CARE INSURANCE COVERAGE SHOULD INCLUDE COVERAGE FOR ALL MEDICAL AND DENTAL VISITS, AND MUST REMAIN IN EFFECT FOR THE DURATION OF IMS AND DEPENDENTS STAY IN THE U.S. OR IN OCONUS EDUCATION/TRAINING LOCATIONS IF BEING SPONSORED FOR EDUCATION/ TRAINING UNDER SECURITY ASSISTANCE OR SECURITY COOPERATION PROGRAMS.

(2). MEDICAL BENEFITS OF AT LEAST \$50,000 PER ACCIDENT OR ILLNESS/SICKNESS. THIS IS NOT A CAP OF COVERAGE. IF POLICIES ARE NOT AVAILABLE IN COUNTRY WITHOUT A CAP, THEN TOTAL AMOUNT WILL BE \$50,000 PER QUARTER, I.E., 1 YEAR COVERAGE WOULD EQUATE TO \$200,000 COVERAGE.

(3). A DEDUCTIBLE NOT TO EXCEED \$500 PER ACCIDENT, ILLNESS/SICKNESS OR MEDICAL OR DENTAL VISIT.

(4). COVERAGE OF DEPENDENT PHYSICAL EXAMINATIONS AND IMMUNIZATIONS FOR ENTERING SCHOOL OR DAYCARE, IF APPLICABLE.

(5). REPATRIATION OF REMAINS IN THE AMOUNT OF \$7,500, SHOULD A DEATH OCCUR IN THE U.S. NOTE: THIS WOULD PROVIDE FOR THE PREPARATION AND TRANSPORTATION OF REMAINS TO HOME COUNTRY.

(6). MEDICAL EVACUATION IN THE AMOUNT OF \$10,000 IN THE EVENT INSUREE MUST BE RETURNED TO HOME COUNTRY DUE TO A SERIOUS MEDICAL CONDITION.

(7). WHEN LENGTH OF EDUCATION/TRAINING WILL EXCEED SIX MONTHS AND FEMALE SPOUSE OR FEMALE DEPENDENT IS ACCOMPANYING IMS, POLICY MUST ALSO INCLUDE COVERAGE FOR PREGNANCY. IF DEPENDENT IS OR BECOMES PREGNANT FOLLOWING ARRIVAL IN THE U.S., AND LACK OR LAPSE OF HEALTH CARE COVERAGE FOR PREGNANCY IS DISCOVERED, THE RETURN OF FEMALE SPOUSE/DEPENDENT TO HOME COUNTRY IS AUTHORIZED. IMS AND THEIR DEPENDENTS WHILE UNDER SPONSORSHIP OF SECURITY ASSISTANCE OR SECURITY COOPERATION EDUCATION/TRAINING PROGRAMS ARE NOT AUTHORIZED TO PARTICIPATE IN U.S. FEDERAL OR STATE MEDICAL/DENTAL OR OTHER COMMUNITY ASSISTED AID PROGRAMS NOR WILL THEY BE USED AS A MEANS OF HEALTH CARE COVERAGE.

(8). INSURANCE MUST PAY BENEFITS TO A DOD MEDICAL FACILITY IF APPROPRIATE. NOTE: MEDICAL INSURANCE CAN BE PURCHASED ON LINE. INFORMATION ON HEALTH INSURANCE CAN BE FOUND AT [HTTP://WWW.DISAM.DSCA.MIL/ITM](http://www.disam.dscamil.itm) UNDER FUNCTIONAL AREAS.

(C) RECIPROCAL HEALTH CARE AGREEMENT, IF AVAILABLE, SUPPLEMENTED BY

(A) OR (B) ABOVE.

(2) MEDICAL BILLS ARE THE RESPONSIBILITY OF THE FOREIGN GOVERNMENT IF THERE IS:

A). A LAPSE IN MEDICAL COVERAGE AT ANY TIME, B). A SITUATION ARISES IN WHICH COVERAGE DOES NOT INCLUDE THE DISEASE, ILLNESS, PREGNANCY, OR TREATMENT OF DEPENDENTS, C). IF IMS FAILS TO MAKE CO-PAY/DEDUCTIBLE.

BILLS WILL BE FORWARDED TO THE FOREIGN GOVERNMENT ADDRESS ON THE IMS' ITO OR TO THE DEFENSE ATTACHÉ IN THE UNITED STATES FOR PAYMENT. FAILURE TO PAY THE BILLS WITHIN 30 DAYS OF RECEIPT WILL RESULT IN IMS BEING REMOVED FROM TRAINING AND IMS AND DEPENDENTS WILL BE RETURN TO HOME COUNTRY.

