



# NATIONAL HEADQUARTERS CIVIL AIR PATROL

## CAP REGULATION 160-1

3 JUNE 2013

Health Service

### OPERATION OF THE CAP HEALTH SERVICE PROGRAM

This regulation provides (1) philosophy and policy for the organization and operation of the CAP Health Service program, (2) requirements for health service personnel, (3) guidance and procedures for all CAP members having contact with Civil Air Patrol member health information, (4) requirements for handling cadet medication and (5) guidance for use of the CAP 160 series forms.

#### SUMMARY OF CHANGES.

This regulation provides for the establishment of the Health Service Advisory Panel, deletes the requirement for the quadrennial survey, clarifies language about the provision of emergency first aid, minimum training requirements for health service personnel and adds the need to ensure blood borne pathogen instruction is compliant with OSHA requirements. It also prescribes and adds requirements for use of the CAP 160 series forms, clarifies the use of the term “Medical Officer,” sets standards for who can serve as a health service officer (HSO) and clarifies participation of retired health professionals. The regulation also specifies how HSOs with specialty track ratings previously awarded by commanders are handled. Chapters on health information confidentiality and medical information handling are also added. CAPR 160-2 has been incorporated into this regulation as chapter 4. **Note: This regulation is revised in its entirety.**

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## CHAPTER 1 – ORGANIZATION AND FUNCTION

**1-1. General Considerations.** People are the most valuable asset of any organization. This is especially true of any organization such as CAP. In order for those people to perform their tasks well, they should be optimally healthy, physically fit and well-trained. Physical fitness, health promotion, environmental protection and skill and knowledge in providing emergency care are readiness issues. Training at every level must reflect these issues. Since CAP is an integral part of the Air Force family, a program reflecting the foregoing is necessary. CAP Health Service's overarching program goal is to assist our entire membership to become and/or remain optimally healthy and fit. CAP members should strive to reflect US Air Force fitness and health promotion values.

**1-2. Supplements and Waivers.** New supplements and waivers to this regulation (including forms) cannot be issued below the wing level. Existing supplements, waivers or local policies and associated forms in place prior to the release of this regulation may be used through 30 September 2013. Wing supplements or waivers require approval by the region commander and the Chief of the CAP Health Service, CAP/HS. Requests for supplements or waivers from the Congressional Squadron (NHQ-001) must be submitted through the National Chief of Staff for approval. Any supplement or waiver with potential legal implications will be coordinated with the NHQ/GC for approval as well. The preferred method for transmitting supplements and waivers is by e-mail with a MS Word or .pdf file attachment.

**1-3. National Positions.** The National Commander will appoint a Chief of the CAP Health Service, CAP/HS. The chief advises the National Commander on matters of health service policy and activities and is the chair of all Health Service Working Groups. The CAP/HS must be a health professional, who will, by training and experience, demonstrate attitude, knowledge and/or skills in areas such as aerospace medicine, prevention, wellness, health promotion, health education and readiness.

**a.** The chief may have a staff, as needed, for the proper management of the Health Service program. The staff should be in disciplines other than that of the chief and will be appointed by the chief, with the concurrence of the National Commander.

**b.** A Health Service Advisory Panel, consisting of the eight region health service officers and a former CAP/HS (preferably the immediate former CAP/HS) will advise the CAP/HS on policies, needs and the status of the Health Service program in their respective regions.

**c.** Health Service Working Groups, composed of personnel in several of the health professional disciplines, may be constituted to work with the chief in the further development and evaluation of Health Service programs as needed. The CAP/HS will coordinate selection of participants with wing and region commanders, and orders will be published by NHQ/DP accordingly noting appointments.

### **1-4. Field Positions.**

**a.** Each region and wing commander shall have a health professional on their staff. The CAP/HS serves as an advisor to each region/wing commander for the selection of a new wing/region health service officer.

b. Each unit should have a health professional assigned in a health service position. Health service officers must be adult members; though cadets may earn medical qualifications, they may not currently serve as health service officers. Cadets, regardless of age, cannot be health service officers.

**1-5. Formal Health Service Training.** A Health Service program seminar is recommended to be conducted at every national, region and wing conference.

