

# Medical Readiness Leader Guide



**Version 2.0**

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**For Official Use Only**

**OFFICE OF THE SURGEON GENERAL (OTSG)**

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## 1.0 GENERAL OVERVIEW

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This Medical Readiness Leader Guide is designed to help commanders ensure mission-capable units and deployment-ready Soldiers. This guide includes roles and responsibilities, descriptions of individual medical readiness elements and categories, reporting tools for Soldier and unit medical readiness status, training opportunities for unit MEDPROS clerks and administrators, and resources to provide additional help.

A collaborative effort between the medical community and Army leaders at all levels is needed to ensure that Soldiers are physically and emotionally prepared for the rigors of modern combat in austere environments. The Army Medical Department (AMEDD) works closely with U.S. Army Training and Doctrine Command (TRADOC), U.S. Army Installation Management Command (IMCOM), U.S. Army Forces Command (FORSCOM) and Headquarters Department of the Army (HQDA G-1) to improve individual medical and dental readiness. Medical and dental readiness is an important component of the overall preparation for deployment.

## 2.0 ROLES AND RESPONSIBILITIES

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There are medical readiness roles, tasks, and responsibilities for all members of the health care team, unit leaders, their staff, and individual Soldiers.

The table in Figure 1 provides an overview of the tasks for which medical and line personnel are responsible. Since each unit is different, it is critical to identify the personnel who support readiness of units.

Roles	Tasks
Medical Treatment Facility (MTF) Commander	<ul style="list-style-type: none"><li>• Identify authorized users to input IMR data (Appendix A) into MEDPROS. MTF Commanders or designated representatives can coordinate training for data entry personnel through a MEDPROS Readiness Coordinator (MRC) or through the Help Desk at 1-888-849-4341 if there is not a local MRC at your installation. A contact list for all MRCs can be found at <a href="https://medpros.mods.army.mil/MEDPROSNew/">https://medpros.mods.army.mil/MEDPROSNew/</a> and click on MEDPROS Contacts.</li><li>• Ensure sustainment of Soldiers' IMR records by maintaining oversight on Medical Readiness data in MEDPROS</li></ul>
Commander	<ul style="list-style-type: none"><li>• Maintain overarching responsibility for unit readiness to include: medical, personnel, logistics and training.</li><li>• Ensure unit status rosters are accurate in MEDPROS, and electronic Military Personnel Office (eMILPO) arrival and departure transactions are processed in a timely manner. Use the Commander's exemptions as appropriate.</li><li>• Track your unit's readiness through the Unit Status Reporting (USR) Module of MEDPROS Web Reporting.</li><li>• Identify current and projected IMR shortfalls and ensure Soldiers correct their deficiencies prior to the requirement expiration.</li><li>• Monitor Soldiers to ensure completion of Pre-Deployment Health Assessment (within 30 days of deployment) and Post-Deployment Health Assessment (within 30 days of redeployment) and the Post-Deployment Health Reassessment (90-180 days after redeployment).</li><li>• Designate a Unit MEDPROS Clerk.</li></ul>

Role	Task
S1	<ul style="list-style-type: none"> <li>• Serve as principle advisor to the commander on all personnel readiness areas</li> <li>• Track all personnel readiness indicators and coordinate all personnel and medical activities to ensure optimum levels of unit operational readiness</li> <li>• Synchronize DHA activities during Soldier Readiness Processing (SRP) operations</li> </ul>
S3	<ul style="list-style-type: none"> <li>• Serve as principle advisor to the commander on operational readiness</li> <li>• Work with the S1 to synchronize the unit training schedule to ensure time is allotted to perform critical deployment health activities</li> </ul>
Unit Surgeon	<ul style="list-style-type: none"> <li>• Serve as principle advisor on health-related issues affecting the command</li> <li>• Work directly with the S1 and S3 to ensure they have situational awareness on critical medical readiness inhibitors</li> <li>• Coordinate activities with the local MTF</li> </ul>
Unit MEDPROS Clerk	<ul style="list-style-type: none"> <li>• Monitor medical readiness of Soldiers; provide this information to Soldiers and leaders for action</li> <li>• Enter accurate and timely Commander's exemptions as appropriate.</li> <li>• Perform quality control checks to ensure valid data.</li> <li>• Inform the Commander of any pending or current delinquencies.</li> <li>• Monitor MEDPROS for any changes in business logic or enhancements.</li> </ul>
MEDPROS Readiness Coordinator (MRC)	<ul style="list-style-type: none"> <li>• Remain responsive to Commander's schedule.</li> <li>• Provide coordinated training within Commander's catchment area.</li> <li>• Provide clear and concise training.</li> <li>• Provide feedback on unit readiness to installation leaders.</li> <li>• Support the train-the-trainer program.</li> <li>• Communicate with the MTF leaders on data entry errors from MTF points of service.</li> </ul>
Individual Soldier	<ul style="list-style-type: none"> <li>• Maintain IMR record by monitoring AKO Medical Readiness alerts.</li> <li>• Monitor IMR record, immunization record, and when required, complete the Soldier section of Pre-Deployment Health Assessment, Post-Deployment Health Assessment, and Post-Deployment Health Reassessment.</li> <li>• Address data entry errors with unit MEDPROS Clerk.</li> </ul>

