

Coast Guard Member ANNUAL PHA Instructions for ALL Active Duty and Reserves

Step 1 – During your birth month (or no earlier than 2 months prior to your birth month), go to the Navy and Marine Corps Public Health Center (NMCPHC) – <http://164.167.141.36/pls/newhra/hra>. For those members that have a Navy Knowledge Online account they can also access the HRA at the “Personal Development/Health and Wellness” page. **Completion of the Fleet HRA is not optional for CG members.**

Step 2 – On the Health Risk Assessment (HRA) homepage, in the UIC space, enter your 7 digit OPFAC (**YOUR OPFAC** with no dashes or spaces.). For CG personnel the OPFAC can be found on your Leave and Earning Statement (LES) or contact your local Servicing Personnel Office (SPO). The Coast Guard Academy’s OPFAC is 6060100. Select “Login”.

HEALTH RISK Appraisal Login Screen

Welcome

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C., 8013

PURPOSE: To collect health related information from military personnel. To provide military personnel with information and advice on health risk behaviors.

ROUTINE USES: To assess health lifestyles and risk factors related to disease and injury.

Responses by individuals can be collected and analyzed as a group to assess the overall health of commands. Results will be reported in summary form only without personal identifying data. Personnel who wish to share this information with their Medical Department Representative and receive individual counseling can print this report. It will be treated as privileged information

DISCLOSURE: Completion of this form is highly desirable, but not mandatory.

Completion of this form is designed for your benefit, but will also help determine health promotion program efforts, serve as a baseline needs assessment and help evaluate effectiveness of health promotion programs. General information may be disclosed to publish statistical trends in health status indicators over time. No individual data will be disclosed.

Please enter your UIC, as directed by your command HRA Administrator

STEP 2

LOGIN

[Navy and Marine Corps Public Health Center](#)

Need Help? Please Click on the link above

[Exit](#)

Navy Online

Step 3 – The self-assessment consists of 21 questions. Answer all of the questions. PHS officers must select “Coast Guard” as the branch of service.

Fleet and Marine Corps HEALTH RISK SURVEY					
Age:		Sex:		Rank/Rate:	
Race/Ethnicity:		Height:	FEET	INCHES	Weight: POUNDS
Number of days spent away from home station in the past 12 months:					
1. Would you say that your health in general is		2. Do you <u>currently</u> smoke cigarettes, cigars, pipes or hookah?		3. Do you <u>currently</u> use smokeless tobacco (e.g., dip snuff)?	
<input type="radio"/> a. Excellent <input type="radio"/> b. Good <input type="radio"/> c. Fair <input type="radio"/> d. Poor		<input type="radio"/> a. Every day <input type="radio"/> b. Most days <input type="radio"/> c. Some days <input type="radio"/> d. Never used tobacco <input type="radio"/> e. I quit		<input type="radio"/> a. Every day <input type="radio"/> b. Most days <input type="radio"/> c. Some days <input type="radio"/> d. Never used tobacco <input type="radio"/> e. I quit	
4. How many alcoholic beverages do you typically drink when you drink alcohol? (One, of regular beer, 5 ounces of wine, 1.5 ounces of distilled spirits)		<div> <div>Microsoft Internet Explorer</div> <div> Welcome to the Fleet and Marine Corps Health Appraisal Survey, Please answer all the Questions </div> <div>OK</div> </div>			
<input type="radio"/> a. 5 or more <input type="radio"/> b. 3-4 <input type="radio"/> c. 1-2 <input type="radio"/> d. Not applicable, I do not drink alcohol or I seldom drink alcohol		<input type="radio"/> a. Monthly <input type="radio"/> b. Once or twice per year <input type="radio"/> c. Never		<input type="radio"/> a. Rarely (i.e., not in the past 6 months) <input type="radio"/> b. Sometimes (i.e., once during the past 6 months) <input type="radio"/> c. Rarely (i.e., not in the past 6 months, but at least once during the past year) <input type="radio"/> d. Never (i.e., not during the past year)	
7. Do you use a seat belt when you drive or ride as a passenger?		8. How often do you wear a helmet when you ride a motorcycle, all-terrain vehicle, or bicycle?		9. How often do you use the safety equipment recommended for your job? (e.g., hearing and vision protection, respirators, barriers, and other safety devices)	
<input type="radio"/> a. Always <input type="radio"/> b. Most of the time <input type="radio"/> c. Sometimes <input type="radio"/> d. Rarely <input type="radio"/> e. Never		<input type="radio"/> a. Always <input type="radio"/> b. Most of the time <input type="radio"/> c. Sometimes <input type="radio"/> d. Rarely <input type="radio"/> e. Never		<input type="radio"/> a. Always <input type="radio"/> b. Most of the time <input type="radio"/> c. Sometimes <input type="radio"/> d. Rarely <input type="radio"/> e. Never	

Step 4 – As soon as you finish the assessment you will receive a personalized report based on the responses provided. You are required to print the report and bring to your scheduled appointment.

Thank You for Completing the Fleet and Marine Corps Health Risk Assessment

You rated your health as **Fair**. Personal perception about how healthy you are is usually quite accurate. Your Personal Health Risk Appraisal Report identified **8 risk categories** from the answers you provided that relate to overall health, which places you in a **HIGH** risk group. Numbers of risk factors have been shown to predict future health care use and health care costs. It is important for individuals to move toward the "low risk" category by reducing the number of behavioral risks, and for those already at low risk, to avoid increasing the number of risk factors over time.