**1-6. Medical Care Policy.**

a. CAP is not a health care provider, and CAP members are not permitted to act in the role of health care providers during the performance of official CAP duties. Consequently, CAP members are not permitted to function as pharmacists, physicians, nurses, or in any other role that would permit the administration and dispensing of drugs under various federal and state laws and regulations.

b. Medical care within CAP is limited to emergency first aid and may be provided only by members with appropriate training and experience. Such care shall continue only until professional medical care can be obtained.

c. Any member can assist another member in distress in order to save the life of the member. Members are encouraged to inform activity leadership, health service officers, those in direct contact with the member of their condition, and critical information for support that may be needed. Should any CAP member be required by law to render aid by virtue of his or her professional credential or state license (such as a paramedic or emergency medical technician, for example), such CAP member in complying with his or her legal obligations shall be deemed to be doing so either as the agent of his or her employer or as an agent of the state agency that issued his or her license, but in no event as the agent of CAP.

d. CAP members providing emergency first aid will inform first responders, like emergency medical services, what they have done so that further care is not hindered. All occurrences must be documented in accordance with CAPR 62-2, *Mishap Reporting and Review*.

**1-7. General Duties of Health Service Personnel.** CAP health service personnel are responsible for advising CAP commanders and unit personnel on the health, fitness, disease and injury prevention and environmental protection of CAP members relevant to CAP activities, with special emphasis on those members involved in flying, emergency services and disaster relief activities, field exercises, encampments and special activities.

a. Provide advice in writing via memorandum or email; verbal advice may be given in an emergency, but will be documented as soon as possible; advice or other guidance will be limited to the member's area of expertise, and appropriate consultation should be sought otherwise.

b. Provide or arrange for the provision of training in first aid, CPR and other life-saving measures by a certifying agency (American Red Cross, American Heart Association, American Safety and Health Institute, National Safety Council, etc.).

c. Provide or arrange for the provision of OSHA compliant blood-borne pathogen/disease prevention training, primarily to support operational mission needs for task based training (see CAPR 60-3, *CAP Emergency Services Training and Operational Missions*, and ground team Specialty Qualification Training Record requirements within eServices and Ops Quals).

**d.** Report illness, injury and blood-borne pathogen exposures and urge members injured, taken ill, or exposed to obtain appropriate follow-up medical care from non-CAP sources (see CAPR 62-2 for reporting procedures).

**e.** Advise members to obtain necessary physical examinations from non-CAP health care sources when required by the activity commander. CAP health service personnel will not perform such examinations as part of their CAP duties.

**f.** Advise members to complete CAPF 160, *CAP Member Health History Form*, and CAPF 161, *Emergency Information*, annually or sooner if the information changes, and advise members to carry the forms in case of emergency while on CAP activities. Units will not maintain, store or require use of these forms for day-to-day use. The use and carrying of these forms is not always required, but members are encouraged to carry them for reference during activities for illness or emergency. Some activity or encampment commanders may require forms to be provided in advance for planning purposes. Health service officers advise these commanders on safe participation of members after reviewing CAP 160 series forms and assist in making needed preparations at an activity to make participation as safe as possible for members. The ultimate decision for participation in any activity rests with the commander.

**g.** Assist in providing necessary health service training materials, supplies and equipment for unit missions or special activities, including first aid and blood-borne pathogen/disease prevention kits.

**h.** Promote the Air Force's health, wellness and fitness philosophy.

**i.** Educate members about and encourage behaviors which result in increased safety, health and wellness including, but not limited to:

(1) Wear of sunglasses when outside, driving or flying except when in military formations, as per CAPM 39-1.

(2) Wear of hearing protection while in and around aircraft and other high noise areas. See CAPR 62-1, *CAP Safety Responsibilities and Procedures*, for additional information on noise protection.

(3) Proper protection from heat, cold and sun exposure on activities.

(4) Proper hydration.

(5) Proper sanitation and public health precautions and practices.

(6) Eating of healthy and nutritious foods, snacks and beverages.

(7) Maintaining a good level of physical fitness and regular exercise.