**Figure 1: Roles and Responsibilities Table**

## 2.1 Responsibility for MEDPROS Data Entry

The Medical Protection System (MEDPROS) contains available medical and dental information on every Soldier and is accessible to commanders down to company level. The most important responsibility for a commander is to monitor medical readiness and ensure timely compliance to correct deficiencies. Input of MEDPROS data ensures accurate reliable IMR status. MEDPROS will be updated at the Point of Service at the Time of Service (immediately or within 24 hours). The table below depicts the MEDPROS data entry responsibilities.

<b>MEDPROS Data Entry Responsibilities</b>		
<b>Test/Procedure/Input</b>	<b>Responsible Agent</b>	<b>Source Document</b>
DNA  (Lab draw date & AFRSSIR validate)	MEDCOM MTF/Unit Medical Asset          Point of Service responsibility to post draw date	From DODI 6025-19: E3.1.4. Medical Readiness Laboratory Studies:  Core studies for the Department of Defense are current HIV testing and a DNA sample on file in the Armed Forces Repository of Specimen Samples for the Identification of Remains (AFRSSIR).  MEDPROS Logic:  AFRSSIR provides final status for DNA on file. Users can post D (drawn) entries, good for 60 days)
HIV Screening Serum  Lab-draw date & Repository validates	MEDCOM MTF/Unit Medical Asset          Point of Service responsibility to post draw date	From AR 600-110, para 2-4: 2-4. Medical support:  Blood drawing and initial processing of sera from AD Soldiers being tested under the force surveillance program, RC personnel upon prior arrangement, or patients participating in routine adjunct testing will be accomplished by existing medical resources, under the direction of the clinical laboratory manager or other qualified person as directed by the preventive medicine physician.  MEDPROS Logic: Armed Forces Health Surveillance Center (AFHSC) provides final status for HIV test dates. Users can post D (drawn) entries, good for 60 days)

<b>MEDPROS Data Entry Responsibilities</b>		
<b>Test/Procedure/Input</b>	<b>Responsible Agent</b>	<b>Source Document</b>
Immunizations	Point of Service responsibility	DODI 6205.02E, AR 40-562, ALARACT 121/2009
<p>Medical Warning Tags</p> <p>a) Identify need or requirement</p> <p>b) Equipment Check</p>	<p>a) MEDCOM MTF/Unit Medical Asset</p> <p>b) Unit Commander</p>	<p>From AR 40-66, para 14-3:</p> <p>c. Installation or organization commanders, when requested by an MTF, will designate a unit or units (which are equipped to emboss Army Identification Tags) to emboss Medical Warning Tags on receipt of DA Form 3365.</p> <p>d. Activities embossing medical will-</p> <p>(1) Establish procedures which facilitate immediate preparation and delivery.</p> <p>(2) Ensure Medical Warning Tag blanks are not used for any other purpose.</p> <p>e. Individuals will wear the tag at all times for protection</p>
<p>Vision Readiness</p> <p>a) Vision Screening</p> <p>b) Equipment Check (2Pr Eyeglasses/ Mask Insert/ MCEP-I)</p>	<p>a) Unit Commander or MEDCOM MTF/Unit Medical Asset</p> <p>Point of Service responsibility: when the unit screener or the MTF/Unit medical asset does the vision screening, they enter into MEDPROS</p> <p>b) Unit Commander:</p> <p>Unit Commander verifies equipment on hand (if required).</p>	<p>AR 40-501, 11-4 Individual Medical Readiness elements, (H, 1-4, Vision Readiness)</p>
<p>Hearing Readiness</p> <p>a) Hearing Exam-DOEHRS-HC</p>	<p>a) MEDCOM MTF/Unit Medical Asset</p> <p>Hearing exam data transferred from DOEHRS-HC-DR to MEDPROS</p>	<p>DODI 6055-12, dated 3 Dec 2010, SUBJ: DoD Hearing Conservation Program (HCP)</p> <p>AR 40-501 . 14 December 2007/RAR 23 August 2010, Chap 11-4(g)</p> <p>ALARACT 163/2006 Hearing Readiness Module in MEDPROS</p>