High Risk = 5 or more risk categories

Medium Risk = 3-4 risk categories

Low Risk = 0-2 risk categories

You reported 8 categories, which places you at **HIGH** risk. The categories you scored "unhealthy" on included:

- Personal perception of health
- Tobacco Use
- Alcohol Use
- Injury Prevention
- Stress Management
- Sexual Health
- Physical Activity
- Supplements

Body Mass Index— Normal Weight http://www.cdc.gov/nccdphp/dnpa/bmi/adult_bmi/about_adult_bmi.htm
 YOUR BODY MASS INDEX = 19.38
 Among most Americans, BMI is a reliable estimate of total body fat. A high BMI is related to increased risk of disease and death. Limitations of BMI are that it may overestimate body fat in athletes and others who have a muscular build and underestimate body fat in individuals who lack lean muscle mass.

TOBACCO USE— Most days <http://www.nlm.nih.gov/medlineplus/smoking.html>
 Smoking is a major risk to your health. Not smoking every day may reduce your risk of developing cardiovascular diseases and cancers. However, there is no "safe" amount of smoking. Not smoking every day is one method of tapering off before you quit smoking entirely.

TOBACCO USE— Some days <http://www.nlm.nih.gov/medlineplus/smokelesstobacco.html>
 Using smokeless tobacco is very dangerous. About 9% of Sailors and over 20% of Marines use smokeless tobacco. Smokeless tobacco may not cause lung cancer, but direct contact with at least 28 known cancer-causing agents leads to cancer of the mouth, throat, voice box, and esophagus. Your military dentist will check your mouth for signs of gum disease and pre-cancerous lesions during your annual checkup and can assist you in quitting.

DENTAL— Once a day <http://www.ada.org/public/topics/cleaning.asp>
 You brush your teeth once a day. Brushing is the single most important activity you can take to keep your teeth clean and cavity-free. The American Dental Association recommends brushing twice a day to achieve good dental health. Remember, by also flossing you remove buildup from your gum line and between the teeth that brushing alone can't reach.

SLEEP— Most of the time http://www.nhlbi.nih.gov/health/public/sleep/pslp_fs.htm
 People who get enough restful sleep are able to concentrate on their activities, have more energy, and generally feel better.

Print Participant's Report => **STEP 4** Want to Comment? Click Here to exit Application =>

Fleet and Marine Corps HRA Completed on 03-JUN-08
 UIC: TEST
 POWERED BY NAVY MEDICINE ONLINE

NAVY MEDICINE
 World Class Care...Anytime, Anywhere

Step 5 – Make a PHA appointment during your **birth month** after completing the HRA. If the member is unavailable during their birth month they can schedule an appointment up to two months prior. Do not schedule an appointment for after your birth month!

Step 6 – If enrolled at a CG Clinic, please call that clinic to make an appointment to complete the PHA.

Active Duty and Reserve Members Not Enrolled CG Clinic (TRICARE Prime Remote or DoD MTF enrollees)

Step 6- Member calls the PHA Call Center **1-800-666-2833**
to schedule a PHA Appointment
Hours: Mon thru Fri 7am- 10pm CST & Sat 7am-3pm CST

- a. Member provides Call Center with demographics (Name, SSN, Address, Phone, CG & Civilian Email, Civilian Occupation, OPFAC, Region (PAC / LANT), Active or Reserve Status.
- b. Member is informed that a PHA kit will be sent to the address provided by member.
- c. Member scheduled for a PHA appointment with a civilian provider within 50 miles of his/her home zip code. This will not be scheduled with your Designated TRICARE Prime Remote Provider. This is a separate contracted service.
- c. PHA Kit is sent in mail with a reminder to bring the completed Fleet HRA to PHA Appointment.

Kit consists of:

- Fax cover sheet
- FedEx envelope
- Map to clinic
- USPSTF recommendations
- Focused Exam SF-600
- PHA SF-600
- Lab supplies (HIV, cholesterol)
- DD 2766 Form
- IMR services
- Fleet HRA reminder

Step 7 - Member receives a 72 Hour appointment Call Reminder.

Step 8 - Member goes to the PHA appointment.

**** Member is instructed to follow-up with his/her PCM if needed. Member will be instructed by Contract Doctor ****

Items that MUST accompany member to Appointment

1. **Fleet HRA** (print off and take with you)
2. **Dental DD-2813** (contact your health record Custodian where your health record is kept. To get this form. Your dental exam must be within the last 11 months. If you require a dental exam, make your appointment prior to receiving your PHA)
3. **PHA Kit**

*****If member fails to bring Fleet HRA report, Dental form DD-2813-, or PHA kit to their PHA visit and has no Individual Medical Readiness deficiencies or Clinical Preventive Services requirements, this will result in a NO SHOW and he/she must reschedule***.**

All Reserves:

If you are a Reserve you **MUST** submit an RMP drill for the date of your PHA.
Contact your servicing SPO if you have questions

If you have any question please contact your servicing sickbay.

PHA Process Flow Sheet (Not Enrolled at CG Clinic or DoD MTF)