(8) Healthy mental health practices.

(9) Proper rest, sleep and knowledge of operational fatigue issues.

(10) Importance of self-care and personal care in maintaining an operationally ready member.

**1-8. Qualifications of Health Service Personnel.** Any health professional or technician may qualify for a health service appointment in CAP, provided that proof of current unrestricted licensure, registration, or certification, where such is required by law or regulation, is furnished. Only physicians will have the title of “medical officer.” Only nurse categories will have the title “nurse officer.” All others will be known as “health service officers.” The health disciplines of members that may serve as a unit’s Health Service program officer can be found on the CAP Health Service website at: <https://www.gocivilairpatrol.com/programs/emergency-services/health-services>. If a unit has more than one health professional assigned, the most senior in terms of level of education and training should be the designated health service program officer and any others as his/her assistants. CAP members who are retired health professionals, but still wish to serve as health service officers, may do so, provided they retain current state licensure. Many states have categories of licenses at a lower cost, which allow trained individuals to perform professional duties as a volunteer (uncompensated).

**1-9. Initial Appointment and Promotion.** CAPR 35-5, *CAP Officer and NCO Appointments and Promotions*, prescribes appointment and promotion procedures for health service personnel.

**1-10. Training and Professional Growth.** All health service personnel are expected to receive annual continuing education in their professional discipline and are encouraged to participate in the CAP Professional Development program as outlined in CAPR 50-17, *CAP Senior Member Professional Development Program*. All health service personnel will be trained in CPR, first aid and blood-borne pathogens/disease prevention and maintain current certifications and/or training documentation in these areas.

**1-11. Uniform Requirements.** Health service personnel will wear an appropriate CAP uniform in the conduct of their duties, the same as any other member, as prescribed in CAPM 39-1, *CAP Uniform Manual*. Health Service insignia, badges and certification patches are prescribed in CAPM 39-1.

## CHAPTER 2 – HEALTH INFORMATION CONFIDENTIALITY

**2-1. Background.** Most people consider information about their health to be private and want that information kept confidential and protected from inappropriate use and disclosure. This regulation establishes general parameters under which CAP will use and disclose health information. Membership and cadet programs regulations provide additional guidance in reference to physical training categories and documentation of medical issues for members. It is important for CAP members to realize that neither CAP, nor any unit within CAP, nor any CAP senior member (in his/her capacity as a senior member) are considered “health care providers” for the purposes of any of the federal and state laws and regulations concerning the privacy of health information. Consequently, there are no specific legal requirements that any CAP member exercise the kind of care with the health information gathered from either cadets or senior members that a health care provider would be required to exercise with the health information they use and store. However, most people expect that the privacy of sensitive health information will be respected and that health information will not be shared indiscriminately.

### 2-2. Definitions.

a. The term “health information” as used in this regulation means information:

(1) Relating to the past, present or future physical or mental health or condition of an individual or the provision of health care to an individual.

(2) That identifies the individual or to which there is a reasonable basis to believe the information can be used to identify the individual.

b. The term “disclose” and similar terms as used in this regulation shall mean the release, transfer, provision of, access to, or divulging in any other manner of health information to persons outside of CAP (except as authorized).

c. The term “use” shall mean the release, transfer, provision of, access to, or divulging in any other manner health information within CAP.

**2-3. General Use or Disclosure of Health Information.** Health information shall be used and disclosed by CAP members on a need for use/disclosure basis only. Anyone who accesses the health information of another CAP member has a requirement not to use or disclose such information except as required in the performance of official CAP functions. Except in emergency circumstances, CAP senior members will not disclose any health information on any members to other members unless absolutely necessary.

**2-4. HIPAA (Health Insurance Portability and Accountability Act of 1996).** HIPAA is a federal government statute, which sets standards for the use and disclosure of health information by “covered entities” as defined in the statute and implementing regulations. HIPAA does not apply to the operations of CAP outside of the administration of any health care benefit plan maintained by CAP National Headquarters for employees.