<b>MEDPROS Data Entry Responsibilities</b>		
<b>Test/Procedure/Input</b>	<b>Responsible Agent</b>	<b>Source Document</b>
Hearing Readiness (cont)  b) Equipment Check (Hearing Aid w/Batteries)	b) Unit Commander: Unit Commander verifies equipment on hand (if required)	
Dental Screen/Panorex (CDA)	MEDCOM/DENCOM/Unit Dental Asset	From AR 40-35 para 6: Unit commanders, the dental care system, and the Soldier share responsibility for dental readiness. The Dental Readiness Program provides the methods to reduce the risk of Soldiers becoming non-combat dental casualties when such an event would jeopardize mission accomplishment.  MEDPROS Logic: Dental Readiness Category (DRC) is fed to MEDPROS from the Corporate Dental Application(CDA).
Perm/Temp Profiles	MEDCOM MTF/Unit Medical Asset  Mandatory that ALL profiles be initiated through e-Profile and all legacy (paper) profiles converted to e-Profiles.	MEDCOM OPORD 10-75 (e-Profile Implementation), dated 10 Sep 2010
Pregnancy	MEDCOM MTF/Unit Medical Asset  Point of Service responsibility: when MTF/Unit medical asset diagnose pregnancy, initiation of a Pregnancy Profile (DA3349) utilizing the enterprise template in e-Profile must be completed.	AR 40-501, para 7-9
Periodic Health Assessment (PHA)	MEDCOM MTF/Unit Medical Asset  Point of Service responsibility	HA MEMO 06-006, dated 16 Feb 2006, SUBJECT: Periodic Health Assessment Policy for Active Duty and Selected Reserve Members. DA MEMO dated 12 Oct 2006, SUBJECT: Periodic Health Assessment. AR 40-501,para 8-20
G6PD (Lab)	MEDCOM MTF/Unit Medical Asset  Point of Service responsibility	MEDCOM MEMO dated 18 Feb 2004, SUBJECT: Army Glucose 6-Phosphate Dehydrogenase (G6-PD) Deficiency



### 3.0 COMMANDER/LEADER RESPONSIBILITIES

Medical and dental readiness is an important component of the overall preparation of Soldiers and units for deployment. There are a variety of reports available to leaders that are useful tools for accurate decision making.

#### 3.1 Monitoring Individual Medical Readiness (IMR)

Unit commanders are responsible for monitoring their Soldiers' Individual Medical Readiness (IMR) and ensuring compliance with all the combined elements of medical readiness. Data entry is an important element in the Unit Status Report (USR) and can give the Army either an inaccurate or accurate picture of your unit's readiness. The better your unit can monitor and resolve medical discrepancies in MEDPROS, the sooner your Soldiers can resolve their problems and the less time they'll spend in Soldier Readiness Processing (SRP) and mobilization processing.

The primary responsibility for data entry is the Military Treatment Facility (MTF) at point of service. There are times when a Service Member (SM) receives services from a non-Army provider that doesn't have MEDPROS capability or access. In these instances, unit entry would be necessary. Ideally, unit entry would be accomplished by organic medical assets. If there are none, then a Commander-designated unit MEDPROS clerk or administrator is responsible for data entry to complete the record.

