

Soldiers can now complete their portion of the **Periodic Health Assessment (PHA)** online before their appointment with the medical provider. Complete your portion of the PHA, then schedule an appointment with your medical provider or MTF to complete the PHA process. Direct all questions regarding scheduling provider appointments to your Chain of Command.

Step	User Action	What to Check/System Response
	Login to AKO	AKO homepage opens.
	Click on the My Medical Readiness hyperlink. The link is located on the right side of the screen under My Professional Data.	The My Medical Readiness page opens. See image below.
	Click on the Periodic Health Assessment hyperlink.	The PHA application opens.

Completing the Member portion of the PHA

Upon logging in to the PHA application, you will see a list of your recent PHAs. The list displays all of your PHAs. You may only have one status 1 PHA active in the system at a time. If you have a status 1 form that is over 30 days old you can archive the form and start a new PHA. You can open all forms except for status 2 & 3 forms. Providers lock these forms for review.

- Status 1 = Member portion complete
- Status 2 = Provider in Process (not editable)
- Status 3 = Awaiting Signature From Credential Provider (not editable)
- Status 4 = Complete (not editable)
- Status 5 = Completed through AHLTA (not editable)
- Status 6 = Completed with a PDHA (not editable)
- Status 7 = Completed with a PDHRA (not editable)

To print your PHA click on the PDF icon to open a printable version of your form.

- Regular icon – opens the regular version of the printable form
- Icon with an E – opens the expanded version of the printable form. Use this if you are taking the form to any place other than an Army MTF to be completed.

Step	User Action	What to Check/System Response
1.	Open PHA.	If you do not already have a status 1 PHA created click submit next to new form to start a new PHA. If you have status 1 PHA, you can edit this PHA or archive it if it is over 30 days old. To archive the form click on the folder icon and enter your reason for archiving the form.
<p>Note: You can move from tab to tab by clicking on the tab at the top of the page or by using the next and previous buttons. If you have questions while on a tab click on the FAQ hyperlink for a list of FAQs related to the tab you are working on.</p>		
2.	Verify the pre-populated demographics information to ensure it is current and accurate. Notify your Unit Administrator of any incorrect information and request that they have the data corrected.	The populated demographic data comes from the Total Army Personnel Database (TAPDB). The Unit Admin must make changes to this data.
3.	<p>Answer the required questions on the demographics tab.</p> <p>Required Fields:</p> <ul style="list-style-type: none"> • Is this your unit • Address • Phone Number 	The system highlights required information in yellow after you hit the submit button on the family history tab.
4.	Check the boxes of any allergies you have on the Allergies tab. Use the other box to enter allergies not included in the list. If you are not allergic to anything, check none.	Verify that the correct allergy boxes are checked. If you have a previously completed PHA the system will populate your responses to the allergies questions.

5.	Answer each of the questions on the Overall Health tab.	If you answer yes to any of the questions, the system requires that you enter comments in the Soldier comments box.
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Demo Allergies Overall Health Current Health Preventive Health Behavioral Health Family History

1. Do you currently have or have you had dental problems since your last military exam? Yes

Soldier Comment:

2. Have you been seen or treated by a health care provider since your last military exam? No

3. Have you been hospitalized or had surgery since your last military exam? No

4. Are you taking any over the counter medications, prescription medications, and/or supplements? No

4a. If yes, are you having any side effects from the medication? No

5. Are you currently receiving any VA disability, workmans compensation, or other type of compensation for health or physical reason? (For National Guard and Army Reserve Soldiers only)

6. Are you on a profile or do you have a medical condition that keeps you from taking any part of the APFT, requires you to take alternate APFT event, or keeps you from doing your military job duties? No

previous next (current health)

6.	Enter a response for each condition listed on the Current Health tab.	If you answer yes to any of the conditions, the system requires that you select an answer for the currently treated question. You have the option of entering comments in the Soldier comments box.
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Demo Allergies Overall Health Current Health Preventive Health Behavioral Health Family History

Symptom	Do you or have you ever had?	Currently Treated?	Soldier Comments
Heart Trouble / Chest Pain	No		
Heart Murmur	Yes	No	comments
High Blood Pressure	No		
Rheumatic Fever	No		
Stroke	No		
Frequent Headaches	No		
Thyroid Disease	No		

7.	Answer each of the questions on the Preventive Health tab.	If you answer yes to smoking or chewing you must answer the corresponding questions. If you answer more than never to the alcohol question, you must answer the corresponding questions.
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Tobacco Use

Do you smoke any kind of tobacco products?

If yes, please answer the following questions:

1. How soon after you wake up do you smoke your first cigarette?
2. Do you find it difficult to refrain from smoking in places where it is forbidden?
3. Which cigarette would you hate most to give up?
4. How many cigarettes per day do you smoke?
5. Do you smoke more frequently during the first hours after awakening than during the rest of the day?
6. Do you smoke even if you are so ill that you are in bed most of the day?

Do you dip or chew?

If yes, please answer the following questions:

1. How soon after you wake up do you place your first dip?
2. How often do you intentionally swallow tobacco juice?
3. Which chew would you hate most to give up?
4. How many cans/pouches per week do you use?
5. Do you chew more frequently during the first hours after awakening than during the rest of the day?
6. Do you chew even if you are so ill that you are in bed most of the day?