**2-5. Improper Uses and Disclosures.** No health information may be used within CAP or disclosed outside of CAP except as permitted or required under CAP regulations and in connection with the performance of duties within CAP or to allow CAP to carry out its legal responsibilities where a use or disclosure is required or permitted by law. In particular, health

information may not be used or disclosed by members for any non-CAP purposes. Disclosures of health information outside of CAP, when permitted by this regulation, should be limited to the minimum amount of health information necessary (in the reasonable judgment of the member making the disclosure) to accomplish the intended purpose of the disclosure.

**2-6. Sanctions for Improper Disclosures.** If any health information is used or disclosed in violation of this regulation, the supervising commander and the affected member will be notified. The notification will include the circumstances surrounding the improper health information disclosure and shall describe what health information was used or disclosed, the individual committing the improper use/disclosure, who received disclosed information, the corrective action proposed to prevent further improper uses or disclosures, and any other information deemed necessary by the commander.

**a. Disciplinary Action.** Any member who breaches the privacy of any health information, depending on the circumstances of disclosure (intent, consequences, etc.), may be subject to disciplinary action.

**b. Disclosure Complaints.** Members have the right to file a formal written complaint pursuant to CAPR 123-2, *Complaints*, if they feel CAP has not adequately protected the privacy of their health information.

**2-7. Examples of Permitted Uses and Disclosures of Health Information.** The following is a list of some of the types of uses and disclosures of health information permitted by this regulation. It is not intended to be an exhaustive list. If in doubt, contact CAP/HS.

- a.** To assist in obtaining immediate health care services for the member.
- b.** To provide information essential for ongoing medical care of the member related to incidents or accidents while participating in CAP activities or missions.
- c.** To a cadet's immediate adult supervisor, in order to monitor an ongoing medical condition.
- d.** For the payment of health care services rendered to the member under the CAP self-insurance program.
- e.** For CAP operations.
- f.** To evaluate a member's participation in a CAP activity.
- g.** To the parent or guardian of a cadet member who is under the age of majority.
- h.** To a family member, other relative, or a close personal friend of an adult member, with the permission of such member, directly relevant to such person's involvement with the member's medical care and/or treatment.
- i.** To qualified CAP safety professionals for consideration as a factor related to CAP mishap reviews or investigations with concurrence of NHQ CAP/GC or CAP/HS.
- j.** Other disclosures allowed, authorized or permitted by law.



## CHAPTER 3 – MEDICAL FORMS AND INFORMATION HANDLING

### 3-1. Guidelines for Use and Storage of Health Information.

a. Record Storage. When completed CAP 160 series forms are not in use, they will be stored separately in a locked container accessible only to authorized senior members. When health information is stored on a computer, it will not be accessible to unauthorized members. Ultimately information must be destroyed at the end of the activity or event unless needed for legal or insurance purposes whether stored on computer or hard copy, unless returned to the member or the member's parent or guardian.

b. Record Use. When health information is in use, care must be taken to ensure records are not in the view of individuals who have no need to know such information.

**3-2. Limit Medical Information Collected.** Health information should be collected only when that information might make a difference in the safe participation of the member(s). The decision to collect this information rests with the commander of the activity, shall be made in consultation with the activity or wing HSO and, if controversial, higher authorities shall be advised. Collection of information is rarely needed for a short duration activities. However, for a longer duration activity that may be conducted in the field, or for activities that involve physical exertion, pre-screening may be needed to ensure safe participation. Health information may also be collected on members involved in field trips or overnight activities where medications may need to be administered or medical conditions may affect activities or participation. However, members should keep a copy of the CAPF 160 and CAPF 161 on their persons so the information is available if needed, even if not required to be collected.

**3-3. Medical Forms sent with applications.** Medical information forms sent with the activity registration materials will be handled in a confidential manner. The completed form can be placed in an envelope with the label, "Confidential Medical Information" and the applicant's name and CAP ID on the front and attached to the application form, or some other mechanism designed to preserve the confidentiality may be used. Ideally, a qualified health service officer capable of providing medical screening input, such as nurse, physician assistant or physician, should open the envelope. When a qualified HSO is not available, the commander or the commander's designee may handle and process the information. Consultation can be obtained from a remotely located qualified health service officer as needed. Consultation may be provided via electronic means, but shall not be permanently stored (see paragraph 3-5).

