

CORRECTED COPY
Medical Services
COMPOSITION, MISSION AND FUNCTIONS OF FORT HOOD MEDICAL SERVICES

SUPPLEMENTATION. Local supplementation of this regulation is prohibited except upon approval of the Director of Health Services.

SUGGESTED IMPROVEMENTS. The proponent of this regulation is the Director of Health Services. Users are invited to send comments and suggested improvements to the Commander, III Corps and Fort Hood, ATTN: HSXI-CO.

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**SECTION I
GENERAL**

1-1 **PURPOSE.** This regulation provides general guidelines on the policies, procedures, and responsibilities for activities providing health care services at Fort Hood.

1-2. **APPLICABILITY.** This regulation applies to personnel providing or receiving services through any Fort Hood health care activity. During full mobilization, portions of this regulation remain in effect.

**SECTION II
DARNALL ARMY COMMUNITY HOSPITAL (DACH)**

2-1. **GENERAL.** The highest quality of health care is provided personnel for whom the Department of the Army (DA) is responsible. The Director of Health Services (DHS), Fort Hood, prepares and supervises the execution of the health service plans for Fort Hood. The DHS maintains liaison with the major subordinate command (MSC) surgeons assuring maximum use of Army medical department (AMEDD) personnel resources for providing medical services.

2-2. **RESPONSIBILITY.** DACH provides health care services to authorized beneficiaries at Fort Hood and satellite installations and activities as directed by regulation or applicable Memorandums of Understanding (MOU).

2-3. SERVICES.**a. DACH Clinics.**

(1) Active duty personnel are strongly encouraged to obtain their primary medical care through their battalion aid station (BAS) or troop medical clinic (TMC).

(2) The General Outpatient Clinic (GOC) provides sick call for assigned active duty personnel and scheduled medical care for other beneficiaries including children 13 years of age and older. Care for children under 13 years of age is rendered by the Pediatric Clinic. Individuals seen in the GOC are treated by a physician or physician's assistant (PA), or referred to the specialty clinic best able to respond to their needs. GOC hours of operation are directed by the Deputy Commander for Clinical Services (DCCS) through the Chief, Department of Primary Care and Community Medicine (DPCCM). Appointments are scheduled through the Patient Appointment System (PAS) at 288-8888.

(3) Primary Care for the Uniformed Services (PRIMUS) clinics provide medical care for eligible beneficiaries on a walk-in basis. The PRIMUS clinics offer a variety of health care services to include primary medical treatment for common illness, immunizations, laboratory and x-ray services, prescription medications from PRIMUS physicians, and optometry examinations (by appointment only). The PRIMUS clinics do not provide obstetrical, orthopedic, dental care, or routine physical examinations. These contractor operated clinics may be called for hours of operation: Copperas Cove, 542-4111 and Killeen, 690-3101.

(4) A referral from a TMC, GOC or PRIMUS clinic is required for treatment in a specialty clinic. Specialty clinic appointments are scheduled through PAS at 288-8888.

(5) Patients unable to keep appointments are to call and cancel them as early as possible. The cancellation line operates 24 hours daily. Appointments may be cancelled by calling 288-7777.

(6) For their own protection, well children and nonessential adults should not accompany a patient into any clinic or the emergency room (ER).

(7) Family members under 18 years of age requiring treatment must be accompanied by a parent or legal guardian. Exceptions are granted for patients seeking contraceptive information or devices and for treatment of venereal disease.

(8) Parents or guardians who will be absent for even a short period of time must obtain a duly notarized (medical) power of attorney in order for treatment to be legally rendered to their children.

b. Emergency Medical Care.

(1) Emergency medical care is provided at DACH ER 24 hours a day, 7 days a week. The ER treats patients requiring immediate attention to save life or limb, or prevent undue suffering. After initial screening, genuine emergencies are seen by qualified health care personnel. Patients with conditions not considered to be true emergencies will be directed to an appropriate treatment facility.

(2) Emergency patients requiring continued evaluation or treatment will be admitted to the hospital or referred to the GOC, PRIMUS clinic, specialty clinic or TMC as required.

