

**UNCLAS**

SUBJECT: MEDICAL POLICY UPDATE MESSAGE FOR STATE AND DOD SECURITY COOPERATION EDUCATION AND TRAINING PROGRAMS. DSCA POLICY 07-27

REFERENCES: A. TITLE 8 USC ALIENS AND NATIONALITY, SECTION 1182 INADMISSIBLE ALIENS  
B. SECURITY ASSISTANCE MANAGEMENT MANUAL (DOD 5105.38-M), CHAPTER 10  
C. JOINT SECURITY ASSISTANCE TRAINING REGULATION, CHAPTER 10, SOON TO BE SUPERSEDED BY THE JOINT SECURITY COOPERATION TRAINING REGULATION, CHAPTER 8.  
D. SECURITY ASSISTANCE HEALTH AFFAIRS DRAFT HANDBOOK

1. THE LAW IN REF A STIPULATES THAT IN ORDER FOR ALIENS TO RECEIVE VISAS AND BE ADMITTED TO THE UNITED STATES, ALIENS MUST BE COMMUNICABLE DISEASE FREE, TO INCLUDE INFECTION WITH THE ETIOLOGIC AGENT FOR ACQUIRED IMMUNE DEFICIENCY SYNDROME (HIV / AIDS). THE LAW ALSO REQUIRES THAT THERE BE NO PHYSICAL OR MENTAL DISORDERS THAT WOULD POSE A THREAT TO THE SAFETY OR WELFARE OF THE ALIEN OR OTHERS, AND THEY MUST NOT BE DRUG ABUSERS OR ADDICTS.

2. THE PURPOSE OF THIS MESSAGE IS TO PROVIDE POLICY CLARIFICATION OF THE NEW AND EXPANDED MEDICAL REQUIREMENTS AND TO COMPLY WITH THE LAW IN REF A. THIS POLICY MESSAGE APPLIES TO INTERNATIONAL MILITARY STUDENTS (IMS) PARTICIPATING IN EDUCATION AND TRAINING UNDER SECURITY ASSISTANCE PROGRAMS AND OTHER SECURITY COOPERATION TRAINING AND EDUCATION PROGRAMS MANAGED OR ADMINISTERED BY THE DEFENSE SECURITY COOPERATION AGENCY (DSCA). THIS MESSAGE ALSO PERTAINS TO DEPENDENTS WHO ACCOMPANY OR JOIN IMS DURING THEIR EDUCATION AND TRAINING. THIS POLICY SUPERSEDES DSCA POLICY MESSAGES 02-42 AND 07-21. IT IS EFFECTIVE 60 DAYS FROM THE DATE OF THIS MESSAGE.

3. A LIST OF ACRONYMS USED IN THIS MESSAGE FOLLOWS:

AFIT - AIR FORCE INSTITUTE OF TECHNOLOGY  
ALP - AIR FORCE LEADERSHIP PROGRAM  
COCOM – COMBATANT COMMAND  
CONUS - CONTINENTAL UNITED STATES  
CD- SECTION 1004 COUNTER-DRUG TRAINING SUPPORT  
CTFP – COMBATING TERRORISM FELLOWSHIP PROGRAM  
DOD - DEPARTMENT OF DEFENSE  
FMS - FOREIGN MILITARY SALES (FMS)  
FY - FISCAL YEAR  
IMET - INTERNATIONAL MILITARY EDUCATION AND TRAINING  
IMS - INTERNATIONAL MILITARY STUDENT  
IMSO – INTERNATIONAL MILITARY STUDENT OFFICE  
INCLE – INTERNATIONAL NARCOTICS CONTROL AND LAW ENFORCEMENT  
ITO - INVITATIONAL TRAVEL ORDERS  
MILDEPS - MILITARY DEPARTMENTS  
MILSER- MILITARY SERVICES  
MTF - MEDICAL TREATMENT FACILITY  
NATO - NORTH ATLANTIC TREATY ORGANIZATION  
NPS – NAVAL POSTGRADUATE SCHOOL  
OSD/HA - OFFICE OF SECRETARY OF DEFENSE FOR HEALTH AFFAIRS  
PFP - PARTNERSHIP FOR PEACE  
PT - PHYSICAL TRAINING  
RHCA – RECIPROCAL HEALTH CARE AGREEMENT  
SAO - SECURITY ASSISTANCE ORGANIZATION OR SECURITY ASSISTANCE OFFICER  
SC – SECURITY COOPERATION  
SOFA - STATUS OF FORCES AGREEMENT  
STATE/PM - DEPARTMENT OF STATE/POLITICAL-MILITARY BUREAU  
TPMR - TRAINING PROGRAM MANAGEMENT REVIEW  
USG - UNITED STATES GOVERNMENT  
USMC - UNITED STATES MARINE CORPS  
WCN - WORK CONTROL NUMBER  
WHINSEC - WESTERN HEMISPHERE INSTITUTE FOR SECURITY COOPERATION

4. MEDICAL SCREENING:

A. PREDEPARTURE EXAMINATIONS (WITHIN THE PRECEDING THREE MONTHS OF DEPARTURE FOR IMS AND AUTHORIZED ACCOMPANYING OR JOINING DEPENDENTS) ARE REQUIRED PRIOR TO ISSUANCE OF THE ITO (REF C. (PARAGRAPH 10-46A), AND CHAPTER 2 OF REF D). REQUIRED EXAMINATIONS WILL BE RECORDED IN ENGLISH ON DD FORM 2808, MEDICAL EXAMINATION AND DD FORM 2807-1, MEDICAL HISTORY. COPIES OF THESE FORMS, INSTRUCTIONS FOR COMPLETING THE FORMS FOR IMS AND FOR DEPENDENTS, ALONG WITH SAMPLE FORMS, CAN BE FOUND ON THE DISAM INTERNATIONAL TRAINING MANAGEMENT WEB PAGE [HTTP://WWW.DISAM.DSCA.MIL/ITM](http://www.disam.dsc.mil/itm) UNDER FUNCTIONAL AREAS.