Figure 3 is an example of an IMR record. This record displays a comprehensive medical readiness status.

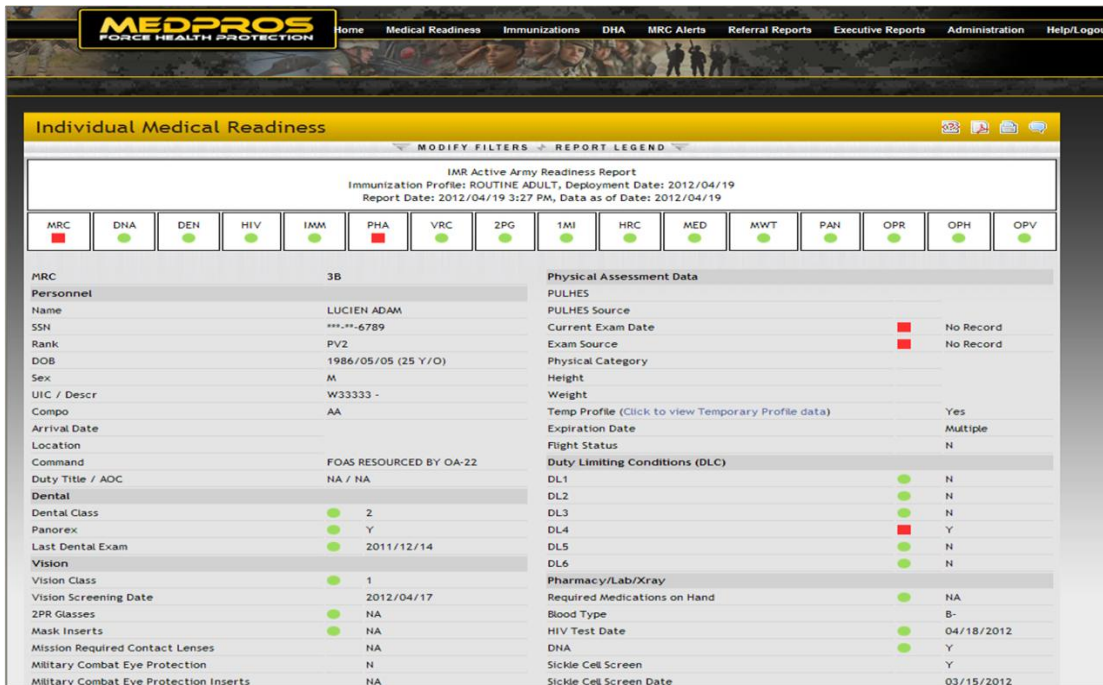


Figure 3: Example IMR Record

### 3.2 Readiness Reports

As a leader, you are responsible for the medical readiness requirements in the TRAIN-READY, AVAILABLE/IN-THEATER, and RESET phases of Army Force Generation (ARFORGEN). The following reports provide guidance on the tasks necessary for maintaining:

- Routine Medical Readiness is required of all Soldiers continuously.
- Deployment Medical Readiness is required for all Soldiers deploying to a theater of operations.

#### 3.2.1 Medical Protection System (MEDPROS) Dashboard

The MEDPROS Dashboard (Figure 4) provides a view of both the unit's (Unit Dashboard) and the Soldier's (Soldier Dashboard) medical readiness status of the Soldier accessing MEDPROS. On the right of each dashboard, there are Unit and Soldier lookup capabilities and quick links to commonly used reports. The drop-down menus at the top provide access to all the MEDPROS reports. Selecting the question mark on the unit dashboard banner or on any page provides links to quick help related to the content on the page. This page assists your Unit MEDPROS clerk in maintaining currency with regularly posted MEDPROS updates.

