

APPENDIX I

**MANAGEMENT OF INDIVIDUAL HEALTH
RECORDS IN THE FIELD****I-1. General**

a. This appendix provides guidance on the maintenance of the soldier's individual health record (HREC) at Echelon II medical units. The governing regulation is AR 40-66.

b. Health records are not maintained at Echelon I as there is not an MOS 71G, Patient Administrative Specialist, assigned at this echelon.

I-2. Health Records of Deployed Soldiers

a. The HREC (DA Form 3444 or DA Form 8005 series [Medical and Dental Treatment Record]) folders of deployed soldiers will not accompany them to combat areas. When processing soldiers for overseas (or intratheater/intertheater) deployment, home station MTFs and dental treatment facilities (DTFs) (supporting mobilization/deployment operations) will audit each soldier's HREC. The treatment facility will record the deploying soldier's essential health and dental care information on DA Form 8007, Individual Medical History. The DA Form 8007 is a single page document that will be prepared for every soldier in CONUS and OCONUS who is deploying. The DA Form 8007 will be initiated and/or updated during records screening. This form is intended for use until an electronic device (automated individually carried record system) that stores medical, dental, personnel, and finance data is fielded. The preparation and use of DA Form 8007 is applicable to deploying military personnel as well as civilian employees who may accompany deploying forces. During peacetime operations, units are encouraged to use DA Form 8007 during training exercises.

(1) If the HREC is not available, DA Form 8007 will be completed based on soldier interviews and any other locally available data. An HREC may not be available for many Individual Ready Reserve (IRR), Individual Mobilization Augmentees (IMAs), and retired personnel because their HRECs may be on file at the US Army Reserve Personnel Center.

(2) The completed DA Form 8007 will be provided to the soldier's command, or to the soldier if he is an individual replacement, and then handed-off to the Echelon II MTF in the AO responsible for providing primary medical treatment. That MTF will maintain the DA Form 8007 in an outpatient field file for reference, as needed. The field file will consist of, in part, DA Form 8007 and possibly SF 600 (Health Record—Chronological Record of Medical Care), SF 558 (Medical Record—Emergency Care Treatment), SF 603 (Health Record—Dental), or DD Form 1380 (US Field Medical Card).

b. Forward deployed forces are those Army forces currently deployed in areas such as Europe and Korea. When these forward deployed forces are deployed for wartime military operations (either within their current geographical location or deployed to a different location), the DA Form 8007 should be initiated as outlined in paragraphs a (1) and (2), above (time permitting).

c. Health records of soldiers deploying for short duration contingency operations will be retained by the servicing home station MTF and DTF providing primary care.

I-3. Primary Medical Treatment Facility

a. *Definition.* The term *primary medical treatment facility for deployed forces* is defined as divisional and nondivisional Echelon II medical companies and aviation medical elements. The organizations that are closest to the soldier and capable of fulfilling the *primary medical treatment facility* role include—

- Medical companies of divisional support battalions.
- Medical companies/troops of nondivisional support battalions/squadrons.
- Primary medical element of major aviation units.
- Corps and COMMZ ASMBs.

b. *Areas of Responsibility.* Table I-1 provides examples of supporting medical companies areas of responsibilities as *primary medical treatment facilities*.

Table I-1. Primary Medical Treatment Facility Area of Responsibility

PRIMARY MEDICAL TREATMENT FACILITY	AREA/UNITS SUPPORTED
Medical Company, Forward Support Battalion	All divisional units assigned within a brigade AO inclusive of brigade headquarters, maneuver battalions/companies, DISCOM units, and artillery/engineer units.
Medical Company, Main Support Battalion	All divisional units operating within the DSA (less divisional aviation brigade units).
Medical Company, Support Battalion/Squadron, Separate Brigade/Armored Cavalry Regiment	All troops assigned in the brigade/regiment support area, brigade/regiment headquarters, maneuver battalions/squadrons, companies/troops.
Headquarters and Support Company, Area Support Medical Battalion	Designated corps/COMMZ units, population 5,000.
Area Support Medical Company Area Support Medical Battalion	Designated corps/COMMZ units, population 5,000.
Echelons I/II Medical Elements, SOF	Designated SOF units.

1-4. Storage of Individual Health Records

Forward deployed (Echelon II) medical units will secure field chests or field file containers in quantities sufficient for the troop population supported. The medical company will establish a drop (loose forms maintained in an open envelop) file on each soldier assigned within the area supported.

I-5. Establishment and Management of the Field File in the Operational Area

a. A copy of DA Form 8007 and other medical records on individuals assigned within a given area will be handed off to the supporting primary MTF and maintained in a drop file.

b. Supported units will be required to provide the primary MTF a battle roster of personnel assigned. This roster should be provided when personnel assignment changes are made or upon request.

c. The MTF, when possible, will attempt to ensure that the HREC accompanies the medically evacuated soldier.

d. If a soldier's primary MTF changes, the HREC will be transferred to the gaining MTF.

e. If a soldier requires hospital admission, every attempt will be made to forward the HREC to the admitting hospital.

f. When the MTF determines that an individual is no longer assigned within its AO, then the soldier's HREC will be closed out and forwarded to the supporting medical brigade/medical group headquarters for disposition. The medical brigade/medical group will, in turn, forward the HREC to an in-theater hospital where the patient is located, or forward it to the CONUS-based US Total Army Personnel Agency.

I-6. Operations After Hostilities Cease

After cessation of hostilities, field HRECs will be integrated with the HREC at the home station or the mobilization station.