**3-4. Handling Medical Forms/Information at an Activity.** While at the activity, medical forms/ information will only be accessed by senior members with a legitimate need to know the member's health information. When not in use, paper records must be secured in a locked container or file cabinet, and electronic records must be password protected. Only senior members authorized by the activity commander (or his/her designee) may access the information.

**3-5. Handling Medical Forms/Information Forms after an Activity has Concluded.** Member health information including CAP 160 series forms and other information will be returned to the member or parent/guardian at the conclusion of the activity, or destroyed. Records from professional emergency room and urgent care visits will also be returned to the member or their parent/guardian. Electronic information will be completely and securely deleted

from all locations on computers. No health information will be retained or stored after an activity's conclusion except in the following circumstances:

**a.** When a mishap that requires reporting occurs at the activity and the member's appropriate CAP 160 series forms or other records have information relevant to the mishap, a copy of those CAP 160 series forms and records shall be retained by the activity commander for use in any investigation or reporting obligations. When the copies of the member's health records are no longer needed, they shall be returned to the member or the member's parent or guardian, or destroyed. Health service records related to CAP mishap reviews or investigations with concurrence of NHQ CAP/GC or CAP/HS may be loaded into the CAP Safety Management System for long term storage.

**b.** Activity health logs may be retained for planning and statistical analysis purposes provided any individual identifying information is obscured.

## CHAPTER 4 – HANDLING OF CADET MEDICATIONS

**4-1. General Rule.** The taking of prescription medication is the responsibility of the individual member for whom the medication was prescribed or, if the member is a minor, the member's parent or guardian. Except in extraordinary circumstances, CAP members, regardless of age, will be responsible for transporting, storing, and taking their own medications, including inhalers and epinephrine pens.

a. A CAP senior member, after obtaining all the necessary information and receiving documentation of the written permission from a minor cadet's parent or guardian for the administration of prescription medication during the activity, can agree to accept the responsibility of making sure the minor cadet is reminded to take any prescribed medication at the times and in the frequencies prescribed; however, no senior member will be required or encouraged to do so. This regulation does not prohibit senior member staff from monitoring medication compliance with directly observed medication ingestion, having medication forms for the cadet to initial when doses were taken, performing pill counts, or other compliance verification.

b. When a cadet is unable to safely self-medicate and senior member supervision is not available, one option may be to postpone attendance at the activity until the cadet can handle the self-medication task. Another option may be to have a parent or guardian attend the activity as a CAP member or cadet sponsor member to supervise the cadet's medication.

c. In the case of a severe reaction requiring use of an epinephrine injection pen where a cadet has become so ill as to have difficulty in administering his or her own epinephrine injection, senior members may assist the cadet in administering the epinephrine injection in order to save the life of the cadet. It is encouraged that health service officers or senior members who may have contact with this cadet be made aware of the potential for severe reactions and become familiar with the operation of the cadet's particular epinephrine device.

d. Members who require refrigeration for medications should carefully coordinate with activity officials well in advance of their attendance at the activity to ensure that refrigeration will be available. CAP cannot guarantee the availability of refrigeration at all activities.

e. Members are prohibited from sharing, loaning, or otherwise providing any prescription, non-prescription, herbal, vitamin, nutritional supplement or illegal substance to any other cadet.

**4-2. Departures from the General Rule.** If any state law or state regulation is more restrictive than the general rule described in this regulation (either in prohibiting minors from self-administering drugs prescribed for them, in prohibiting unlicensed persons from supervising the self-administration of prescription drugs, or in limiting how such drugs may be stored and accounted for) the state law or state regulation must be followed.

a. The wing legal officer will research applicable state laws on an annual basis. If no deviations are noted a wing supplement is not required. If state law requires deviation from the general rule of this regulation, the wing, in consultation with appropriate CAP health and legal professionals, shall adopt a supplement to this regulation specifying to what extent the general rule must be altered to comply with its state laws and regulations. This supplement must be approved by the NHQ/GC and CAP/HS.

b. For national and regional activities, the supplement of the host wing, if the wing has published such a supplement, will be used for the activity, unless an activity specific supplement or policy is approved.