B. REQUIREMENTS FOR IMS:

(1). COMPLETED DD FORMS 2808 AND 2807-1 WITH THE PHYSICAL EXAMINATION INCLUDING:

(A). CHEST X-RAY

NOTE: IF AN INDIVIDUAL HAS OR WILL NEED TO TRAVEL TO THE U.S. FOR TRAINING MORE THAN ONCE IN A 12 MONTH PERIOD AND THE CHEST X-RAY PRIOR TO THE INITIAL TRAINING PERIOD IS DOCUMENTED TO HAVE BEEN NEGATIVE FOR ACTIVE DISEASE, A REPEAT CHEST X-RAY IS NOT REQUIRED UNLESS THE INDIVIDUAL HAS SYMPTOMS OR A CLINICAL EXAMINATION FINDS OR SUSPECTS A PULMONARY (LUNG) PROBLEM.

(B). SEROLOGICAL TEST FOR HIV AND OTHER COMMUNICABLE DISEASES LISTED IN CHAPTER 2 OF REF D.

(C). FOR A FEMALE IMS THE EXAMINATION WILL INCLUDE PREGNANCY TESTING.

NOTE: TEST RESULTS WILL BE INCLUDED IN DD FORM 2808, BLOCK 73. IF IMS IS PREGNANT, IN ORDER TO PARTICIPATE IN EDUCATION/TRAINING, SAO WILL BE REQUIRED TO SUBMIT A REQUEST FOR MEDICAL WAIVER. SEE PARA 7 FOR WAIVER PROCEDURES.

(2). MEDICAL CERTIFICATION (SIGNED BY COMPETENT MEDICAL AUTHORITY [PHYSICIAN]), RECOGNIZED BY THE U.S. EMBASSY, DOCUMENTED IN BLOCK 82 OF DD FORM 2808, THAT THE NAMED INDIVIDUAL:

(A). IS FIT FOR MILITARY TRAINING

(B). IS FREE OF COMMUNICABLE DISEASES

(C). HAS COMPLIED WITH THE FOLLOWING IMMUNIZATIONS RECOMMENDED BY THE US PUBLIC HEALTH SERVICE AND THE WORLD HEALTH ORGANIZATION:

MEASLES, MUMPS AND RUBELLA

POLIO

DIPHTHERIA, PERTUSSIS AND TETANUS

VARICELLA (CHICKENPOX)

INFLUENZA B

YELLOW FEVER (IF TRAVELING FROM OR THRU AN INFECTED AREA)

HEPATITIS A AND HEPATITIS B (IF ATTENDING MEDICAL TRAINING).

(3). COMPLETE DENTAL EXAMINATION INCLUDING DENTAL CERTIFICATION (SIGNED BY COMPETENT DENTAL AUTHORITY [DENTIST]) RECOGNIZED BY THE U.S. EMBASSY, AND DOCUMENTED IN BLOCK 83 OF DD FORM 2808, THAT NO CARE IS REQUIRED FOR CAVITIES, INFECTION OR ORAL DISEASE.

(4). WHEN A COURSE HAS SPECIAL MEDICAL PREREQUISITES (E.G., FLIGHT, DIVING, SPECIAL FORCES AND RANGER COURSES), AND THE COUNTRY DOES NOT HAVE THE CAPABILITY TO PERFORM THE REQUIRED PHYSICAL OR THE PHYSICAL IS REQUIRED TO BE PERFORMED BY A U.S. MILITARY PHYSICIAN, SAO WILL ANNOTATE IN THE REMARKS SECTION OF THE ITO, REQUESTING FIRST TRAINING INSTALLATION TO CONDUCT THE PHYSICAL AT COUNTRY EXPENSE AND ALSO INCLUDE WHERE HEALTH SCREENING BILLS ARE TO BE SENT FOR PAYMENT. ALL IMS ATTENDING COURSES REQUIRING SPECIAL MEDICAL PREREQUISITES WILL HAVE TO MEET SPECIFIC U.S. MILITARY MEDICAL STANDARDS BEFORE FULL ENROLLMENT IN THOSE COURSES OF STUDY. THE ONLY EXCEPTIONS ARE IF PREVIOUS NATO OR NON-NATO MEMORANDUMS OF AGREEMENTS MAY HAVE WAIVED THIS REQUIREMENT.

(5). WHEN U.S. EDUCATION/TRAINING OF IMS TAKES PLACE IN A THIRD COUNTRY, MEDICAL SCREENING WILL BE REQUIRED IN ORDER TO MAKE SURE THAT IMS IS HEALTHY TO RECEIVE EDUCATION/TRAINING.

(6). WHEN IMS TRAINING IS TO TAKE PLACE IN HOME COUNTRY, THE U.S. WILL NOT REQUIRE MEDICAL SCREENING. SAO SHOULD MAKE SURE THE COUNTRY UNDERSTANDS THAT THE IMS MUST MEET THE MEDICAL PREREQUISITES FOR THE TRAINING.

(7). WHEN THE INDIVIDUAL IS IN THE U.S. FOR A NON-EDUCATION/TRAINING PURPOSE AND THE NON-EDUCATION/TRAINING PURPOSE REMAINS THE MAIN REASON THAT PERSON IS IN THE U.S., HEALTH SCREENING IS NOT REQUIRED PRIOR TO ATTENDANCE AT SECURITY COOPERATION EDUCATION/TRAINING PROGRAMS IN THE U.S.

(8). WHEN THE INDIVIDUAL IS IN THE U.S. FOR NON-EDUCATION/TRAINING PURPOSE AND THE PURPOSE CHANGES SUCH THAT THE PRIMARY REASON THAT PERSON IS NOW IN THE U.S. IS TO ATTEND SC EDUCATION/TRAINING, THE REGULAR HEALTH SCREENING REQUIREMENTS AND STATEMENTS ON THE ITO WILL APPLY.