C. IMS FLIGHT PHYSICALS.

(1) INTERNATIONAL MILITARY PILOTS AND INTERNATIONAL MILITARY STUDENTS (IMS) ATTENDING US ARMY FLIGHT TRAINING ARE REQUIRED TO MEET THE APPROPRIATE US ARMY AVIATION CLASS MEDICAL STANDARDS PER AR 40-501, CHAPTER 4-1C, MEDICAL FITNESS STANDARDS FOR FLYING DUTY. IMS FROM NATO/PFP NATIONS WILL COMPLY WITH STANAG 3526 PARAGRAPH (2). IMS FROM NON-NATO/PFP NATIONS WILL COMPLY WITH POLICY AND PROCEDURES DESCRIBED IN PARAGRAPH (3).

(2) IAW NATO/PFP STANAG 3526 EDITION 6, NATO AND PFP IMS MEMBERS WILL CONDUCT THEIR NORMAL FLIGHT PHYSICAL EXAMINATION USING THEIR MILITARY'S QUALIFIED FLIGHT SURGEONS. PARENT NATIONS ARE RESPONSIBLE FOR STANDARDS OF PRIMARY SELECTION, PERMANENT MEDICAL DISQUALIFICATION, AND DETERMINATION OF TEMPORARY FLYING DISABILITIES EXCEEDING 30 DAYS.

(A) THE U.S. ARMY WILL ACCEPT THE MEDICAL CATEGORY AND QUALIFICATION FOR FLYING STATUS, INCLUDING THE EXPIRATION DATE. PARENT NATIONS WILL PROVIDE A MEDICAL STATEMENT, IN ENGLISH, DESCRIBING THE IMS' MEDICAL FITNESS FOR FLYING DUTIES, A COPY OF THE LATEST FLIGHT PHYSICAL REPORT WITH PERTINENT MEDICAL INFORMATION AND ANY OTHER PERTINENT DOCUMENTATION HELPFUL IN CASE OF POST-MISHAP IDENTIFICATION PURPOSES (FINGERPRINTS, DENTAL RECORDS, ETC.). THESE DOCUMENTS WILL BE FORWARDED TO THE US ARMY AEROMEDICAL ACTIVITY (USAAMA),

ATTN: MCXY-AER, BUILDING 301, FORT RUCKER, AL, USA 36362.

(B) WHEN THE IMS REPORTS TO THE US ARMY TRAINING FACILITY, THE LOCAL FLIGHT SURGEON WILL REVIEW THE IMS' MEDICAL INFORMATION, INSURE THERE HAS BEEN NO CHANGE IN MEDICAL STATUS, AND ISSUE A DA4186, MEDICAL RECOMMENDATION FOR FLYING DUTY, USING THE EXPIRATION DATE ASSIGNED BY THE PARENT NATION, FOR MEDICAL CLEARANCE FOR LOCAL FLYING DUTIES.

(C) IN CASES WHERE THE EXPIRATION DATE FOR FLYING STATUS OCCURS DURING TRAINING, PERIODIC FLIGHT PHYSICAL EXAMINATIONS WILL BE CONDUCTED IAW US ARMY POLICIES AND PROCEDURES. A COPY OF THE FLIGHT PHYSICAL REPORT WILL BE FORWARDED TO THE APPROPRIATE AEROMEDICAL AUTHORITY OF THE PARENT NATION FOR REVIEW AND DETERMINATION OF FITNESS TO FLY.

(D) IF A MEDICAL ISSUE IS DISCOVERED OR OCCURS PRIOR TO COMPLETION OF TRAINING, ANY PROVIDER MAY TEMPORARILY GROUND THE IMS UNTIL RESOLUTION USING U.S. ARMY POLICIES AND PROCEDURES. ONLY A U.S. DOD FLIGHT SURGEON MAY RETURN THE IMS TO FLYING STATUS. IF THE GROUNDING CONDITION IS FOR MORE THAN 30 DAYS OR POTENTIALLY PERMANENTLY DISQUALIFYING, THE CASE WILL BE REFERRED TO THE PARENT NATION FOR ACTION IAW ITS REGULATIONS. THE PARENT NATION IS RESPONSIBLE FOR THE COSTS PER ESTABLISHED AGREEMENTS.

(3). IF THE IMS IS NOT FROM A NATO/PFP NATION, AND NOT SUBJECT TO STANAG 3526, THE IMS IS REQUIRED TO MEET US ARMY STANDARDS WITH SUBMISSION OF DD FORMS 2807-1 AND 2808 FORMS TO THE US ARMY AEROMEDICAL ACTIVITY (USAAMA), ATTN: MCXY-AER, BUILDING 301, FORT RUCKER, AL, USA 36362. IMS WILL NOT DEPART HOME STATION/COUNTRY UNTIL THE SAO RECEIVES A RESPONSE FROM USAAMA, FT RUCKER.