The screenshot displays the MEDPROS dashboard interface. At the top, there is a navigation bar with the MEDPROS logo and menu items: Home, Medical Readiness, Immunizations, DHA, MRC Alerts, Referral Reports, Executive Reports, Administration, and Help/Logout. The main content area is divided into three sections:

- MEDPROS UPDATES:** A text box containing a message dated 2012/03/26 titled "CHANGES TO MEDICAL READINESS ELEMENTS IN MEDPROS". The text discusses updates to IMR requirements and DL condition codes (DL1-DL6) effective March 28, 2012.
- Unit Dashboard:** Displays data for "W3VYAA - US ARMY MEDCOM". It includes a table of medical condition codes and their percentages:

DL1:	Green	96.24%
DL2:	Green	100%
DL3:	Green	100%
DL4:	Green	96.24%
DL5:	Green	97.78%
DL6:	Green	100%
DNA:	Green	100%
DEN:	Green	96.24%
HIV:	Green	92.48%
IMM:	Green	93.98%
PHA:	Green	80.45%

It also features a "Unit Lookup" field with "W3VYAA" entered and a "Lookup" button, and a "Unit Reporting" list with items like "MRC UMR Command Drill Down" and "UMR Status Report".
- Soldier Dashboard:** Displays data for "LUCIEN ADAM". It includes a table of medical condition codes and their statuses:

MRC:	Red	38
DL1 (PerM):	Green	
DL2 (MAR2):	Green	
DL3 (MEB):	Green	
DL4 (TEMP > 30):	Red	
DL5 (PRG):	Green	
DL6 (TEMP < 31):	Green	
DNA:	Green	
DEN:	Green	2
HIV:	Green	
IMM:	Green	
PHA:	Red	

It also features a "Soldier Lookup" field with "00000000" entered and a "Lookup" button, and a "Soldier Reporting" list with items like "IMR" and "DD 2766C".

Figure 4: MEDPROS Dashboard

### 3.2.2 MEDPROS USR Status Report

The MEDPROS USR Status Report Tool assists commanders in completing the USR. The report identifies all medical non-availability codes assigned to Soldiers of a particular UIC using the latest available Individual Medical Readiness data.

To access the USR Status Report Tool, go to the Medical Readiness drop-down menu (Figure 5) on the MEDPROS Dashboard. Report data can be used to direct Soldiers to correct medical readiness deficiencies and update MEDPROS before the USR report date. The USR report can be exported to an Excel spreadsheet, printed, and used as supporting documentation for and submitted with a unit's USR. For the USR Status Report to be effective, Commanders ensure their Soldiers' current medical data is posted in MEDPROS, and also that the personnel data is updated in the electronic Military Personnel Office (eMILPO). eMilPO is the USR source of assigned personnel.

The MEDPROS USR Non-Availability codes describe why a Soldier or part of unit is not available. The medical readiness codes describe the time frame needed to make the Soldiers ready.

The screenshot displays the MEDPROS dashboard interface. At the top, the MEDPROS logo is visible, followed by a navigation bar with links: Home, Medical Readiness, Immunizations, DHA, MRC Alerts, Referral Reports, Executive Reports, Administration, and Help/Logout. The 'Medical Readiness' dropdown menu is open, showing options: Individual Medical Readiness, Unit Medical Readiness, Readiness Reporting Options, USR Status Report (USR) Tool (highlighted in yellow), PHA Report, and Non-Standard Medical Readiness. Below the navigation, there is a 'MEDPROS UPDATES' section with a message dated 2012/03/26 regarding changes to medical readiness elements. To the right, a table shows medical readiness data for 'W3VYAA - US ARMY MEDCOM'. The table lists various codes (DL1-DL6, DNA, DEN, HIV, IMM, PHA) with their status (Green) and percentages. Further right, there are sections for 'Unit Lookup' (with a text input field containing 'W3VYAA' and a 'Lookup' button) and 'Unit Reporting' (with a list of report types: MRC UMR Command Drill Down, UMR Status Report, PDHRA Report, Cdr Profile Report, and Consolidated DLC Report).

Code	Status	Percentage
DL1:	Green	96.24%
DL2:	Green	100%
DL3:	Green	100%
DL4:	Green	96.24%
DL5:	Green	97.78%
DL6:	Green	100%
DNA:	Green	100%
DEN:	Green	96.24%
HIV:	Green	92.48%
IMM:	Green	93.98%
PHA:	Green	80.45%

Figure 5: MEDPROS Dashboard USR Status Report Tool Selection

(3.2.2a) *MEDPROS Medical Non-Available Codes Summary* counts the total number of MEDPROS Medical Non-Available Codes in the USR roster. A Soldier may have more than one Non-Available Code so the “Roster Totals” column will usually not match the Total Medically Non-Available Personnel number in the Roster Strength Summary. The Soldier is coded with the medical readiness (MR) code that will take the longest to correct, with the order (longest to shortest time to fix) as follows: MR3B, MR3A, MR4, MR2, MR1.