C. FOR EACH DEPENDENT:

(1). COMPLETE PHYSICAL EXAMINATION TO INCLUDE CHEST X-RAY FOR TUBERCULOSIS AND SEROLOGICAL TEST FOR HIV AND OTHER COMMUNICABLE DISEASES LISTED IN CHAPTER 2 OF REF D.

(2). MEDICAL CERTIFICATION (SIGNED BY COMPETENT MEDICAL AUTHORITY [PHYSICIAN]) RECOGNIZED BY THE U.S. EMBASSY, DOCUMENTED ON DD FORM 2808, BLOCK 82, THAT THE NAMED INDIVIDUAL IS FREE OF COMMUNICABLE DISEASES AND HAS COMPLIED WITH RECOMMENDED IMMUNIZATIONS (LISTED IN PARAGRAPH B (2)(C) ABOVE AND CHAPTER 2 OF REF D). ACCORDING TO THE U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION, IN THE UNITED STATES, PROOF OF IMMUNIZATION AGAINST DIPHTHERIA, MEASLES, POLIOMYELITIS, AND RUBELLA IS NOW UNIVERSALLY REQUIRED FOR ENTRY INTO SCHOOL. IN ADDITION, THE SCHOOL ENTRY REQUIREMENTS OF MOST STATES INCLUDE IMMUNIZATION AGAINST TETANUS, PERTUSSIS, MUMPS, AND HEPATITIS B. THE HAEMOPHILUS INFLUENZAE TYPE B (HIB) VACCINE IS NOT REQUIRED FOR SCHOOL ENTRY BUT IS REQUIRED IN MOST STATES TO ATTEND DAY CARE FACILITIES. IT IS RECOMMENDED THAT IF DEPENDENTS ARE GOING TO ACCOMPANY OR

JOIN IMS THAT THE SAO CHECK WITH THE IMSO, AT THE SCHOOL HOUSE, TO DETERMINE WHAT IMMUNIZATIONS ARE REQUIRED FOR SCHOOLS AND DAY CARE ENTRY IN THEIR AREA.

(3). IF THE AUTHORIZED DEPENDENT IS UNDER AGE 15, THE FOLLOWING TESTS ARE NOT REQUIRED UNLESS THERE IS REASON TO BELIEVE THE DEPENDENT HAS BEEN EXPOSED:

(A). SEROLOGICAL TEST FOR HIV/AIDS

(B). CHEST X-RAY

(4). IN ADDITION, SEE PARAGRAPH (D) BELOW.

D. PREGNANCY:

(1). DEPENDENT(S) KNOWN TO BE PREGNANT WILL NOT BE PLACED ON THE ITO OR APPROVED FOR TRAVEL UNLESS/UNTIL THE IMS SHOWS PROOF OF MEDICAL COVERAGE INCLUDING PRE/POST NATAL CARE, DELIVERY AND CARE FOR THE NEWBORN. THIS CAN BE ACCOMPLISHED BY HAVING A LINE INCLUDED IN THE FMS CASE THAT WILL PAY THESE EXPENSES, OR SHOWING THAT HEALTH CARE INSURANCE WAS IN EFFECT PRIOR TO PREGNANCY AND WILL COVER PRE/POST NATAL CARE, DELIVERY AND CARE FOR THE NEWBORN, OR THE FOREIGN GOVERNMENT AGREES IN WRITING TO PAY ALL EXPENSES CONNECTED WITH CHILDBIRTH. IN THE LATTER CASE, THE ITO REMARKS SECTION WILL INCLUDE THE ADDRESS TO WHICH THE BILLS WILL BE SENT FOR PAYMENT. IF THE IMS CANNOT OR DOES NOT SECURE MEDICAL COVERAGE FOR PREGNANCY PRIOR TO DEPARTING, FOR EDUCATION/TRAINING, THE IMS WILL PROCEED UNACCOMPANIED. DEPENDENTS MAY PROCEED TO JOIN THE IMS IN THE U.S. WITH AN AMENDED ITO AFTER PROPER HEALTH CARE COVERAGE IS OBTAINED.

(2). IF A FEMALE IMS OR DEPENDENT IS FOUND TO BE PREGNANT, AFTER ARRIVAL IN THE U.S., WITHOUT REQUIRED MEDICAL COVERAGE, COORDINATION WITH THE IMS FOREIGN GOVERNMENT, THE SAO, IMSO, AND MILDEP COUNTRY PROGRAM MANAGER TO OBTAIN REQUIRED HEALTH CARE COVERAGE WILL BE CONDUCTED WITHIN 2 WEEKS TO PROVIDE IN WRITING HOW MEDICAL COVERAGE INCLUDING PRE/POST NATAL CARE, DELIVERY AND CARE FOR THE NEWBORN WILL BE PROVIDED. LACK OR LAPSE OF REQUIRED HEALTH CARE COVERAGE FOR PREGNANCY INCLUDING PRE AND POST NATAL CARE, DELIVERY, AND CARE FOR THE NEWBORN, IS AUTHORIZATION FOR RETURN OF PREGNANT IMS OR PREGNANT DEPENDENT TO HOME COUNTRY.

