NATO STANDARD

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MEDICAL INFORMATION COLLECTION AND REPORTING

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NORTH ATLANTIC TREATY ORGANIZATION

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NORTH ATLANTIC TREATY ORGANIZATION (NATO)

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NATO LETTER OF PROMULGATION

15 July 2026

a. The enclosed Allied Medical Publication AMedP-3.2, Edition A, Version 2, MEDICAL INFORMATION COLLECTION AND REPORTING, which has been approved by the nations in the MILITARY COMMITTEE MEDICAL STANDARDIZATION BOARD (MCMedSB), is promulgated herewith. The agreement of nations to use this publication is recorded in STANAG 2481.

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Thierry POULETTE
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Director, NATO Standardization Office

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CHAPTER 1 INTRODUCTION

1.1. PRELIMINARY

Participating nations agree to:

- Use the general medical information report, the veterinary treatment facility information sheet, the role 1 level medical treatment facility information sheet, and the hospital level medical treatment facility information sheet for medical information gathering.

- Submit copies of completed reports as detailed below.

1.2. DEFINITIONS

Medical information: A collection of data relating to human or animal health, including medical, bio-scientific, epidemiological, environmental, infrastructure and other data, that has not been analyzed for intelligence purposes.[1]

Medical intelligence (MedIntel, acceptability: preferred; MEDINT, acceptability: admitted)[2]: A specialized intelligence product derived from medical, bio-scientific, epidemiological, environmental and other information related to human or animal health. Notes: This intelligence product, being of a specific technical nature, may require medical expertise throughout its processing within the intelligence cycle.

Intelligence (INT or INTEL)[3]: The product resulting from the directed collection and processing of information regarding the environment and the capabilities and intentions of actors, in order to identify threats and offer opportunities for exploitation by decision-makers.

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[2] NATOTerm
[3] NATOTerm

CHAPTER 2 BACKGROUND

2.1 There are many examples in history of personnel losses due to diseases that have affected the conduct and outcome of military operations. Many of these losses were preventable and outcomes might have been different if the impact of health on military operations had received complete consideration. Maintaining the health of military personnel is crucial, during and outside operations. The situation now is more complicated, with many nations reorganising and reducing their military forces and increasing their interdependence in multinational formations. There is also often a greater reliance today on the use of resources that may be available in the area of operations. These include host nation support (HNS) provided by a government or resources that are obtained through direct purchase or contracting. The generic term for all these types of resource is “In-Country Resources” (ICR). Personal expectations of health care in the field are also higher than previously and the expectations of governments, public opinion and media are lower casualty rates forever. Factors such as environmental contamination, endemic diseases and industrial hazards in theatre constitute significant threats; medical preparation will therefore be a critical factor in the success or failure of any military operation.

CHAPTER 3 MEDICAL INFORMATION COLLECTION AND REPORTING

3.1 Health appreciation is an essential element of the medical planning estimate required to support all kinds of military operations. The estimate depends on the provision of medical information (MEDINFO) and medical intelligence (MEDINTEL) in a timely, reliable, and easily accessible manner. In multinational operations, interoperability will be maximised and burden sharing facilitated if all TCNs are sharing the same MEDINFO and MEDINTEL.

The following categories of general background information are required when planning the medical support to operations:

a. Environmental factors including topography and climate, socio-economic factors, public health, animal and plant hazards.

b. Health services and support infrastructure including organizational structure, capabilities of hospitals and treatment facilities, casualty evacuation and emergency health services and capabilities, specialist health support, medical material, blood banking, and clinical laboratory capabilities. This should include information on civilian and military facilities in the area of operations whatever the sources of information (national, international, civilian or military).

c. Epidemiological data including incidence, distribution and control of communicable diseases (particularly gastrointestinal and respiratory diseases, vector-borne diseases and sexually transmitted diseases).

3.2 Collection of relevant medical information is the responsibility of all personnel, but particularly health services personnel. All opportunities, both operational and non-operational, should be used (i.e. recces, exercises, port visits). MEDINFO can also be obtained from open sources such as governmental or supra governmental publications of the various countries, scientific and medical literature, media, embassies and consultants, aid agencies and other Non-Governmental Organisations (NGO), patients, and visitors to the particular area. The general medical information report (SRD-01, Annex A), the veterinary treatment facility information sheet (SRD-01, Annex B), the role 1 level medical treatment facility information sheet (SRD-01, Annex C), and the hospital level medical treatment facility information sheet (SRD-01, Annex D) are standardised documents guiding medical information's collection. The objective of these forms is to facilitate submission of an after-action or trip report by providing an agreed template encompassing the areas of interest. Depending on situations, it may not be possible to complete every section of these forms or, inversely, it may be necessary to add information in some sections. Once completed, the report forms should be classified appropriately depending on the information contained therein.

CHAPTER 4 DETAILS OF THE AGREEMENT

4.1 General medical information report forms, veterinary treatment facility information sheets, role 1 level medical treatment facility information sheets, and hospital level medical treatment facility information sheets should be used to gather information. Completed forms should be submitted to the office dedicated to the management of such information and designed to coordinate data collection and distribution. This coordinating office can be the Allied Command Operation (ACO) Medical Advisor (Force Health Protection and/or Medical Intelligence officers), or any other NATO Headquarter or NATO Centre of Excellence, according to dedicated ACO's delegation of task.

Collected information should be transmitted as follows:

a. Within the context of a NATO operation or exercise: submission through the theatre chain of command for subsequent release to the National Authority and to the coordinating office.

b. During mission under National Command: submission to the National Authority for release and for subsequent forwarding to the coordinating office.

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