(3.2.2b) *The MEDPROS USR Report* (Figure 6) allows users to add or remove Soldiers (including recently-departed Soldiers who are still carried against the UIC by Human Resources Command) from the MEDPROS USR Roster. This feature allows the report to match the Personal Accountability Report (AAA-162). The Roster Strength Summary at the bottom provides a summary of Medically Available and Non-Available personnel.

Medical Readiness (MR) Classification	Roster Totals	Description	Corresponding MEDPROS Code
3A	4	Dental Readiness Class 3	DRC3
3B	13	Temp 3/4 PULHES < 31 days in duration	DL6
		Perm 3/4 Profile with no evidence of MAR2/MEB/PEB or Assignment of Profile codes F, V, or X	DL1
		MAR2	DI 2

**Figure 6: MEDPROS USR Report Example**



Figure 8 displays Medical Readiness (MR) Exemption Codes and Definitions. The MRC tells Commanders who is available for deployment, the Individual Medical Readiness elements indicate how the Command can help that Soldier and return them to a medically readiness asset in accordance with AR 220-1.

Medical Readiness Categories (MRC) Exemption Codes	Definitions
<b>FD</b>	Admin Deceased (Service Member Deceased); Duration–Permanent
<b>FM</b>	Admin Missing (Missing in Action or POW); Duration–Permanent
<b>FS</b>	Admin Separation (Pending Discharge, Separation or Retirement); Duration–90 days
<b>FT</b>	Admin Temporary [Permanent Change of Station (PCS), Terminal Leave, Absent without Leave, Hospitalization, Medical Hold, convalescent Leave, Legal Action Pending]; Duration–90 days
<b>FR</b>	Non-Activated Reservists; Duration–90 days

**Figure 8: MRC Exemption Codes and Definitions Table**

(3.2.3a) *Medical Readiness Categories.* The Individual Medical Readiness (IMR) elements, from AR 40-501, are grouped into four Medical Readiness Categories: MR 1, MR 2, MR 3, and MR 4 (Figure 9). The third category has two parts: A and B. The MRC code is displayed as the first entry on the IMR record (Figure 3). The reason for these categories is to provide the length of time it takes to get a Soldier medically ready. Therefore, these categories are based on the length of time it may take for the deficient IMR requirement to be resolved. For example, Soldiers will remain MR 2 for requirements that can be resolved within 72 hours at Soldier Readiness Processing (SRP) sites such as immunization and lab (DNA, HIV). Medical Readiness Categories are available in AR 40-501 and AR 220-1.

Medical Readiness Categories	Deficiencies	Availability
<b>MR 1</b> – Meets all requirements	None	Available
<b>MR 2</b> – IMR requirements that can be resolved within 72 hours	Immunizations Individual Medical Equipment DNA (Deoxyribonucleic Acid) test HIV (Human Immunodeficiency Virus) test	Available
<b>MR 3A</b> - IMR requirements that can be resolved within 30 days. Includes deficiencies that would be resourced for correction for alerted RC Soldiers	Dental Class 3 condition Temporary profile less than 31 days	Non-Available



Medical Readiness Categories	Deficiencies	Availability
MR 3B - IMR requirements that cannot be resolved in 30 days	Pregnancy Permanent profile pending board action Permanent deployment/assignment restrictive Profile code (F, V, X) Permanent profile with a 3 or 4 in the PULHES Serial with no evidence in e-Profile Temporary profile greater than 30 days	Non-Available
MR 4 – The current status is not known	Missing or incomplete current Periodic Health Assessment Missing or incomplete current dental screening	Available(Personnel) Medically Non-Available

Figure 9: Medical Readiness Categories and Deficiencies

## 4.0 MEDICAL HEALTH ASSESSMENTS

A leader is responsible for medical readiness throughout the Army Force Generation (ARFORGEN) cycle, before, during, and after deployment. The following assessments and reports will assist you in your monitoring responsibilities.