5. HEALTH CARE COVERAGE:

A. 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 AID PROGRAMS.

B. HEALTH CARE IN THE U.S. IS VERY EXPENSIVE. THE USE OF CIVILIAN HEALTH CARE PROVIDERS/TREATMENT FACILITIES IN MOST CASES WILL REQUIRE THE PATIENT TO SHOW HOW THE COST FOR HEALTH CARE, TO BE INCURRED, WILL BE PAID. IF MEDICAL INSURANCE IS THE SOURCE OF MEDICAL COVERAGE FOR IMS OR DEPENDENTS, IT MUST BE MAINTAINED FOR THE FULL DURATION OF THE IMS AND DEPENDENTS STAY IN THE U.S. THE LACK OR LAPSE OF HEALTH CARE INSURANCE COVERAGE FOR IMS OR DEPENDENTS REVEALED AT ANY TIME DURING THEIR STAY IN THE U.S. IS AUTHORIZATION TO REMOVE IMS FROM SCHEDULED EDUCATION/TRAINING AND RETURN TO HOME COUNTRY. THE IMS IS HELD RESPONSIBLE FOR PAYMENT OF INCURRED HEALTH CARE BILLS. WHEN BILLS ARE INCURRED FOR HEALTH CARE IN A DOD MTF, IT IS CONSIDERED TO BE A PERSONAL DEBT TO THE U.S. GOVERNMENT.

C. HEALTH CARE COVERAGE FOR NON-NATO IMS WILL BE PROVIDED BY THE IMETP (IMS ONLY), CTFP (IMS ONLY), COUNTRY, FMS CASE, INCLE CASE, OR HEALTH INSURANCE.

D. FOR IMS TRAINING UNDER THE ALP, THE MEDICAL COVERAGE IS PROVIDED BY THE U.S. AIR FORCE (IMS ONLY).

E. FOR AN IMS FROM A COUNTRY WITH A NATO/PFP SOFA, INPATIENT CARE MEDICAL COVERAGE WILL BE PROVIDED BY THE IMET PROGRAM (IMS ONLY), CTFP (IMS ONLY), COUNTRY, FMS CASE, INCLE CASE, OR HEALTH INSURANCE. INPATIENT HEALTH CARE COVERAGE FOR AUTHORIZED DEPENDENTS WILL BE PROVIDED BY THE COUNTRY, FMS CASE OR HEALTH CARE INSURANCE.

(1). HEALTH CARE AT A DOD MTF IS AS FOLLOWS:

(A). IMS OUTPATIENT CARE IN DOD MTF IS AT NO CHARGE (MEDICAL AND DENTAL).

DEPENDENT OUTPATIENT CARE IN DOD MTF IS AT NO CHARGE (MEDICAL AND ONLY EMERGENCY DENTAL).

(B). INPATIENT CARE IS ON A REIMBURSABLE BASIS.

(2). HEALTH CARE AT A CIVILIAN MTF IS AS FOLLOWS:

(A). IMS: FREE OUTPATIENT CARE (MEDICAL AND DENTAL) WHEN REFERRED BY A DOD MTF (REFERRING MTF PAYS).

(B). OUTPATIENT CARE ON A REIMBURSABLE BASIS WHEN NO DOD MTF IS AVAILABLE (THIS CARE MUST HAVE HEALTH CARE COVERAGE).

(C). DEPENDENTS ARE COVERED BY TRICARE STANDARD/EXTRA FOR OUTPATIENT CARE (CO-PAY IS REQUIRED).

(D). INPATIENT CARE IS ON A REIMBURSABLE BASIS.

(E). HEALTH CARE INSURANCE POLICY REQUIREMENT: WHEN IMS HAS FINANCIAL RESPONSIBILITY FOR PAYMENT OF HEALTH CARE, PROOF OF INSURANCE FOR INPATIENT CARE ONLY WILL BE REQUIRED.

F. RHCA DO NOT PROVIDE FULL HEALTH CARE COVERAGE. THESE AGREEMENTS PROVIDE CARE IN CONUS DOD MTF AT NO COST, BUT WITH FEW EXCEPTIONS DO NOT COVER CIVILIAN HEALTH CARE. SINCE RHCA DIFFER IN COVERAGE, IT IS CRITICAL THAT THE RHCA BE CAREFULLY REVIEWED TO DETERMINE THE ADDITIONAL HEALTH CARE COVERAGE REQUIRED. IT IS ALSO IMPORTANT TO NOTE THAT MANY MILITARY INSTALLATIONS DO NOT HAVE FULL SERVICE MTF. THE FOREIGN GOVERNMENT MUST PAY HEALTH CARE NOT COVERED BY A RHCA OR IMS MUST HAVE QUALIFYING HEALTH CARE INSURANCE. IT IS ALSO REQUIRED THAT IF IMS AND DEPENDENTS ARE COVERED BY RHCA THAT THEIR GOVERNMENT OR IMS ALSO OBTAIN ADDITIONAL HEALTH CARE COVERAGE FOR THOSE TIMES THAT THEY MAY NOT BE NEAR A MTF. THE HEALTH CARE COVERAGE MUST REMAIN IN EFFECT FOR FULL DURATION OF IMS AND DEPENDENTS STAY IN THE U.S. SAO SHOULD CHECK WITH IMSO TO MAKE SURE MTF'S ARE LOCATED NEAR THE SCHOOL HOUSE AND NOT ASSUME RHCA WILL BE THE PRIMARY HEALTH CARE COVERAGE.

G. MINIMUM REQUIRED HEALTH CARE INSURANCE COVERAGE.

(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.

H. WHEN HEALTH CARE COVERAGE IS PROVIDED BY INSURANCE, A COPY OF THE POLICY, IN ENGLISH, WILL BE PROVIDED TO THE SAO, IMSO AND THE SERVICING MEDICAL TREATMENT FACILITY. IF THE INSURANCE COMPANY IS NOT U.S. BASED, THE POLICY MUST HAVE INTERNATIONAL BENEFITS THAT COVER HEALTH CARE IN THE U.S. IF U.S. EDUCATION/TRAINING IS TAKING PLACE IN A THIRD COUNTRY, BENEFITS MUST COVER HEALTH CARE IN THAT COUNTRY. INSURANCE MUST MEET THE HEALTH CARE COVERAGE REQUIREMENTS OF THE THIRD COUNTRY. RHCA ONLY COVER HEALTH CARE PROVIDED IN CONUS MTF. IF IMS AND/OR DEPENDENTS PLAN TO VISIT OTHER COUNTRIES WHILE ATTENDING EDUCATION/TRAINING UNDER SPONSORSHIP OF SECURITY ASSISTANCE OR SECURITY COOPERATION THEY MUST ALSO OBTAIN HEALTH CARE COVERAGE AND MEET THE INSURANCE REQUIREMENTS OF THE COUNTRIES THEY PLAN TO VISIT.

