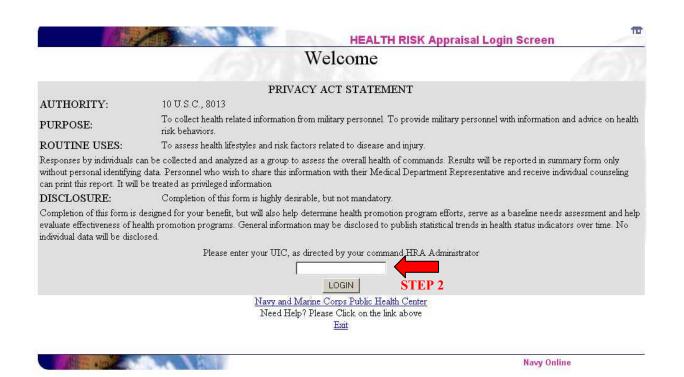
Coast Guard Member ANNUAL PHA Instructions for ALL Active Duty and Reserves

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".



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.

Age: Race/Ethnicity:	_	Sex:	nd Marine Corps H				
			-	Rank/Rate:	-	Service:	-
	_	Height:	FEET	INCHES	Weight:	POUNDS	
Number of days spent away from home station in the past 12 months:							
1. Would you say that yo a. Excellent b. Good c. Fair d. Poor	ur health in general is	hookah?	a. Every day b. Most days c. Some days d. Never used tobacc		(e.g., dip sn	<u>urentiv</u> use smokeless to uff)? a. Every day b. Most days c. Some days d. Never used tobacco e. I quit	bacco
4. How many alcoholic I typical day when you di of regular beer, 5 ounce distilled apirits) C a. 5 or more C b. 3-4 C c. 1-2 C d. Not applic or I seldom drink	nk alcohol? (Öne i pe of wine, 1.5 oun Leable, I do not drink alcoho	0	ok and Marine Corps Heal OK		(i.e.,	questions	
7. Do you use a seat be passenger? C a, Always C b, Most of th C c, Sometims C d, Rarely		motorcycle C C	en do you wear a helm s, all-terrain vehicle, or a. Always b, Most of the time c. Sometimes d. Rarely		9. How offer recommend protection, r	not during the past year) Indo you use the safety ed led for your job? (e.g., he, eapprators, barriers, and o a. Always b. Most of the time c. Sometimes J. Rarely	aring and vision

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**.



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** (<u>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)</u>
- 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 <u>MUST</u> 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)