**4-3. Written Permission Required for Minor Cadets.** No minor cadet may bring any prescription or non-prescription medications, herbals, vitamins, or supplements to any CAP activity without the written permission of the cadet's parent or guardian. Such permission will be contained within application materials for the activity. CAPF 160 may be used for this purpose. Written permission from a parent or guardian will include acknowledgement and understanding of this regulation.

**4-4. Handling of Cadet Medications.** Cadets will bring any prescription, non-prescription medications, herbals, vitamins, or supplements to a CAP activity only in the original containers in which the medication was dispensed or packaged. Prescription containers must contain the name of the prescribing physician, the name and telephone number of the dispensing pharmacy (if applicable), the name of the recipient of the prescription, and any other applicable dosing instructions. All other non-prescription medications, herbals, vitamins and supplements must also contain dosing instructions and be labeled with the cadet's name.

**4-5. Cadet Non-Prescription Medications.** For purposes of this regulation, "non-prescription medications" shall mean oral and topical non-prescription medications approved by the FDA for sale "over the counter," and shall exclude herbal medications, vitamins, and dietary supplements.

a. **Cadet Self-Medication.** Cadets may only self-administer non-prescription medications as provided in writing by the parents or guardians.

b. **Permission for Administration; Limitations.** Situations may arise where non-prescription medications would be helpful to treat a minor illness or injury, but were not provided in the original written parental permission. Non-prescription medications may be given to minor cadets as needed and according to package directions by CAP senior members, if permission has been given in writing by the cadet's parent or guardian. Herbal medications, vitamins, and dietary supplements are not to be provided by senior members to cadets under this paragraph. CAP has no approved protocols for the administration of any prescription or non-prescription medications or substances by any member other than as provided in this regulation. This regulation does not pre-empt any state law or regulation that would prohibit a CAP member from undertaking these actions, and any wing's supplement to this regulation (see paragraph 4-2 above) shall describe any such prohibitions on the administration of non-prescription medications by non-licensed persons.

c. **Documentation of Non-Prescription Medication Administration.** If non-prescription medications are administered or furnished by staff, the senior member administering or furnishing such medications shall record the minor cadet's name and the date, time, and amount of such medications administered or furnished to the minor cadet in the activity medical log and the record shall be available to the minor cadet's parent or guardian at the conclusion of the activity.

**4-6. No Restrictions on Cadets Over Age of Majority.** Nothing in this regulation shall limit the ability of CAP cadet members over the age of majority in the state in which the activity is conducted either to possess or self-administer prescription, non-prescription drugs, herbals, vitamins or supplements.

## CHAPTER 5 – CAP 160 SERIES FORMS

**5-1. Standardized Medical Forms.** The purpose of the CAP 160 series forms is to provide a standard method of collecting a current accurate medical history to aid in the care and management of CAP personnel. These forms are also used to provide permission for care and treatment of minor cadets, and provide insurance and emergency contact information. They also provide for documentation of a physical examination with designation of physical participation categories when required for an activity. A final component is an optional cadet over-the-counter (OTC) medication administration permission form when requested for some activities. The CAP 160 series forms supersede the medical information contained on the CAPF 31, *Application for CAP Encampment or Special Activity*, and any previous national or locally produced medical forms, except where state law requires modifications. The current CAPF 31 and activity application processes may be used through 30 September 2013. Any modifications needed should be addressed in a wing supplement to CAPR 160-1, approved by NHQ/GC and CAP/HS. Processes and local forms that have been reviewed and approved previously by NHQ/GC are grandfathered until revised, or 30 September 2013, whichever comes first.

**a. CAPF 160, CAP Member Health History Form.** This form contains confidential information about the member's past medical and surgical history, allergies, medications, immunizations, social history and information about any special needs (mobility, dietary, etc.). Additional information not able to fit on this form may be placed on an additional attached page. A copy of this form should be kept on the member's person when participating in a CAP activity. A copy may be required to be turned in with registration materials for some activities. This is the form to designate what medications (prescription or over the counter) a cadet is to take during the activity.