I. IF HEALTH CARE COVERAGE (INCLUDING THE PROVISIONS OF PARAGRAPH 5G(7) ABOVE) IS NOT OBTAINED FOR DEPENDENTS PRIOR TO DEPARTURE OF THE IMS FOR U.S. EDUCATION/TRAINING, DEPENDENTS WILL NOT BE AUTHORIZED TO ACCOMPANY IMS, AND WILL NOT BE AUTHORIZED ON THE ITO. DEPENDENTS MAY BE AUTHORIZED TO JOIN IMS AFTER REQUIRED MEDICAL COVERAGE IS OBTAINED AND THE ITO IS AMENDED.

J. THE LACK OF HEALTH CARE COVERAGE FOR IMS OR DEPENDENT(S) (IF APPLICABLE) REVEALED, AT ANY TIME DURING THEIR STAY IN THE U.S., WILL MAKE THE IMS PERSONALLY RESPONSIBLE FOR THE PAYMENT OF INCURRED HEALTH CARE BILLS. THE LACK OF HEALTH CARE COVERAGE FOR IMS OR DEPENDENTS AT ANY TIME DURING THEIR STAY IN THE U.S. IS AUTHORIZATION FOR REMOVAL OF THE IMS FROM TRAINING AND RETURN TO HOME COUNTRY.

6. INVITATIONAL TRAVEL ORDER:

A. REQUIRED HEALTH SCREENING AND HEALTH CARE FINANCIAL RESPONSIBILITY ENTRIES FOR IMS AND DEPENDENTS. IT IS IMPORTANT THAT EACH ITO BE ANNOTATED APPROPRIATELY AND ACCURATELY ACCORDING TO THE IMS STATUS. AUTHORIZED DEPENDENTS ARE NOT TO BE ADDED TO THE ITO UNTIL HEALTH SCREENING AND HEALTH CARE COVERAGE REQUIREMENTS ARE MET.

B. FOR IMS AND AUTHORIZED DEPENDENTS, SAO WILL CHECK THE APPROPRIATE BLOCK OF THE ITO TO INDICATE HOW HEALTH CARE CHARGES WILL BE PAID.

C. DEPENDENTS ARE ENCOURAGED TO ACCOMPANY THE IMS ATTENDING THE FOLLOWING COURSES: NATIONAL DEFENSE UNIVERSITY, ARMY WAR COLLEGE, ARMY COMMAND AND GENERAL STAFF COLLEGE (NOW CALLED ILE) ALSO ACGS AT WHINSEC, ARMY SERGEANTS MAJOR ACADEMY, NAVY COMMAND COLLEGE, NAVY STAFF COLLEGE, USMC COMMAND AND STAFF COLLEGE, USMC EXPEDITIONARY WARFARE SCHOOL, USMC SCHOOL OF ADVANCED WARFIGHTING, AIR WAR COLLEGE, AIR FORCE COMMAND AND STAFF COLLEGE, AIR FORCE SQUADRON OFFICER SCHOOL, NAVAL POSTGRADUATE SCHOOL, AND GRADUATE PROGRAMS AT AIR FORCE INSTITUTE OF TECHNOLOGY (AFIT). NOTE: A LARGE MAJORITY OF THESE SCHOOLS DO NOT HAVE MTF; RHCA MAY NOT APPLY AND WILL REQUIRE OTHER SOURCES OF HEALTH CARE COVERAGE.

D. DEPENDENTS ARE DISCOURAGED FROM ACCOMPANYING THE IMS AT MOST OTHER COURSES. COMPLETE HEALTH SCREENING AND PROOF OF HEALTH CARE COVERAGE IS REQUIRED AND MUST BE PROVIDED TO THE SAO PRIOR TO DEPENDENTS BEING AUTHORIZED ON THE ITO OR TO ACCOMPANY/JOIN THE IMS.

#### 7. HEALTH CONDITION POLICY WAIVERS FOR IMS AND DEPENDENTS:

A. IMS AND DEPENDENTS MUST BE FREE OF COMMUNICABLE DISEASES, IN GOOD HEALTH, AND THE IMS MUST BE MEDICALLY FIT TO PARTICIPATE IN EDUCATION/TRAINING. HEALTH POLICY WAIVERS MAY BE REQUESTED BASED ON THE TRAINING OR THE PERSON'S HEALTH CONDITION. REQUEST FOR POLICY WAIVERS TO HEALTH SCREENING REQUIREMENTS OR HEALTH CARE COVERAGE WILL NOT BE GRANTED.

B. HEALTH POLICY WAIVERS WILL NOT BE GRANTED FOR COMMUNICABLE DISEASES APPEARING IN TITLE 8 U.S. CODE, TITLE 21 AND TITLE 42 PARTS 34 AND 71, CODE OF FEDERAL REGULATIONS OR MILDEP REGULATIONS.

C. SOME COMMUNICABLE DISEASES (E.G., HEPATITIS A, HEPATITIS B, HEPATITIS C) ARE NOT INCLUDED IN THE ABOVE REFERENCES. HEALTH WAIVERS WILL BE CONSIDERED ON A CASE-BY-CASE BASIS FOR INDIVIDUALS TESTING POSITIVE FOR THE DISEASE, BUT FOUND NOT TO BE AT RISK TO THE GENERAL POPULATION.

