



**DEPARTMENT OF DEFENSE  
UNITED STATES SOUTHERN COMMAND  
9301 NW 33rd STREET  
DORAL, FL 33172-1202**

21 February 2023

SC Regulation 40-501\*

**MEDICAL SUITABILITY SCREENING**

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- F. USSOUTHCOM Policy Memorandum, Service Component Reporting of Potentially Concussive Events (PCE), March 2022

1. References.

- a. DoD Instruction 3020.41, Operational Contract Support, incorporating change 2, August 31, 2018.
- b. DoD Instruction 6025.19, "Individual Medical Readiness (IMR)," incorporating Change 1, May 12, 2020.
- c. DoD Directive 6200.04, "Force Health Protection (FHP)," October 9, 2004
- d. DoD Instruction 6485.01, Human Immunodeficiency Virus (HIV) in Military Service Members, as amended
- e. DoD Instruction 6490.03, Deployment Health, June 19, 2019
- f. DoD Instruction 6490.07, Deployment-Limiting Medical Conditions for Service Members and DoD Civilian Employees, February 5, 2010.

\*Supersedes SC Regulation 40-501, dated 20 February 2019

g. DoD Instruction 6490.13, "Comprehensive Policy on Traumatic Brain Injury-Related Neurocognitive Assessments by the Military Services," incorporating Change 1, March 31, 2017.

h. Assistant Secretary of Defense for Health Affairs Memorandum, "Clinical Practice Guidance for Deployment-Limiting Mental Disorders and Psychotropic Medications," October 7, 2013

i. DTM: Directive-type Memorandum 17-004, "Department of Defense Civilian Expeditionary Workforce," incorporating Change 5, February 8, 2022.

j. USSOUTHCOM Policy Memorandum 6-19, Synchronized Pre-deployment and Operational Tracker (SPOT) in the United States Southern Command (USSOUTHCOM) Area of Responsibility (AOR), August 21, 2019

k. USSOUTHCOM Force Health Protection Guidance as amended

l. MOD 16 to USCENTCOM Individual Protection and Individual Unit Deployment Policy, January 12, 2022

m. Secretary of Defense Memorandum, "Military Service Pre-Deployment Medical Preparations in Support of Geographic Combatant Commanders," April 29, 2020

n. Secretary of Defense Memorandum, "Policy Regarding Human Immunodeficiency Virus-Positive Personnel Within the Armed Forces," June 6, 2022

o. USSOUTHCOM Medical Directive #20-03, Updated SOUTHCOM Medical Suitability Screening: Waiver Authority, May 7, 2020

p. USSOUTHCOM Medical Directive #20-01, "Updated SOUTHCOM Clinical Practice Guideline: Obstructive Sleep Apnea," November 19, 2019

q. Under Secretary of Defense for Personnel and Readiness Memorandum - Consolidated Department of Defense Coronavirus Disease 2019 Force Health Protection Guidance - Revision 4," January 30, 2023

r. Consolidated Department of Defense Coronavirus Disease 2019 Force Health Protection Guidance," January 30, 2023

2. Purpose. This regulation prescribes policy, responsibilities, and procedures for medical suitability screening when entering the United States Southern Command (USSOUTHCOM) Area of Responsibility (AOR).

3. Applicability. This regulation applies to **all Department of Defense (DOD) military and civilian personnel and contractors entering into or employed within the USSOUTHCOM AOR**. United States Government (USG) Interagency partners under DoD command and control will be obligated to follow DoD guidelines unless the sponsoring Agency prescribes equally adequate standards for medical suitability screening for their own personnel. This regulation applies to USSOUTHCOM Component Commands (i.e., AFSOUTH, ARSOUTH, MARFORSOUTH, NAVSOUTH, and SOCSOUTH) and Joint Task Forces (i.e., JTF-Bravo, JTF-Guantanamo, and Joint Interagency Task Force South), which are hereafter referred to as "components". This regulation applies to subordinate directorates, special staff offices, and Security Cooperation Organizations, hereafter referred to as "elements." Components and elements may require more stringent screening requirements to meet specific Service needs or to address interagency and non-governmental organizations (NGOs)

coordination that are in direct support of DoD missions. **Any Component with differing requirements will provide USSOUTHCOM Command Surgeon a copy of the Component policy for approval.** Service Members' (SM) parent service policies for screening will regulate Family members on accompanied tours.