(A) IF AVAILABLE, A U.S. ARMY AVIATION MEDICAL EXAMINATION WILL BE PERFORMED BY A QUALIFIED U.S. DOD FLIGHT SURGEON BEFORE THE IMS'S DEPARTURE FROM HIS OR HER HOME STATION-THE COST OF THE EXAMINATION AND TRANSPORTATION WILL

BE BORNE BY THE FOREIGN GOVERNMENT. A FLIGHT STUDENT MUST MEET CLASS 1 STANDARDS. A RATED AVIATOR MUST MEET CLASS 2 STANDARDS.

(B) IF A US DOD FLIGHT SURGEON IS NOT AVAILABLE, A U.S. ARMY AVIATION MEDICAL EXAMINATION MAY BE PERFORMED BY A PARENT NATION FLIGHT SURGEON AND SUBMITTED TO THE USAAMA FOR REVIEW. A FLIGHT STUDENT MUST MEET CLASS 1 STANDARDS. A RATED AVIATOR MUST MEET CLASS 2 STANDARDS. IMS WILL NOT DEPART HOME STATION/COUNTRY UNTIL THE SAO RECEIVES A RESPONSE FROM USAAMA, FT RUCKER.

(C) FLIGHT PHYSICAL EXAMINATIONS WILL BE DOCUMENTED IN ENGLISH AND IN U.S. MEASUREMENTS ON DD FORMS 2807 AND 2808 IAW US ARMY FLIGHT STANDARDS. THE FLIGHT PHYSICAL EXAMINATION WILL BE GIVEN AS SOON AS POSSIBLE TO PREVENT CANCELLATION OF TRAINING BECAUSE OF PHYSICAL NON-QUALIFICATION.

REFERENCES AND FORMS ARE AVAILABLE AT [HTTPS://AAMAWEB.USAAMA.RUCKER.AMEDD.ARMY.MIL/](https://aamaweb.usaama.rucker.amedd.army.mil/).

(D) HOST NATION WAIVERS FOR MEDICALLY DISQUALIFYING CONDITIONS WILL BE REVIEWED BY THE US ARMY AVIATION SCHOOL AND THE US ARMY AEROMEDICAL ACTIVITY.

(E) UPON THE IMS'S ARRIVAL AT THE US ARMY TRAINING LOCATION, A US DOD FLIGHT SURGEON WILL REVIEW ALL EXAMINATIONS/APPLICABLE WAIVERS PRIOR TO COMPLETING A DA 4186 AND PRIOR TO THE IMS PARTICIPATION IN ACTUAL AERIAL FLIGHT.

(F) IF A NEW DISQUALIFYING DEFECT IS DISCOVERED UPON ARRIVAL TO THE US ARMY TRAINING LOCATION, THE IMS WILL UNDERGO THE NECESSARY EVALUATIONS FOR REQUESTING THE NEW MEDICAL WAIVER/EXCEPTION TO POLICY THROUGH THE APPROPRIATE US ARMY AVIATION WAIVER AUTHORITY. THE PARENT NATION IS RESPONSIBLE FOR THE COSTS PER ESTABLISHED AGREEMENTS.

THE MEDICAL EXAMINATION/AEROMEDICAL SUMMARY WILL BE REFERRED FROM THE DOD FLIGHT SURGEON TO THE DIRECTOR, U.S. ARMY AEROMEDICAL ACTIVITY, (MCXY-AER), BUILDING 301, FORT RUCKER, AL 36362-5377, FOR ADVICE, RECOMMENDATION FOR WAIVER/EXCEPTION TO POLICY APPROVAL. WAIVER APPROVAL AUTHORITY FOR IMS WILL BE IAW AR 40-501, CHAPTER 6-20A, COMMANDER, AHRC, ATTN: TAPC-PLA, 200

STOVALL STREET, HOFFMAN BUILDING, ROOM 3N25, ALEXANDRIA, VA 22332-0413. TEMPORARY UP-SLIPS (DD 4186) MAY BE GIVEN PENDING RECEIPT OF THE WAIVER PER THE AEROMEDICAL POLICY LETTERS. FOR FURTHER QUESTIONS OR REQUESTS STATUS PLEASE CONTACT THE CHIEF, FLIGHT PHYSICAL REVIEW AND DISPOSITION, COMM PHONE (334-255-7430/7575 DSN 558 OR EMAIL:

FLIGHT_PHYSICAL_REVIEW_AND_DISPOSITION@USAAMA.AMEDD.ARMY.MIL.

3. HQDA POCS ARE THOMAS VACCARO (DASA DE&C), THOMAS.VACCARO@US.ARMY.MIL, COMM 703-588-8057, DSN 425-8057 AND KENNETH WADE (HQDA (OASG)), KENNETH.WADE@US.ARMY.MIL, COMM (703) 681-8191 / DSN 761-8191.

SATFA POC IS JUDY DAMEWOOD, JUDY.DAMEWOOD@US.ARMY.MIL, COMM 757-788-2056, DSN 680-2056.

=====
DA-ID: 369960

MESSAGE TYPE: OTHER-ORGANIZATIONAL

UNCLASSIFIED//