(3) Civilian emergencies not authorized uniformed services care will be stabilized and referred to a civilian physician.

c. Physical Examination. Routine physical examinations are conducted at the locations listed below:

(1) Physical Examination Section (PES), Building 36001. Appointments are made through the PAS at 288-8888. The need for the physical examination is identified by the soldier's supporting Personnel Service Company (PSC).

(2) DACH. Physical examinations for general officers, colonels, battalion commanders, and sergeants major are scheduled by the Secretary, Department of Medicine at 288-8074.

d. Flight Physicals. Individuals may schedule flight physicals by calling PAS at 288-8888.**SECTION III****ACTIVE DUTY HEALTH CARE - THE BATTALION AID STATION (BAS)**

3-1 OBJECTIVE. The BAS provides primary outpatient care on a unit basis to Fort Hood active duty soldiers.

3-2 GENERAL.

a. BASs routinely provide the following functions: conduct routine sick call, provide limited pharmacy service, assign temporary physical profiles, document care provided, maintain health records, and collect data of epidemiological significance. The C, DPCCM provides technical supervision of BASs through coordination with the appropriate MSC Command Surgeon.

b. BASs are staffed by PAs or physicians. Medical supplies necessary for BAS operation in garrison are available from the supporting TMC. Repackaging and labeling of drugs shall not be performed by any BAS.

c. BASs will not use drugs, medical supplies and equipment provided for garrison health care in support of contingency missions or field training exercises. This support is the responsibility of the 47th Medical Supply, Optical and Maintenance Battalion (47th MEDSOM) and the appropriate division medical supply office (DMSO).

d. HSC Pam 40-7-21 (The Algorithm Directed Troop Medical Care (ADTMC)), may be used in the BASs under the following conditions:

(1) Provisions of HSC Pam 40-7-21 will be complied with. Modifications or changes to any algorithm or self-care protocol are prohibited without the approval of the C, DPCCM, DACH.

(2) AR 40-66 (Medical Record and Quality Assurance Administration), AR 40-48 (Non Physician Health Care Providers) and HSC Reg 40-5 (US Army Health Services Command Ambulatory Primary Care), require medical officer supervision of enlisted health care extenders. The supervising physician or PA must be designated in writing. The medical department activity (MEDDAC) credentials committee will categorically credential enlisted screeners. The supervising physician or PA will certify in writing that each screener in his clinic meets the requirements of their credential category. This documentation will be reviewed by the credentials committee as needed but not less than annually. It is the MEDDAC Commander's responsibility to establish a local training program for screeners to include table of

organization and equipment (TOE) personnel. Completion of this training must be documented in the credentials file.

(3) Medications outlined in the HSC Pam 40-7-21 must be endorsed by the MEDDAC Therapeutic Agents Board (TAB) and approved by the MEDDAC Commander for dispensing by screeners. Approval for dispensing these medications must be included in the scope of practice of the screener's credentials. Screeners may dispense approved medications only in accordance with (IAW) instructions in HSC Pam 40-7-21.

**SECTION IV
ACTIVE DUTY HEALTH CARE - THE TMC/CTMC**

4-1 **OBJECTIVE.** The TMC provides primary outpatient care on an area basis to Fort Hood active duty soldiers. Dependent care in TMCs can only be authorized when providers are family practitioners or flight surgeons and remain in the clinic. Civilian employees are authorized emergency care for work-related injuries at TMCs prior to transfer to a civilian facility or the DACH ER.

4-2 GENERAL.

a. TMCs perform the following functions: conduct routine sick call, provide higher level care to patients referred from BASs, administer immunizations, provide limited pharmacy service, provide temporary physical profiles, document the care provided, maintain health records, and collect data of epidemiological significance. C, DPCCM provides technical supervision of TMCs with coordination of appropriate MSC command surgeon.

b. The Consolidated Troop Medical Clinic (CTMC) performs the same basic functions as other TMCs, but also offers on-site radiology, optometry, laboratory, and pharmacy services. C, CPCCM provides technical supervision in coordination with the appropriate MSC command surgeon.

c. Specialty clinics (i.e. optometry) operated outside the main hospital are extensions of DACH services and are under the technical supervision of the appropriate hospital service chief.

d. Repackaging and labeling of drugs will not be performed at any TMC not staffed by a dispensing physician or registered pharmacist as described in AR 40-2 (Army Medical Treatment Facilities General Administration). Drugs necessary for TMC operations are available from the hospital pharmacy in prepackaged and labeled containers.

e. TMCs will not furnish drugs, medical supplies, or equipment to any BAS in support of contingency missions or field training exercises.