D. WAIVERS WILL NOT BE AUTHORIZED FOR PREGNANT IMS UNDER GRANT PROGRAMS UNLESS THE FOREIGN GOVERNMENT SUBMITS A SIGNED STATEMENT WITH THE WAIVER REQUEST AGREEING THAT THE FOREIGN GOVERNMENT WILL PAY FOR THE PRE/POST NATAL CARE, DELIVERY, AND CARE FOR THE NEWBORN. WAIVER REQUEST SHOULD ALSO INCLUDE ADDRESS WHERE BILLS WILL BE SENT FOR PAYMENT. WAIVERS WILL NOT BE APPROVED FOR PREGNANT IMS UNDER ANY OTHER PROGRAM UNLESS IMS HAS MEDICAL COVERAGE FOR PRE/POST NATAL CARE, DELIVERY, AND CARE FOR THE NEWBORN.

E. REQUEST FOR HEALTH CONDITION WAIVERS WILL BE SUBMITTED BY THE SAO THRU COCOM TO THE APPROPRIATE MILDEP POLICY CONTACT. THE WAIVER REQUEST SHOULD INCLUDE IMS WCN AND PROGRAM TYPE, I.E. IMETP, FMS CASE ID, (IF WAIVER IS FOR A DEPENDENT, STATE IMS IDENTIFYING INFORMATION, DEPENDENT AND RELATIONSHIP), SCHEDULED TRAINING, DATE AND LOCATION, A DESCRIPTION OF IMS/DEPENDENT HEALTH CONDITION AND COPIES OF THE PERTINENT LABORATORY RESULTS. THE MILDEP POLICY CONTACT WILL COORDINATE WAIVER REQUEST WITH THE APPROPRIATE MILDEP SA/SC OFFICES, TRAINING FIELD ACTIVITY, MILSER AND SCHOOL PERSONNEL.

8. RIGHT TO PRIVACY: THE INDIVIDUAL'S RIGHT TO PRIVACY OF HEALTH INFORMATION WILL BE MAINTAINED, ENSURING ONLY THOSE WITH A NEED TO KNOW HAVE ACCESS. WHEN REPORTING HEALTH INFORMATION, REQUIRED BY POLICY OR REGULATION, USE ONLY THE INDIVIDUAL'S COUNTRY, WCN, TYPE OF PROGRAM SPONSOR, E.G. IMET OR FMS CASE NUMBER. WHEN REQUESTING HEALTH WAIVERS FOR EDUCATION AND TRAINING SAO WILL OBTAIN A RELEASE OF HEALTH INFORMATION FROM THE IMS. SAOS AND IMSOS WILL NOT MAINTAIN IMS OR DEPENDENTS HEALTH INFORMATION AS PART OF IMS EDUCATION/TRAINING HISTORICAL RECORDS. IMS HEALTH INFORMATION SHOULD ONLY BE MAINTAINED AS PART OF THE IMS RECORDS UNTIL EDUCATION/TRAINING IS COMPLETED. IMS HEALTH INFORMATION SHOULD BE RETURNED TO IMS OR DESTROYED.

#### 9. RESPONSIBILITIES:

##### A. COUNTRY RESPONSIBILITIES:

(1). HAVE REQUIRED IMS HEALTH SCREENING PERFORMED TO ENSURE THAT IMS MEET THE MEDICAL AND DENTAL PREREQUISITES FOR SCHEDULED EDUCATION/TRAINING AND ARE IN COMPLIANCE WITH THE REQUIREMENTS IN THE REFERENCES CITED ON THE ITO.

(2). HAVE AUTHORIZED DEPENDENTS, ACCOMPANYING/JOINING IMS, HEALTH SCREENING PREFORMED TO ENSURE DEPENDENTS MEET HEALTH SCREENING REQUIREMENTS, IDENTIFIED IN THIS POLICY.

(3). PROVIDE MEDICAL/DENTAL CERTIFICATION, (SIGNED BY COMPETENT MEDICAL AUTHORITY [PHYSICIAN]) RECOGNIZED BY THE U.S. EMBASSY, DOCUMENTED ON DD FORM 2808, BLOCK 82, AND COPIES OF THE DD FORM 2808, MEDICAL EXAMINATION, AND 2807-1, MEDICAL HISTORY AND TEST RESULTS TO THE SAO. THESE DOCUMENTS MUST BE RECEIVED THROUGH OFFICIAL CHANNELS. AT NO TIME SHOULD THE MEDICAL DOCUMENTATION BE PRESENTED BY THE IMS. WHEN PROVIDING THE HEALTH SCREENING FOR DEPENDENTS, COUNTRY WILL PROVIDE COPIES OF THE DD FORMS 2808 AND 2807-1 ALONG WITH ANY REQUIRED ADDITIONAL DOCUMENTATION CITED IN PARAGRAPH 4 OF THIS MESSAGE.

(4). PROVIDE SIGNED STATEMENT AGREEING TO PAY FOR ALL COSTS ASSOCIATED WITH PRE/POST NATAL CARE, DELIVERY AND CARE FOR THE NEWBORN FOR FEMALE IMS OR DEPENDENTS UNDER CONDITIONS STATED ELSEWHERE IN THIS MESSAGE.

#### B. SAO RESPONSIBILITIES:

(1). BEFORE ISSUING THE ITO, SAO WILL OBTAIN MEDICAL/DENTAL CERTIFICATION, COPIES OF THE DD FORMS 2808 AND 2807-1 AND COPIES OF REQUIRED TEST RESULTS. IF THERE ARE ANY HEALTH CONDITIONS THAT MAY REQUIRE MAINTENANCE DURING TRAINING (LOW OR HIGH BLOOD PRESSURE, DIABETES, CARDIAC CONDITION, ALLERGIES, ETC) SO AS TO ALERT THE SCHOOL, ANNOTATE IN ITEM 15 OF THE ITO THAT IMS HAS MAINTENANCE MEDICAL CONDITIONS. TO PROTECT THE IMS PRIVACY, DO NOT ANNOTATE THOSE CONDITIONS ON THE ITO, ONLY ANNOTATE THAT THE IMS HAS MEDICAL MAINTENANCE CONDITIONS.