8.	Answer each of the questions on the Behavioral Health tab. These questions are optional and not required, however it is highly recommended that you answer them.	If you answer yes to either of the questions you must answer the corresponding questions.
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Demo	Allergies	Overall Health	Current Health	Preventive Health	Behavioral Health	Family History
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Mental Health

Over the LAST 2 WEEKS, have you been bothered by:

Little interest or pleasure in doing things

Feeling down, depressed, or hopeless

Over the LAST 2 WEEKS, how often have you been bothered by any of the following problems?

1. Little interest or pleasure in doing things
2. Feeling down, depressed, or hopeless
3. Trouble falling or staying asleep, or sleeping too much
4. Feeling tired or having little energy
5. Poor appetite or overeating
6. Feeling bad about yourself - or that you are a failure or have let yourself or your family down
7. Trouble concentrating on things, such as reading the newspaper or watching television
8. Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual
9. Thoughts that you would be better off dead, or of hurting yourself in some way
10. If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

9.	<p>Select an answer for each of the conditions for every family member on the Family History tab.</p> <ul style="list-style-type: none">• Select unsure if you do not know the name of the condition. For example, you know your mother's mother had cancer, but are not sure what kind of cancer.• Select multiple if your family member suffered from multiple options in the drop-down menu.• Select other if the condition is not in the drop-down menu.• Select unknown if you do not know the medical history of the family member. <p>Use the all none, all unknown, all unsure to populate the corresponding selection for every family member. If you use this option, you can still modify individual family member's selections.</p>	<p>Verify that the correct conditions are displayed in the correct boxes for each family member.</p>
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10.	<p>Click Submit.</p> <p>You must complete all required questions on all of the tabs before you can submit the form.</p>	<p>If you have not answered any of the required questions, the application will display them in a list for you. The list tells you the question that needs answered and what tab the question is located on. If you have answered all of the required questions, you will see a message stating your form successfully submitted and the application will return to the homepage.</p>
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PHA with Errors



PHA without Errors



11.	<p>Make an appointment with a provider to complete your PHA.</p> <ul style="list-style-type: none"> • Active Army – make an appointment at your local Army MTF. • National Guard – ask your Commander how they want you to complete the provider portion of the PHA. • USAR – if you are TPU call 1-888- MYPHA-99 to make an appointment, if you are AGR make an appointment at your local Army MTF. 	
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POST DEPLOYMENT HEALTH ASSESSMENT

PDHA

Soldiers deploying or redeploying from theater can now complete their portion of the Pre, Post or Post Deployment Health Reassessment online before their scheduled deployment processing at which time a medical provider will complete the assessment with the Soldier. **Do not complete online unless instructed to do so by your Chain of Command.**

Deployment Health Assessments

Please select the survey you would like to view, edit, or complete

PRE DEPLOYMENT HEALTH ASSESSMENT FORM

(Should be completed within 30 Days prior to Deployment Date)

DD2795

POST DEPLOYMENT HEALTH ASSESSMENT FORM

(Should normally be completed within 30 Days prior to Re-Deployment or immediately upon return)

DD2796

POST DEPLOYMENT HEALTH REASSESSMENT FORM

(Should be completed 90 - 180 days from Post Deployment Date)

DD2900

Historical forms, both completed and partial, where the name data does not match that recorded in the Army Personnel Databases will no longer be accessible to Soldiers via this AKO link. Those partial forms will be available when you visit with your health care provider (and any changes can be made at that time).

POST DEPLOYMENT HEALTH REASSESSMENT

PDHRA

The Army PDHRA Program is a part of the DoD's overall Force Health Protection Program. The Post-Deployment Health Reassessment (PDHRA) is a comprehensive health screening that examines for physical and behavioral health concerns associated with deployment. The program demonstrates the Army's commitment to the long-term health and well-being of Soldiers and Department of the Army (DA) Civilians.

It is conducted 90-180 days post-deployment. Conducting the PDHRA within this window is critical as research indicates that this is when symptoms of issues may appear. The screening is designed to address deployment-related physical and behavioral health needs and readjustment concerns of Army Soldiers 90-180 days after returning from a combat deployment.

The PDHRA is a required screening for all who deployed OCONUS for 30 days or more with non-fixed Military Treatment Facility (MTF) (IAW DODI 6490.03). It must be completed regardless of your location, upcoming separation (ETS) or retirement within the prescribed window.

The PDHRA consists of three components:

Resilience Training:

- Resilience Training is one of the Army's mandatory training programs as outlined in AR 350-1. It is a Unit Commander's responsibility just like other mandatory training programs, such as physical fitness training, substance abuse program training and prevention of sexual harassment training.
- Only unit-level qualified trainers—Master Resilience Trainers—can conduct the training.

DD Form 2900:

- The DD Form 2900 is a series of questions that will help guide the discussion with the health care provider.
- Access to the DD Form can be found through AKO, and it may be filled out online at <https://medpros.mods.army.mil/mwde/secure/AKOForms.asp>.

Discussion with a Health Care Provider:

- The discussion with the health care provider can take place either at on-site events, a MTF, a Yellow Ribbon event, a call center event or via phone.
- The PDHRA is confidential, so candid answers will not impact promotability or security clearance.

The PDHRA is not complete until you speak with a health care provider.