4-3 RESPONSIBILITIES.

a. DHS, Fort Hood.

- (1) Oversees the quality and extent of health care services provided at the BASs/TMCs.
- (2) Determines the adequacy of facilities and staffing of the BASs/TMCs.
- (3) Establishes BAS/TMC operating policies.

b. The Commander, MEDDAC.

- (1) Supplies technical supervision to the BASs/TMCs to be sure of the quality of medical care.
- (2) Furnishes physician staffing at TMC 6 and staffing IAW the appropriate TDA at the CTMC.
- (3) Coordinates the assignment of Directed Military Overstrength (DMO) flight surgeons to the Apache Training Brigade.
- (4) Provides for and authorizes the receipt of necessary medical equipment and supplies for TMC operations.
- (5) Provides routine housekeeping services to TMCs.

(6) Furnishes medical maintenance support to TMCs.

(7) Furnishes medical, nursing, and administrative consultations to the BASs/TMCs. Designated consultants conduct periodic assistance visits related to their consultant function, and forward results to the appropriate command surgeon.

(8) Provides courier service to TMCs on a daily basis, including delivery of routine medical supplies.

c. Major Subordinate Unit Commanders.

(1) Provide with the exception of 13th Corps Support Command (COSCOM), physician and PA staffing for the BASs/TMCs through the command surgeons.

(2) Provide sufficient enlisted 'other' staffing for assigned BASs/TMCs to support area workload. IAW United States Forces Command (FORSCOM), United States Army Training and Doctrine Command (TRADOC), and HSC MOU, p. 5b (c), insure that units withdraw necessary personnel for the following reasons only: Army Training and Evaluation Program (ARTEP), Emergency Deployment Exercise (EDRE), preparation for and participation in Annual General Inspection (AGI), real world contingency operations, and operational requirements which take 'others' away from their home station. Notice of release of personnel for ARTEPs and AGI will be submitted to the medical treatment facility (MTF) 30 days in advance.

(3) Provide administrative vehicle support to BASs/TMCs.

d. Individual Unit Commander.

(1) Prepares DD Form 689 (Individual Sick Slip) for each soldier requiring medical care. In cases when a patient reports directly to a treatment facility for emergency care and is admitted, the unit commander will be notified.

(2) In emergency cases, when the soldier is returned to the unit with less than full duty, a DD Form 689 or DA Form 3349 (Physical Profile Board Proceedings, Medical Condition, Physical Profile Record) is prepared for the commander explaining the duty limitations.

4-4 **STAFFING.** TMC staffing is IAW DA Pam 570-557 (Staffing Guide for US Army Medical Activities), Table 557-52.3, existing MOUs and applicable local regulations. FORSCOM and HSC manpower survey recommendations recognize only minimum staffing requirements. Commanders may staff TMCs, using additional TOE unit personnel, to meet increases in workload and provide additional training opportunities to be sure of individual technical skill proficiency. TMC cadre is to be stabilized for at least 6 months at a time, in order to provide continuity of care and operations. The provisions of FH Reg 40-2 (FORSCOM AMEDD Personnel Support of Fort Hood MEDDAC) provide guidance for the selection and use of 'other' FORSCOM manpower performing assigned duty within the TMC.

SECTION V COMMUNITY MENTAL HEALTH SERVICE (CMHS)

5-1 **OBJECTIVE.** CMHS provides mental health services for soldiers, to include evaluation and treatment of stress reactions and psychiatric conditions, and consultations with commanders and staff on matters pertaining to individual and unit effectiveness and morale. The Department of Psychiatry, DACH provides services to family members and retired personnel.