4. Summary:

a. This revision of SC Regulation 40-501 includes updated Terminology, References, Delegation of Waiver and Appellate authority to components, Updated Medical Waiver Request Form (Attachment A), MOD 2: Amplification of the Minimal Standards of Fitness for entry to the SOUTHCOM AOR (Attachment B), updated Medical Waiver Process (Attachment C), amended Force Health Protection Process (Attachment D), MOD 16: Amplification of the Minimal Standards of Fitness for entry to the CENTCOM AOR (Attachment E), and USSOUTHCOM Policy Memorandum, Service Component Reporting of Potentially Concussive Events (Attachment F).

b. Medical suitability waivers are the responsibility of the Service Component and the appropriate Service Component Surgeon. If the component does not have an appellate authority, appeals can be coordinated with the USSOUTHCOM Surgeon. USSOUTHCOM SG is responsible for updating USSOUTHCOM Regulation 40-501 as deemed prudent. The Military Departments will take direction from and comply with the USSOUTHCOM theater-specific force health protection requirements. Final authority to deploy will rest with the Military Service. However, the authority to employ these forces within theater rests with the Geographic Combatant Command (GCC). Close continued coordination between the USSOUTHCOM Surgeon General (SCSG) and the Component/Service Surgeons is essential for mission success. Service Component Surgeons will coordinate waiver requests with JTF Surgeons as applicable.

c. It is USSOUTHCOM's policy that all uniformed service members permanently assigned to the AOR ("PCS personnel"), command-sponsored dependents of uniformed service members assigned to the AOR, uniformed service members scheduled to perform temporary duty in the AOR for a period greater than 30 days ("TDY personnel"), DoD personnel deploying to a contingency operation within the AOR ("contingency personnel"), and contractors entering the USSOUTHCOM AOR will be medically screened prior to entering the theater and meet minimum medical suitability standards to ensure force health protection (FHP) and accomplishment of the mission.

d. Persons in paragraph 4b above, not meeting the minimum medical standards may be granted a waiver if otherwise permitted based on DoD, Service or USSOUTHCOM regulations or policy, based on the professional opinion of a medical provider that considers: (1) how the medical condition might impact an individual's ability to perform occupational responsibilities; (2) how the medical condition might be affected by variables such as environment, altered sleep cycle, operational stress, etc.; and (3) available health service depending on the location and nature of operations before submitting a medical waiver.

e. It is policy of USSOUTHCOM that all DoD civilian employees permanently assigned to the AOR receive a notice of medical services available in the country to which the employee will be assigned. The notice will be provided to the civilian employee upon offer of employment, and the employee must affirmatively acknowledge receipt of the information. Employees will also provide a statement of understanding that they may be held fiduciarily responsible for any Government expenditures that result from medical care received by the employee or family members at Government expense, to include MEDEVAC.

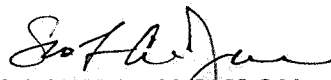
f. This policy is a collaborative effort with the Assistant Secretary of Defense-Health Affairs to streamline deployment criteria common to all AORs.

5. Records Management. Records generated by the implementation of this regulation will be maintained in accordance with (IAW) CJCSM 5760.01, Joint Staff Records Schedule and DODI 6040.45, "DoD Health Record Life Cycle Management," November 16, 2015, as amended.

6. Point of contact for this regulation is the office of the Command Surgeon (SCSG) at COMM: 305-437-1327, or DSN 312-567-1327.

The proponent agency of this regulation is the US Southern Command. Users are invited to send comments and suggested improvements to: HQ USSOUTHCOM ATTN: SCSG, 9301 NW 33<sup>rd</sup> St., Miami, FL, 33172-1202.

FOR THE COMMANDER

  
SCOTT A. JACKSON  
Major General, USA  
Chief of Staff

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## APPENDIX A RESPONSIBILITIES