(2). PROPERLY MARK MEDICAL COVERAGE IN THE ITO, BLOCK 12, AND ENSURE THAT ANY SPECIAL CONDITIONS ARE INCLUDED IN BLOCK 15, IF APPLICABLE. MAKE SURE THAT IF RHCA IS THE PRIMARY SOURCE OF HEALTH CARE COVERAGE, THAT A MTF IS AVAILABLE AT THE IMS EDUCATION/TRAINING LOCATION. WHEN INSURANCE IS THE STATED HEALTH CARE COVERAGE, ENSURE THAT A COPY OF THE POLICY IS IN ENGLISH. DEPENDENTS THAT REQUIRE HEALTH CARE INSURANCE WILL NOT BE AUTHORIZED ON THE ITO WITHOUT PROOF OF ADEQUATE HEALTH CARE COVERAGE/INSURANCE, TO INCLUDE PROVISIONS OF PARAGRAPH 5G(7), AND AS DESCRIBED IN PARAGRAPH 4 OF THIS MESSAGE.

(3). BRIEF IMS ON THEIR ELIGIBILITY FOR HEALTH CARE IN DOD MTFs (CHAPTER 4 OF REF D) AND ADVISE THAT FAILURE TO MAINTAIN REQUIRED HEALTH CARE INSURANCE, FOR THE DURATION OF STAY, IF REQUIRED, WILL RESULT IN REMOVAL FROM EDUCATION/TRAINING AND RETURN HOME. INFORM IMS THAT WHILE UNDER SPONSORSHIP OF SECURITY ASSISTANCE OR SECURITY COOPERATION EDUCATION/TRAINING PROGRAMS, PARTICIPATION IN U.S. FEDERAL OR STATE MEDICAL/DENTAL OR OTHER COMMUNITY ASSISTED AID PROGRAMS IS NOT AUTHORIZED.

(4). ASSEMBLE ALL REQUIRED HEALTH DOCUMENTATION AND ENGLISH VERSION OF THE HEALTH CARE INSURANCE POLICY, IF APPLICABLE, FOR IMS AND DEPENDENTS, IF ANY, AND PLACE IN A SEALED PACKET. INFORM IMS THE SEALED PACKET CONTAINING HEALTH SCREENING DOCUMENTS FOR SELF AND AUTHORIZED DEPENDENTS ALONG WITH PROOF OF MEDICAL INSURANCE COVERAGE, IF APPLICABLE, IS TO BE PRESENTED TO THE IMSO UPON THEIR ARRIVAL AT FIRST EDUCATION/TRAINING SITE. IF APPLICABLE, INCLUDE SIGNED STATEMENT BY IMS FOREIGN GOVERNMENT OFFICIAL AGREEING TO PAY FOR ANY PRE/POST NATAL CARE, DELIVERY, AND CARE FOR THE NEWBORN FOR FEMALE IMS OR DEPENDENTS.

(5). SAO IS NOT TO MAINTAIN COPIES OF DD FORMS 2808 OR 2807-1 OR OTHER MEDICAL SCREENING DOCUMENTS ONCE IT IS KNOWN IMS HAS COMPLETED EDUCATION/TRAINING.

#### C. IMS RESPONSIBILITIES:

(1). PRESENT SEALED PACKET CONTAINING HEALTH SCREENING DOCUMENTATION AND HEALTH CARE INSURANCE POLICY TO THE IMSO ALONG WITH PROOF OF HEALTH CARE INSURANCE COVERAGE, IF APPLICABLE.

(2). ENSURE HEALTH CARE COVERAGE IS MAINTAINED FOR SELF AND DEPENDENTS (IF APPLICABLE) DURING THE DURATION OF STAY IN THE U.S. HEALTH CARE COVERAGE SHOULD BE MAINTAINED UNTIL IMS AND DEPENDENTS, IF APPLICABLE, HAVE RETURNED TO THEIR HOME COUNTRY.

#### D. IMSO RESPONSIBILITIES:

(1). REVIEW ITO FOR ACCURACY. WHEN HEALTH CARE INSURANCE IS MARKED OR STATED IN THE REMARKS, ENSURE COPY OF THE INSURANCE POLICY IS IN ENGLISH AND THE POLICY MEETS THE HEALTH CARE COVERAGE REQUIRED IN PARA 5G OF THIS POLICY. A COPY OF INSURANCE POLICY SHOULD BE PLACED IN IMS FILE.

(2). REVIEW THE MEDICAL PACKET FOR COMPLETENESS. REPORT ANY DEFICIENCIES TO THE MILDEP COUNTRY PROGRAM MANAGER AND SAO FOR RESOLUTION. FAILURE TO RESOLVE ANY MEDICAL DEFICIENCIES IN A TIMELY MANNER (2 WEEKS) WILL RESULT IN IMS BEING DISENROLLED FROM EDUCATION AND TRAINING AND RETURNED TO HOME COUNTRY.

(3). TAKE THE HEALTH SCREENING DOCUMENTATION TO YOUR LOCAL MTF ALONG WITH A COPY OF IMS ITO REFLECTING TYPE OF HEALTH CARE COVERAGE AND COPY OF THE HEALTH CARE INSURANCE POLICY IN ENGLISH, IF APPLICABLE.

(4). WHEN HEALTH CARE INSURANCE IS THE REQUIRED COVERAGE FOR IMS AND/OR AUTHORIZED DEPENDENTS, AND IMS FAILS TO PROVIDE A COPY OF THE POLICY AND PROOF OF INSURANCE, OR FAILS TO MAINTAIN REQUIRED HEALTH CARE COVERAGE, IDENTIFIED IN PARA 5G OF THIS POLICY, AT ANYTIME DURING THEIR STAY IN THE U.S., TAKE THE FOLLOWING ACTION:

(A). FOR IMS: NOTIFY SAO AND MILDEP COUNTRY PROGRAM MANAGER THAT IMS HAS FAILED TO MAINTAIN THE REQUIRED HEALTH CARE COVERAGE. UNLESS COUNTRY AGREES TO PAY MEDICAL BILLS, IMS WILL BE WITHDRAWN FROM TRAINING AND RETURNED TO HOME COUNTRY.