### 4.1 Deployment Health Assessments (DHAs)

The DHAs are designed to identify and address health concerns of Soldiers and Department of the Army (DA) Civilians at specific times in the deployment cycle and thus they should be completed in the windows identified below. The DHAs supports the Army-wide effort to maximize Soldier and DA Civilian well-being, build resilience, reduce non-deployable status, and maximize readiness across all units, installations and commands IAW Department of Defense Instruction (DODI) 6490.03.

- **Pre-Deployment Health Assessment (DD Form 2795):** completed within 60 days of expected deployment date
- **Post-Deployment Health Assessment (DD Form 2796):** completed no earlier than 30 days before the expected redeployment date and no later than 30 days after redeployment. The Reserve Component must complete the PDHA before they are released from Active Duty.
- **Post-Deployment Health Reassessment (DD Form 2900):** completed 90-180 days after redeployment.

Resiliency training coincides with these assessments to maximize the effectiveness of the assessments and Soldier well being. Training associated with each assessment is found at:

<https://www.resilience.army.mil/sso/WDC.cfm>

#### 4.1.1 Pre-Deployment Health Assessment (Pre-DHA)

All Service Members are required to complete a DD Form 2795 Pre-DHA within 60 days prior to deployment. The Service Member will complete an online self-assessment and participate in an encounter with a healthcare provider, who electronically signs the form. The Pre-DHA allows early identification of Service Members with deployment-limiting conditions and helps focus attention on resolution of those conditions, if possible, prior to the Service Member's deployment date. Figure 10 displays an example Pre-DHA report.

MRC	Name	SSN	Rank	MOS	UIC / Location	COMPO	Pre Date	NCA Screen Date	Operation	SRP Site	SRP Zip	LID
SAM HOUSTON		0000	COL	63A	W3USAA FT SAM HOUSTON	3	08/15/2008		ENDURINO FREEDM	FORT SAM HOUSTON	78234	MWDEO
SAM HOUSTON		0000	COL	63H9C	W3USAA FT SAM HOUSTON	1						
SAM HOUSTON		0000	LTC	67A9Z	W3USAA FT SAM HOUSTON	1						
SAM HOUSTON		0000	SGM	68Z5M	W3USAA FT SAM HOUSTON	1						
SAM HOUSTON		0000	LTC	70H	W3USAA FT SAM HOUSTON	3						
SAM HOUSTON		0000	SFC	68E4M	W3USAA FT SAM HOUSTON	1						
SAM HOUSTON		0000	COL	63B9A	W3USAA FT SAM HOUSTON	1	09/09/2005		OTHER/UNKNOWN	FORT LEWIS	98433	MEDES
SAM HOUSTON		0000	SFC	68E4D	W3USAA FT SAM HOUSTON	1	02/17/2004		OP IRAQI FRDM	UNKNOWN	UNKNOWN	AMSAD
SAM HOUSTON		0000	SFC	68W4Q	W3USAA FT SAM HOUSTON	1	10/16/2006		OTHER/UNKNOWN	FORT HOOD AAF	76544	MWDEO
SAM HOUSTON		0000	LTC/P	63M9B	W3USAA FT SAM HOUSTON	1						
SAM HOUSTON		0000	COL	63K9A	W3USAA FT SAM HOUSTON	1						
SAM HOUSTON		0000	MAJ	63H9C	W3USAA FT SAM HOUSTON	1						
SAM HOUSTON		0000	COL	63B9A	W3USAA FT SAM HOUSTON	1						
SAM HOUSTON		0000	LTC/P	67A9Z	W3USAA FT SAM HOUSTON	1	03/22/2004		OP NOBLE EAGLE	UNKNOWN	UNKNOWN	AMSAD
UIC Report Summary for: W3USAA												
Total Number		Total Pre Dates		MRC Exemptions		NCA's Completed						
23		8		4		0						

Figure 10: Pre-Deployment Health Assessment Report

#### 4.1.2 Post-Deployment Health Assessment (PDHA)

The PDHA is a Commander's program; as such, the unit Commander is responsible for ensuring all Soldiers are compliant with PDHA requirements. Completion of the DD Form 2796 Post-Deployment Health Assessment is required within plus or minus 30 days of redeployment. Personnel complete the self-assessment portion of the form online and then have a discussion with a health care provider to evaluate exposures, injuries, and illnesses that may be a result of deployment. The health care provider determines if any referrals for additional evaluation or treatment are needed during the PDHA. Soldiers have enhanced access to care to ensure issues are addressed promptly and Soldier health is reset as soon as possible.