1. Commander, USSOUTHCOM is responsible for the Force Health Protection (FHP) of all forces deployed to USSOUTHCOM AOR IAW USSOUTHCOM FHP Guidance (Attachment D). In accordance with DODI 6490.07, the CCDR serves as the medical waiver authority for all SMs in the AOR. This authority has been delegated in writing to the USSOUTHCOM Command Surgeon, who has further delegated this authority to the respective Service Component surgeons.
2. Command Surgeon (SCSG) will:
  - a. Monitor and report compliance with this policy.
  - b. Integrate medical guidelines into the orders process for all operations in the AOR.
  - c. Ensure Service and component specific procedures are maintained for appropriate reference.
  - d. On request, provide Medical Capability Reports from the TRICARE Overseas Program (TOP) contractor outlining the medical care environment with specificity of conditions that may not be adequately covered in the host nation.
3. Component Commanders will:
  - a. Publish and enforce medical suitability screening procedures, congruent with this regulation for their commands as applicable.
  - b. Ensure personnel in paragraph 4b above are medically screened IAW this regulation.
  - c. Ensure personnel offices validate IAW respective service policies, medical suitability for Permanent Change of Station (PCS) personnel being assigned to the AOR. PCS personnel will coordinate with their respective service component medical elements for screening who will in turn comply with service guidance and this policy.
  - d. Ensure medical guidelines are incorporated into the orders process ICW USSOUTHCOM Directives
  - e. Ensure DOD contracts include USSOUTHCOM medical requirements to screen contract personnel entering the USSOUTHCOM AOR. In the event of a conflict between this policy and the language of a particular contract requiring activities in the USSOUTHCOM AOR, the language contained in the contract will have precedence. As a result, it is incumbent on contracting activities in the USSOUTHCOM AOR to ensure contracts reflect the requirements of this policy, DODI 3020.41, and the applicable part of the Defense Federal Acquisition Regulation (DFAR) to conserve DOD resources.

f. Ensure all civilian contractors are provided suitability screening at no cost to the government to provide mentally and physically qualified contingency contractor personnel to perform duties in applicable contingency operations as outlined in the contract.

4. Component Surgeons will:

a. Receive, review and log subordinate elements' waiver requests. Provide instructions for subordinate elements to submit waivers.

b. Review waiver requests within 15 business days and reply to the requestor based on sound medical judgment and knowledge of potential operational and/or component specific limitations.

c. Utilize available resources and Subject Matter Experts to appropriately disposition medical waiver requests. Conversation can also include the USSOUTHCOM Command Surgeon and/or JTF Surgeon responsible for the AOR.

d. **Provide USSOUTHCOM Command Surgeon a copy of all adjudicated waivers, via email: [southcom.miami.sc-cc.mbx.southcom-waivers@mail.mil](mailto:southcom.miami.sc-cc.mbx.southcom-waivers@mail.mil)**

e. Ensure dissemination of this policy to sourcing units and medical commands/ Medical Treatment Facilities (MTFs) responsible for conducting medical screening of applicable personnel tasked to operate in the USSOUTHCOM AOR.

f. When available, serve as the appellate authority for the medical waiver process (Attachment C). The Component Surgeon is the final approval authority for all waivers. USSOUTHCOM delegates waiver authority to Service Components.

g. Coordinate waiver requests with JTF and Component Surgeons for continuity and consistency.

h. Log all waiver requests.

5. Contracting Officer's Representatives (COR) will:

a. Comply with USSOUTHCOM Policy Memorandum 1-12, Synchronized Pre-deployment, and Operational Tracker (SPOT) in the USSOUTHCOM AOR, ensuring all contractors are in the SPOT database and obtain theater clearance via APACs IAW DODI 3020.41 and the applicable part of the Defense Federal Acquisition Regulation (DFAR).

b. Ensure employees are provided a medical suitability screening prior to entering the SC AOR. Ensure employees have the appropriate level of health care coverage that will provide for hospital care OCONUS and patient movement/medical evacuation back to their country of origin or nearest medical center of excellence as required.

c. Ensure a SPOT generated Letter of Authorization (LOA) is issued by the contracting officer or otherwise designated by the CCDR. The contract shall require that all contingency contractor personnel who are issued an LOA will always carry the LOA with them.

d. All contracts with DoD shall include requirements to screen personnel entering the USSOUTHCOM AOR for Medical Suitability, in accordance with SC published guidance.

e. Contracting companies must maintain medical documentation throughout contract employment and two years after termination of employment. Companies will also ensure screenings are conducted by licensed medical providers. Any disqualifying medical conditions will be immediately reported to the responsible contracting officer with a recommendation that the contractor does not hire or immediately replace the individual at no cost to the government.

6. The Defense Health Agency through the Dwight D. Eisenhower Medical Center will delegate screening responsibilities to the SOUTHCOM health clinic for personnel assigned to USSOUTHCOM HQ.