**b. CAPF 161, Emergency Information.** This form contains medical insurance, physician and emergency contact information, minor cadet consent for participation, self-medication and emergency medical treatment. CAPF 161 supersedes CAPF 60, *Emergency Notification Data*. This form does not contain any confidential medical information and may be copied and turned in at an activity as needed. A copy of the member's insurance card (front and back) should be attached to this form. A copy of this form should be kept on the member's person when participating in a CAP activity. A copy may be required to be turned in with registration materials for some activities

**c. CAPF 162, CAP Member Physical Exam Form.** This form contains a physical exam form to be completed by the member's personal physician if required for a particular member for a specific activity. Also contained on this form is a place for the physician to designate physical participation categories and appropriateness of service in austere environments away from easily accessible medical care using medical classification designations. If, after review of the CAPF 160, a member's safe participation in an activity is in question, the activity commander may require additional information from the member's physician using a CAPF 162 physical exam form in order to determine if the member can safely participate in the activity's full program, only a portion of the activity due to medical limitations, or is wholly unsuited for that activity due to medical limitations. A medical limitation should not prevent a member from participating in an event if that member can still benefit from other aspects of the event. Example: A cadet with a broken arm probably can't run the obstacle course, but can do most other training at an encampment. **Physical exams will not be required automatically for any event.**

**d. CAPF 163, *Permission for Provision of Minor Cadet Over-the-Counter Medication.***

This form is used for parents/guardians to designate whether their minor cadet may receive “as needed” non-prescription medications for minor illnesses and symptoms not previously specified on the CAPF 160. Additional items not on the list contained in the CAPF 163 require NHQ/GC and CAP/HS approval.

(1) This form supersedes any other CAP form containing OTC medication permissions at any level, but processes and local forms that have been reviewed and approved previously by NHQ/GC are grandfathered until revised. This form may not be usable in some states due to statutes concerning who can administer medications, administration conditions, documentation and other issues. Wing legal officers should research appropriate state laws. In conjunction with advice from wing legal officers and health service personnel, a wing supplement to this regulation will be drafted and approved by NHQ/GC and CAP/HS for any wings with differing requirements. National or region level activities may have unique requirements; activity directors will consult with the host wing legal officers and health service officers prior to developing activity specific policies, and policies deviating from this regulation must be approved by NHQ/GC and CAP/HS prior to implementation.

(2) Administration of any OTC medications will be logged (date, time, medication, dose, reason, facilitator, etc.). A separate log will be utilized for each member who receives an OTC medication during an activity in order to facilitate return of the individual records to the member after the activity has concluded.

**5-2. Uses of the CAP 160 Series Forms.**

**a. General Guidance.** An activity commander, in consultation with a health service officer, will evaluate each activity for medical risk including level of physical activity required, terrain, accessibility, availability of medical care, etc. Physical participation category standards may be set for an activity to ensure safe participation of members based on the physical requirements of the activity and communicated to members on the application materials. Activity directors need to still carefully consider CAP’s nondiscrimination policy when approving or disapproving participation, and work to provide reasonable accommodations where possible. The activity or unit/wing commander or their designees, in consultation with the activity health service officer, can also determine any additional requirements for submission of health information for activities not specified in this regulation.

**b. Currency of the CAP 160 Series Forms.**

(1) Personnel are encouraged to update their CAPF 160 and CAPF 161 annually and as needed for any changes in medical conditions or medications. Once completed, the CAPF 160 and CAPF 161 can be used repeatedly on activities for the next year if there are no changes to the form. If there are any changes, either a new CAPF 160 should be completed, or the form updated, re-signed and dated.

(2) The CAPF 162 is valid for 1 year if there are no changes to a member’s health. In order to have a CAPF 162 available for an activity, if required, a CAPF 162 can be completed whenever a member has a routine physical exam. CAP encourages members to get a yearly physical exam with their physician/health care provider for ongoing care and health maintenance. If there are changes in health, the form should be updated by the examining health provider with the new information and an updated signature and date provided. A new form should be completed for multiple or major changes or at the time of a new physical.