(B). FOR DEPENDENTS: NOTIFY SAO AND MILDEP COUNTRY PROGRAM MANAGER THAT IMS HAS FAILED TO OBTAIN OR MAINTAIN REQUIRED HEALTH CARE COVERAGE FOR DEPENDENTS. UNLESS COUNTRY AGREES TO PAY FOR HEALTH CARE, REQUIRE DEPENDENT ID CARDS BE RETURNED, IN THE EVENT THEY HAVE BEEN ISSUED, AND INSTRUCT IMS TO RETURN DEPENDENTS TO HOME COUNTRY IMMEDIATELY. IF IMS FAILS TO SEND DEPENDENTS HOME, IMS WILL BE WITHDRAWN FROM TRAINING AND RETURNED TO HOME COUNTRY.

E. COCOM RESPONSIBILITIES:

(1). ENSURE THAT SAO UNDERSTAND AND ADHERE TO THE POLICIES CONTAINED IN THIS MESSAGE.

(2). PROVIDE TRAINING TO SAO AS REQUIRED.

(3). INCLUDE THESE POLICIES AS AREAS OF INTEREST IN IG INSPECTIONS OF THE SAO.

F. MILDEP RESPONSIBILITIES:

(1). ENSURE THESE POLICIES ARE ADHERED TO.

(2). PROVIDE TRAINING TO IMSO AS REQUIRED.

10. REGIONAL CENTERS. THIS SECTION ESTABLISHES THE POLICY FOR MEDICAL SCREENING REQUIREMENTS THAT MUST BE COMPLETED AND VERIFIED BY EITHER THE U.S. EMBASSY POC (E.G. THE SAO, DATT, DAO, JUSMAG, ETC.) SENDING FOREIGN PARTICIPANTS TO ATTEND REGIONAL CENTER (RC) PROGRAMS, OR BY THE AFFECTED REGIONAL CENTER IN CASES WHERE THE REGIONAL CENTER IDENTIFIES THE PARTICIPANT AND ISSUES THE INVITATIONAL TRAVEL ORDERS (ITO).

A. PARTICIPANTS TRAVELING TO A REGIONAL CENTER PROGRAM OR EVENT (E.G., COURSE, SEMINAR, CONFERENCE, WORKSHOP, ETC.) ARE RESPONSIBLE FOR MEETING ANY HEALTH REQUIREMENTS (INCLUDING OBTAINING AND PAYING FOR MEDICAL INSURANCE COVERAGE) IMPOSED BY THE COUNTRY WHERE THE RC EVENT IS BEING HELD. IF THE RC PROGRAM OR EVENT REQUIRES TRAVEL TO THE US, COMPLIANCE WITH PARAGRAPH 10B IS MANDATORY.

B. BEFORE THE ITO IS ISSUED, PARTICIPANTS TRAVELING TO A REGIONAL CENTER PROGRAM OR EVENT IN THE UNITED STATES MUST MEET DEPARTMENT OF STATE ENTRY REQUIREMENTS AND MUST REVIEW THE FOLLOWING WITH THE U.S. EMBASSY POC (E.G. THE SAO, DATT, DAO, JUSMAG, ETC.), OR WITH THE AFFECTED REGIONAL CENTER IN CASES WHERE THE REGIONAL CENTER IDENTIFIES THE PARTICIPANT AND ISSUES THE ITO:

(1). MEDICAL CARE IN THE UNITED STATES CAN BE VERY COSTLY. ENSURE THAT PARTICIPANT UNDERSTANDS WHO IS RESPONSIBLE TO PAY FOR ANY HEALTH CARE THEY NEED.

(2). HEALTH CARE IS AVAILABLE FROM A DOD MTF IN CONUS FOR PARTICIPANTS (FOREIGN MILITARY MEMBERS AND THEIR DEPENDENTS) FROM A COUNTRY THAT HAS A RECIPROCAL HEALTH CARE AGREEMENT (RHCA) WITH THE UNITED STATES, CONSISTENT WITH THE PROVISIONS OF THE APPLICABLE AGREEMENT. NOTE THAT RHCA ARE ONLY APPLICABLE FOR CONUS MTF.

(3). HEALTH CARE COVERAGE IS HIGHLY ENCOURAGED FOR PARTICIPANTS FROM A COUNTRY THAT DOES NOT HAVE A RECIPROCAL HEALTH CARE AGREEMENT WITH THE UNITED STATES AND FOR THOSE TIMES THAT PARTICIPANTS MAY NOT BE NEAR AN MTF.

(4). COSTS FOR HEALTH CARE INSURANCE FOR THE PARTICIPANT MUST BE BORNE BY THE COUNTRY OR INDIVIDUAL PARTICIPANT. RHCA DO NOT INCLUDE DOD MEDICAL FACILITIES OUTSIDE OF CONUS.

C. THE MEANS FOR PAYING HEALTH CARE EXPENSES INCURRED BY A PARTICIPANT SHOULD BE NOTED ON THE PARTICIPANT'S ITO.

11. DSCA POC FOR THIS MESSAGE IS KAY JUDKINS, DSCA/PROGRAMS-MANAGEMENT DIVISION, E-MAIL: [KAY.JUDKINS@DSCA.MIL](mailto:KAY.JUDKINS@DSCA.MIL) OR GILBERT CARLSON, DSCA/PROGRAMS-MANAGEMENT DIVISION, E-MAIL: [GILBERT.CARLSON@DSCA.MIL](mailto:GILBERT.CARLSON@DSCA.MIL).