5-2 GENERAL.

a. The CMHS operates under the technical supervision of the Chief, Department of Psychiatry, and the general supervision of the MEDDAC Commander. CMHS is staffed by psychiatrists, psychologists, social workers, and behavioral science specialists assigned to both MEDDAC and installation FORSCOM units. Mutual support is provided IAW existing MOUs and FH Reg 40-2.

b. FORSCOM personnel performing duty in CMHS function as a unified section with CMHS.

c. The Chief, CMHS, is responsible for the functions and activities of CMHS and supervises personnel and resources used within CMHS.

5-3 FUNCTIONS.

a. The primary functions of the CMHS are listed in AR 40-216 (Neuropsychiatry and Mental Health) and HSC Reg 10-1 (U.S. Army Health Services Command Organization and Functions Policy). CMHS is concerned with the prevention, diagnosis, treatment, and disposition of soldiers experiencing stress reactions and psychiatric disorders. Commanders may refer soldiers to CMHS by using FH Form 280 (Unit Commanders Request for Mental Health Consultation). The FH Form 280 is hand-carried by a noncommissioned officer (NCO), other than the soldier to be evaluated, to CMHS. CMHS evaluates the soldier and makes appropriate recommendations regarding treatment, medical or administrative separation from active duty, or return to duty for other disposition.

b. CMHS evaluates personnel IAW specific command programs and policies for impact on the psychological effectiveness of assigned soldiers.

c. CMHS advises commanders on matters pertaining to the adjustment, morale, and motivation of assigned personnel.

d. CMHS maintains liaison with appropriate military and civilian mental health resources.

5-4 PROCEDURES.

a. Psychiatric, psychological, and stress-related problems are referred to CMHS. Personnel who appear to need psychiatric evaluation or treatment are referred to CMHS. After duty hours, psychiatric emergencies will be referred to ER, DACH.

b. Psychiatric evaluations of soldiers confined in the stockade will be coordinated with the CMHS staff.

c. Referrals to CMHS are accepted from unit commanders, chaplains, staff judge advocates (SJAs), military police (MP), medical officers, work or training supervisors, Red Cross representatives, or any officer exercising jurisdiction in a situation. Individual soldiers may request appointments on their own behalf.

d. Initial interviews are conducted by enlisted behavioral science specialists of CMHS. Cases are discussed with and staffed through a social worker, psychologist, or psychiatrist. Recommendations for treatment or other disposition are made only by professional staff.

SECTION VI AVIATION MEDICINE PROGRAM

6-1 **OBJECTIVE.** The aviation medicine program is a multidisciplinary program structured to promote aviation safety and prevent injury and illness to aviators and support personnel.

6-2 GENERAL.

a. The aviation medicine program operates at TMCs 4, 10, and 12. Routine sick call for flight status personnel is conducted only at the following clinics:

(1) TMC 4 - Provides primary medical care for 6th Cavalry Brigade and III Corps personnel whose primary duty is not at Hood Army Airfield (HAAF).

(2) TMC 10 - Provides primary medical care for aviation personnel with duty at West Fort Hood (WFH).

(3) TMC 12 - Provides primary medical care for aviation personnel with primary duty at HAAF.

b. Medical records for personnel on flight status are maintained at their respective aviation medical clinics.

- c. Appointments for flight physical examinations are obtained by calling PAS, 288-8888.

6-3 RESPONSIBILITIES.

- a. The III Corps Surgeon is responsible for:

- (1) Implementing and monitoring the command aviation medicine program.
- (2) Appointing the III Corps Aviation medical officer.

b. The DHS provides facilities for conducting sick call and flight physicals, back-up medical specialty consultation services as required and medical technical supervision.

c. The III Corps aviation medicine officer recommends to DHS and monitors aviation medical policies, coordinates the aviation medicine activities of the other flight surgeons, publishes the 'Flight Surgeon-on - Call Roster', reviews flight physicals before forwarding to DA for final action, advises the III Corps Surgeon on matters pertaining to aviation medicine, and serves as a member of the III Corps Aviation Safety and Standardization Board.

d. Flight surgeons assigned to Fort Hood are responsible for implementing the aviation medicine program in their respective unit under the technical supervision of the III Corps aviation medicine officer. Within their assigned unit they maximize participation in unit aviation safety programs.