7. Director for Manpower, Personnel, and Administration (SCJ1) will:

a. Review service specific policies and regulations governing medical clearance of personnel assigned to the AOR. Coordinate with service components to provide guidance on obtaining waivers to meet medical clearance requirements.

b. Upon receipt of notification from members reassigned within the AOR for longer than 30 days, provide notification to the Command Surgeon's office. This notification will provide oversight for the SCSG to account for the possible degradation of medical care at the gaining location.

c. Civilian personnel (SCJ14) in conjunction with Civilian Personnel Advisory Center (CPAC) will monitor, as a condition of employment, members who receive medical screening prior to hiring. Civilian personnel will ensure personnel accepting positions overseas with authorized dependents on their orders complete the Exceptional Family Member Program Information Sheet (DA FORM 5863).

8. Security Cooperation Offices (SCO) will:

a. Notify SCSG in the event there is a degradation or significant change in available medical care in country that could negatively affect healthcare for service members, civilian employees and/or dependents. Advise inbound personnel and dependents of available care through sponsors and appropriate POCs prior to arrival.

9. Member assigned to the AOR will:

a. Ensure completion of medical screening requirements prior to PCS, TCS, or TDY. For DTS orders, members must add a remark stating, "Medical suitability screening and briefings for travel have been completed IAW USSOUTHCOM REG 40-501."

b. Notify SCJ1 services desk(s) of any pending movement within the AOR spanning periods of 30 days or greater.

10. All Offices will maintain records generated by the implementation of this regulation, in accordance with CJCS Manual 5760.01, Joint Staff and Combatant Command Records Management Manual, Volumes I and II.



## APPENDIX B PROCEDURES

1. General. DoD guidance and attachment B of this **regulation will be used to screen all persons entering the USSOUTHCOM AOR.** Component or Service specific guidance may have more stringent requirements to meet specific service needs. Any Component with differing requirements will provide USSOUTHCOM Command Surgeon a copy of the Component policy for approval. Pre-employment and annual medical screenings of contractors will not be performed in military treatment facilities or by U.S. military personnel unless authorized by the contracting officer and respective MTF. Minimal standards are outlined below. **In general, individuals with the following conditions shall not deploy:**

a. Conditions affecting Force Health Protection. Conditions that prohibit immunizations or the use of Force Health Protection prescription products (FHPPs) required for the specific deployment. Depending on the applicable threat assessment, required FHPPs may include atropine, epinephrine, certain antimicrobials and anti-malarials.

b. Unresolved health conditions (to include behavioral health) requiring frequent clinical visits and/or affecting the individual's ability to perform their duties in a satisfactory manner. Any unresolved acute or chronic illness or injury that would impair duty performance in a deployed environment during the duration of the deployment. This includes conditions that require routine evacuation out of theater continuing diagnostics or acute exacerbations of a physical or mental health condition that could significantly affect duty performance.

c. Condition that could cause sudden incapacitation. Recurrent loss of consciousness for any reason or any medical condition that could result in sudden incapacitation to include history of stroke or MI within the last 12 months, uncontrolled vertiginous disorders, seizure disorders and diabetes mellitus I or II treated with insulin. **These conditions are NON-WAIVERABLE.**

d. Infectious disease. Active tuberculosis or known blood-borne diseases that may be transmitted to others in a deployed environment. Any request for waiver must have complete lab work including viral load and specialist recommendation.

e. Mental Health Disorders. Behavioral health conditions that require ongoing treatment with **antipsychotics, lithium or anticonvulsants are NON-WAIVERABLE.** Any history of psychiatric/mental health/behavioral health hospitalization, including substance abuse, illicit drug use, and alcohol dependency/ abuse must be thoroughly assessed with behavioral health consultation. Any behavioral health condition requiring medication must demonstrate a minimum of three months stability on medication without any change of medication in those three months to be considered for a waiver. Psychiatric disorders newly diagnosed during deployments may require evacuation out of theater and must be replaced through the normal personnel process (see Attachment

B, for guidance on newly diagnosed conditions as not all require waiver or redeployment).

2. Medical examiners will use Attachment B as the governing document for deployment screening. The following exceptions will be considered on a case-by-case basis with a waiver approval by the respective Surgeon and will be reviewed by the SCSG Office:

- a. Conditions outlined in Paragraph 1 above. Component Surgeon Approval.
- b. Injectable Medications. Component Surgeon Approval
- c. Opioids for chronic use. Component Surgeon Approval
- d. Immunosuppressants. Component Surgeon Approval
- e. Conditions that require surgery. Component Surgeon Approval
- f. Conditions requiring Durable Medical Equipment. Component Surgeon Approval.