(3) The CAPF 163 will be updated yearly or more often if circumstances dictate and can be used repeatedly during that time period unless state regulations specify otherwise. If any additional restrictions or modifications are necessary, they must be contained in an approved wing supplement or specific activity guidance for National and regional activities in accordance with paragraph 4-1d of this regulation. Copies, faxes and electronic submissions of these forms are acceptable alternatives to original documents.

**c. Short Duration Activities.** Short duration activities are defined as day-long activities or activities lasting up to 3 days with 2 overnights. All members should carry a copy of their CAPF 160 series on their person while at the activity. Adult members may not need to turn in a copy unless required by the activity commander or designee. Any minor cadet member participating in an overnight activity must have a completed CAPF 161 on file with the activity health service officer, the adult directly supervising the cadet, or the commander's designee prior to the member's participation in the activity. For activities in which a cadet or senior member's physical ability to participate must be evaluated by the activity staff, a completed CAPF 160, 161 and 162 (as required by the activity commander) will be submitted with the member's application. A CAPF 163 may also be used if allowed by the activity commander and appropriate plans and supplements are in place as per paragraph 5-1d.

**d. Longer Duration Activities.** Longer duration activities are defined as activities lasting 4 or more days. All members should submit a CAPF 160 and CAPF 161 with the application for such activities. In situations where the physical requirements of the activity dictate, a CAPF 162 may also be required by the activity commander. A CAPF 163 may also be used if allowed by the activity commander and appropriate plans and supplements are in place as per paragraph 5-1d.

**e. Personal Medical Form.** Though not required, all members are encouraged to have a completed CAPF 160 and CAPF 161 on their person, or readily available, when attending any CAP activity. In this way medical information exposure is limited, but the information will be available if the member should become ill or injured. In this case the copy the member keeps with them can be used to facilitate care and treatment. The non-confidential page, CAPF 161, can be copied or scanned at check-in to allow for availability of emergency contact information.

**5-3. Physical Participation Categories and Medical Classes.** The CAPF 162 may be used to assist activity commanders and members in determining safe and appropriate participation of members in activities. The activity commander may choose to require a CAPF 162 when the activity has strenuous physical activity, when conducted in a remote location under austere conditions, is far from medical facilities, or has a long duration of activity, and the particular member has noted issues on their CAPF 160 that might place the member at risk should they participate. The physical participation categories are similar to those contained in the CAPR 52-16, *Cadet Program Management*, but are meant to be used on an event by event basis for participation in activities by any member (cadet or senior member), not as long term determinations for participation in the Cadet Physical Fitness Training program. The determination of a category or class is made by the member's personal physician after a physical exam and is designated on the CAPF 162. The Physical Participation Category should be designated. Additional information can be found in CAPR 52-16 for cadet physical fitness categories. The Physical Participation Categories are:

**a. Category I - Unrestricted.** Members are in good health and may participate in any physical activity without restrictions.

**b. Category II - Temporarily Restricted.** The member is temporarily restricted from some or all physical activities due to a temporary medical condition or injury. Temporary conditions include broken bones, post-operative recovery, or injury. Restrictions and duration of restrictions should be specified. Normally restrictions will not exceed 6 months in this category without the condition being re-evaluated.

**c. Category III - Partially Restricted.** Members in this category are permanently restricted from some physical activities due to a medical condition or injury that is chronic or permanent in nature. Restrictions should be specified.

**d. Category IV - Indefinitely Restricted.** The member is unable to participate in physical activities and is generally only capable of sedentary activity.

**5-4. Health Prescreening.** When an activity requires submission of a CAPF 162 in advance for health screening purposes, a qualified health service officer (nurse, physician assistant, or physician) should review the materials whenever possible. When a qualified HSO is not available, the activity commander or his/her designee may review the materials, with HSO consultation as needed. The activity commander, in consultation with a health service officer, will evaluate what accommodations may be needed to make participation of a member safely possible. The commander has the authority to deny or limit participation of a member in some or all activities if the safety of the member or other participants cannot be reasonably assured.

CHARLES L. CARR, JR.  
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Commander