6-4 FUNCTIONS. The major functions of III Corps flight surgeons are:

- (1) Evaluating and treating aviators with acute or chronic injuries or illness.
- (2) Maintaining the health records of aviation personnel.
- (3) Identifying illness or injuries and implementation of preventive medicine techniques.
- (4) Maintaining requirements for flight status to enable aviation medicine personnel to become familiar with the aircraft assigned to Fort Hood and the specific problems associated with each.
- (5) Resolving medical questions pertaining to aviators.
- (6) Advising commanders and technical supervisors in matters pertaining to aviation medicine such as crew rest standards and air ambulance operations (to include military assistance to safety and traffic (MAST) operations and range coverage).
- (7) Providing formal and informal instruction to aviation personnel on the physiology of flight and informal medical aspects of aviation safety.
- (8) Surveying flight lines regularly for industrial or environmental hazards.
- (9) Providing members for accident investigation and flight evaluation boards IAW AR 385-95 (Army Aviation Accident Prevention) and AR 40-21 (Medical Aspects of Army Aircraft Accident Investigations).
- (10) Reviewing completed flight physicals under the provisions of AR 40-501 (Standards of Medical Fitness).
- (11) Supervising fitting and use of personal safety equipment.
- (12) Providing active support to command aviation safety programs through presentations at safety meetings and safety councils.
- (13) Advising the Commander, MEDDAC, and the hospital staff on matters pertaining to the management of aviation personnel, problems associated with decompression sickness, aeromedical evacuation

consultation, examination of aviators involved in aircraft accidents, and procedures necessary for adequate flight physicals.

(14) Coordinating with the Federal Aviation Administration (FAA), consultants, U.S. Army Aviation Safety Office (USAASO) and other agencies associated with aviation medicine or flight safety.

(15) Participating in frequent flights with the aviators under their care.

SECTION VII AMBULANCE SERVICE

7-1 RESPONSIBILITIES.

a. DACH Emergency Ambulance Service is responsible for:

(1) Providing emergency ambulance service to authorized personnel at Fort Hood under the provisions of AR 40-2 (Army Medical Treatment Facilities General Administration), chapter 13.

(2) Requests for emergency ambulance service are directed to the ER ambulance section at 288-8111. The following information must be provided:

- (a) Name and rank (if applicable) of requester.
- (b) Name and location of patient.
- (c) Telephone number from where call is placed.
- (d) Summary of injury or illness, and any special equipment or personnel required.

b. Ambulance support for events at Fort Hood.

(1) The sponsor of each event, activity, or exercise at Fort Hood must be sure of response capability for a serious illness or injury by arranging reliable communications with emergency medical service (EMS)-capable air (3/507th Medical Company (Air Ambulance) at Robert Gray Army Airfield (RGAAF)) and ground (ER at DACH) evacuation assets.

(2) Field ambulance/enlisted medic support should **not** be sought when:

(a) There is a significant risk of serious illness or injury (competitive athletic events), which would exceed the capabilities of a field ambulance with enlisted medics. Medical coverage of such situations should include EMS-capable evacuation assets IAW b. (1) above.

(b) Civilian participation is planned, thereby raising serious liability concerns.

(c) Anticipated health care requirements include only routine sick-call, first-aid, and non-emergency evacuations. Such situations include, but are not limited to, land navigation courses; rappelling; nuclear, biological, chemical chambers; live-fire ranges; drownproofing; rail loading; airfield deployments; and non-medical unit Army Training and Evaluation Programs or brief exercises. 'Combat lifesaver' trained soldiers and non-medical vehicles for evacuation should be adequate in such cases.

(3) Field ambulance/enlisted medic support is appropriate and should be sought from Corps level medical activities (TOE hospitals and dispensaries) during extended field training exercises when:

- (a) Real-world medical care requirements for active duty soldiers exist.
- (b) Military physician and/or PA backup is available in the field.
- (c) The need for non-emergency evacuation of military patient is likely.

(4) Special cases not covered above, in which the availability of medical support personnel is a concern, should be considered in the staffing/approval process. Such requests should be staffed through the appropriate level command surgeon, to G3 tasking.

c. Air Ambulance Service. 3/507th Medical Company (Air Ambulance)

(1) Provides aeromedical evacuation of patients in cases necessary to save life or limb, or to prevent undue pain and suffering.