3. Local National (LN)/Third Country Nationals (TCN). All local national and third country national employees whose job requires close or frequent contact with non-LN/TCN personnel (i.e., dining facility workers, interpreters etc.) must be screened for tuberculosis (TB). LN and TCN employees involved in food service, including water and ice production must be screened annually for signs and symptoms of infectious diseases. Contractors must ensure LN/TCN employees receive Typhoid and Hepatitis A vaccinations and ensure documentation in the employees' medical record. Vision readiness standards, hearing standards must be IAW service policy/guidance for all LNs/TCNs. LNs/TCNs must have a current dental exam in his/her medical record.

4. Waivers.

a. If a medical waiver is indicated, prepare, and submit a medical waiver request form (Attachment A) with appropriate supporting documentation to the specific USSOUTHCOM Component Surgeon based on component guidance (Attachment C).

**Ensure to encrypt all emails.**

b. If the individual does not meet minimal medical suitability requirements, the screening health care provider (MD/DO, PA/NP, PhD/PsyD or LCSW) should either initiate a permanent profile or recommend for SM for separation.

c. Medical examiners must consider climate, altitude, billeting options, duty assignment and duration, and health support services available in theater when deciding whether an individual with a specific medical condition is deployable.

d. Contractors are responsible for requesting medical waivers for employment consideration from the contracting officer. Contracting officers will forward the waiver

request to the responsible Component Surgeon (see Attachment C) for review and approval. Responsible Component Surgeon will provide a copy of approved waiver of contracting officer, contract company, employee medical record and the SCSG IAW this regulation.

e. **For visits of less than 30 days (TDY)**, the responsible unit or MTF medical personnel will determine medical suitability screening based on the anticipated medical risks and the individual's medical condition. **No medical waiver is required.**

f. An adequate healthcare support system must be validated by the component Surgeon prior to approving waivers for any condition requiring ongoing health care or use of medications. Medications must be available or accessible to the individual through existing pharmacy resources, within the military health system or through mail order supply and have no special handling, storage, or other requirements.

g. If a person is found deployed with a listed condition and without a waiver for that condition, a waiver request form must be initiated by the JTF or Component Surgeon if they believe a waiver is warranted. If the waiver is denied, the individual will be redeployed as soon as possible, and the personnel process will be used to replace the individual as needed.

h. The list of conditions is not intended to be all-inclusive. A list of all possible diagnoses, which could result in potential non-deployability, would be too extensive. It is the intent of this Medical Suitability Standard to provide a framework for healthcare providers to make informed decisions and to outline the process for addressing medical conditions which could adversely affect the individual or the mission while OCONUS in theater.

APPENDIX C  
ABBREVIATIONS AND ACRONYMS

CCDR - Combatant Commander

DFAR - Defense Federal Acquisition Regulation

DO – Doctor of Osteopathy

EFMP - Exceptional Family Member Program

GCC – Geographic Combatant Command

HBV - Hepatitis B Virus

HCV - Hepatitis C Virus

HIV - Human Immunodeficiency Virus

IMR - Individual Medical Record

FHP - Force Health Protection

LCSW – Licensed Clinical Social Worker

LN - Local National

MI – Myocardial Infarction

MD – Medical Doctor

MTF - Military Treatment Facility

NP - Nurse Practitioner

PA - Physician Assistant

PsyD – Doctor of Psychology

SCSG- SOUTHCOM Surgeon

SPOT - Synchronized Pre-deployment and Operational Tracker

TB - Tuberculosis

TCN - Third Country National

## ATTACHMENTS

### ATTACHMENT A USSOUTHCOM Medical Waiver Request Form



Attachment  
A\_Medical Waiver R

### ATTACHMENT B MOD 3 USSOUTHCOM Amplification of the Minimal Standards of Fitness



Attachment B\_MOD  
3 AMPLIFICATION O

### ATTACHMENT C USSOUTHCOM Medical Waiver Process



Attachment  
C\_Medical Waiver Pr

### ATTACHMENT D USSOUTHCOM Force Health Protection Guidance



Attachement D\_SC  
Policy Memo 15-21 F

### ATTACHMENT E MOD 16 USCENTCOM Amplification of the Minimal Standards of Fitness



Attachment  
E\_CENTCOM MOD 1

### ATTACHMENT F USSOUTHCOM Policy Memorandum, Service Component Reporting of Potentially Concussive Events (PCE), JULY 2022



Attachment F\_Policy  
Memorandum 04-22