(2) Provides emergency movement of medical personnel, equipment, and supplies to meet critical requirements.

(3) Provides expeditious delivery of whole blood and biological to meet critical requirements.

(4) Supplements the existing local area EMS system by providing helicopters configured as air ambulances, to be ready to respond efficiently and effectively to serious civilian emergencies via the MAST program.

(5) Frequencies, call signs, phone numbers, and procedures to initiate and execute LIFESAVER missions are contained in FH Reg 40-20 (Aeromedical Evacuations).

d. Response to accidents at HAAF and RGAAF.

(1) Response to aircraft accidents will be IAW FH Reg 95-9 (Aviation Pre-accident and Crash Rescue Plan).

(2) For non-aircraft accidents the DACH ambulance section will provide primary ambulance response to HAAF and the 3/507th Medical Company (AA) will be the primary response for RGAAF.

**SECTION VIII
PREVENTIVE MEDICINE SERVICE**

8-1 OBJECTIVE. Preventive medicine encompasses a wide range of services with emphasis on disease prevention, disease and injury surveillance, and environmental protection aimed at reducing the loss of military and civilian man-hours and safeguarding the health of the command.

8-2 SERVICES.

a. Epidemiology and disease control.

b. Occupational health, industrial hygiene, and hearing conservation.

c. Environmental sanitation and quality and entomology services.

d. Community Health Nursing and 'Health on Wheels' van services.

e. Radiation protection (medically related).

f. Sexually transmitted disease (STD) education and screening. This includes HIV, HBV, and other STDs.

8-3 FUNCTIONS.

a. The range of functions provided by the services listed above are described in

(1) AR 40-5 (Preventive Medicine) with FH Supplement 1.

(2) HSC Reg 10-1

(3) HSC Reg 11-4 (HSC Operating Program - Preventive Medicine Guidelines for Implementation of a Preventive Medicine Program for MEDCEN/MEDDAC).

(4) HSC Pam 40-2 (U.S. Army Health Services Command Medical Services Occupational Health Program).

(5) HSC Pam 40-3 (U.S. Army Health Services Command Environmental Health Program).

(6) MEDDAC Reg 10-1 (Organization and Functions Policy).

b. The Preventive Medicine Service maintains close liaison with other federal and state agencies, and works in close association with applicable Fort Hood directorates to be sure that the medical needs of the military community are met.

c. The Chief, Preventive Medicine Service also serves as the III Corps Preventive Medicine Officer under the III Corps Surgeon, and as a consultant in the area of immunization policy for soldiers assigned to Fort Hood.

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GLOSSARY

ADTMC	Algorithm Directed Troop Medical Care
AGI	Annual General Inspection
ARTEP	Army Training and Evaluation Program
BAS	Battalion Aid Station
CMHS	Community Mental Health Service
CTMC	Consolidated Troop Medical Clinic
DA	Department of the Army
DACH	Darnall Army Community Hospital
DHS	Director of Health Services
DMO	directed military overstrength
DMSO	division medical supply office
DPCCM	Department of Primary Care and Community Medicine
EDRE	Emergency Deployment Readiness Exercise
EMS	emergency medical service
ER	Emergency Room
FAA	Federal Aviation Administration
FORSCOM	United States Forces Command
GOC	General Outpatient Clinic
HAAF	Hood Army Airfield
HBV	Hepatitis B Virus
HIV	Human Immunodeficiency Virus
HSC	United States Army Health Services Command
IAW	in accordance with
MAST	Military Assistance to Safety and Traffic
MEDCEN	United States Army Medical Center
MEDDAC	Medical Department Activity
MEDSOM	medical supply, optical, and maintenance
MOU	Memorandum of Understanding
MP	military police
MSC	major subordinate command
MTF	medical treatment facility
NCO	noncommissioned officer
PA	physician assistant
PAS	patient appointment system
PES	Physical Examination Section
PRIMUS	Primary Care for the Uniformed Services
RGAAF	Robert Gray Army Airfield
SJA	Staff Judge Advocate
TAB	therapeutic agents board
TMC	troop medical clinic
TOE	table of organization and equipment
WFH	West Fort Hood
USAASO	United States Army Aviation Safety Office