NOTE: The PHA (Periodic Health Assessment) should be completed concurrently with the Post-Deployment Health Assessment (PDHA) on all re-deploying Soldiers.

Figure 11 displays an example Post-Deployment Report.

MRC Name	SSN	Rank	MOS	UIC / Location	CMP	Post Date	Serum Date	PPD1 Date	PPD2 Date	Operation	SRP Site	SRP Zip	LID	Partial ETS Date	
SAM HOUSTON	0000	COL	63A	W3U5AA FT SAM HOUSTON	AR			NA	NA					N	
SAM HOUSTON	0000	COL	63H9C	W3U5AA FT SAM HOUSTON	AA			NA	NA					N	
SAM HOUSTON	0000	LTC	67A9Z	W3U5AA FT SAM HOUSTON	AA			NA	NA					N	
SAM HOUSTON	0000	SOM	68Z5M	W3U5AA FT SAM HOUSTON	AA			NA	NA				N	2013/06/30	
SAM HOUSTON	0000	LTC	70H	W3U5AA FT SAM HOUSTON	AR			NA	NA					N	
SAM HOUSTON	0000	SFC	68E4M	W3U5AA FT SAM HOUSTON	AA			NA	NA				N	2020/10/31	
SAM HOUSTON	0000	COL	63B9A	W3U5AA FT SAM HOUSTON	AA			NA	NA					N	
SAM HOUSTON	0000	COL	63A	W3U5AA FT SAM HOUSTON	AR			NA	NA					N	
SAM HOUSTON	0000	SFC	68E4O	W3U5AA FT SAM HOUSTON	AA	2004/04/28	2009/06/01	NA	NA	OP IRAQ FRDM	SAMC FT BLISS 79920	AMSAD	N	2011/02/06	
SAM HOUSTON	0000	SFC	68W4Q	W3U5AA FT SAM HOUSTON	AA	2007/12/16	2010/01/01	NA	NA	OP IRAQ FRDM	IRAQ	09378	MWDEO	N	2020/02/29
SAM HOUSTON	0000	LTC/P	63M9B	W3U5AA FT SAM HOUSTON	AA			NA	NA					N	2012/09/30
SAM HOUSTON	0000	LT	UNK	W3U5AA FT SAM HOUSTON	AR	2008/06/19	2008/07/01	2008/06/19	2008/10/24	KOSOVO	UNKNOWN	UNKNOWN	AMSAD	N	
SAM HOUSTON	0000	COL	63K9A	W3U5AA FT SAM HOUSTON	AA			NA	NA					N	2011/09/30

UIC Report Summary for: W3U5AA					
Total Number	Total Post Dates	Total Blood Serum Dates	Total PPD1 Dates	Total PPD2 Dates	MRC Exemptions
19	4	4	0	0	4

Figure 11: Post-Deployment Health Assessment Report

#### 4.1.3 Post-Deployment Health Reassessment (PDHRA)

The PDHRA, the third and final deployment assessment, is also a Commander’s program. The PDHRA is an important and unique health assessment in that it focuses on physical and behavioral health issues that commonly evolved over several months following return from deployment. Like the PDHA, it requires the Soldier to complete a self-assessment online that is followed by a discussion with a provider who will provide referrals for treatment or further evaluation. Personnel and medical leaders at the primary staff and installation level work together with commanders to ensure necessary actions and opportunities are provided at all levels to obtain the assessment within 90-180 days from redeployment. Research indicates that Commanders and leaders who regularly discuss the PDHRA and its importance with Soldiers can positively influence timely and honest participation.

The following figure is one of four PDHRA report formats available within MEDPROS. The formats are “Name,” “UIC,” “Location,” and “Summary.” The “Name” format below displays individual Soldier PDHRA data such as name, UIC, location, status, PDHRA window, etc.

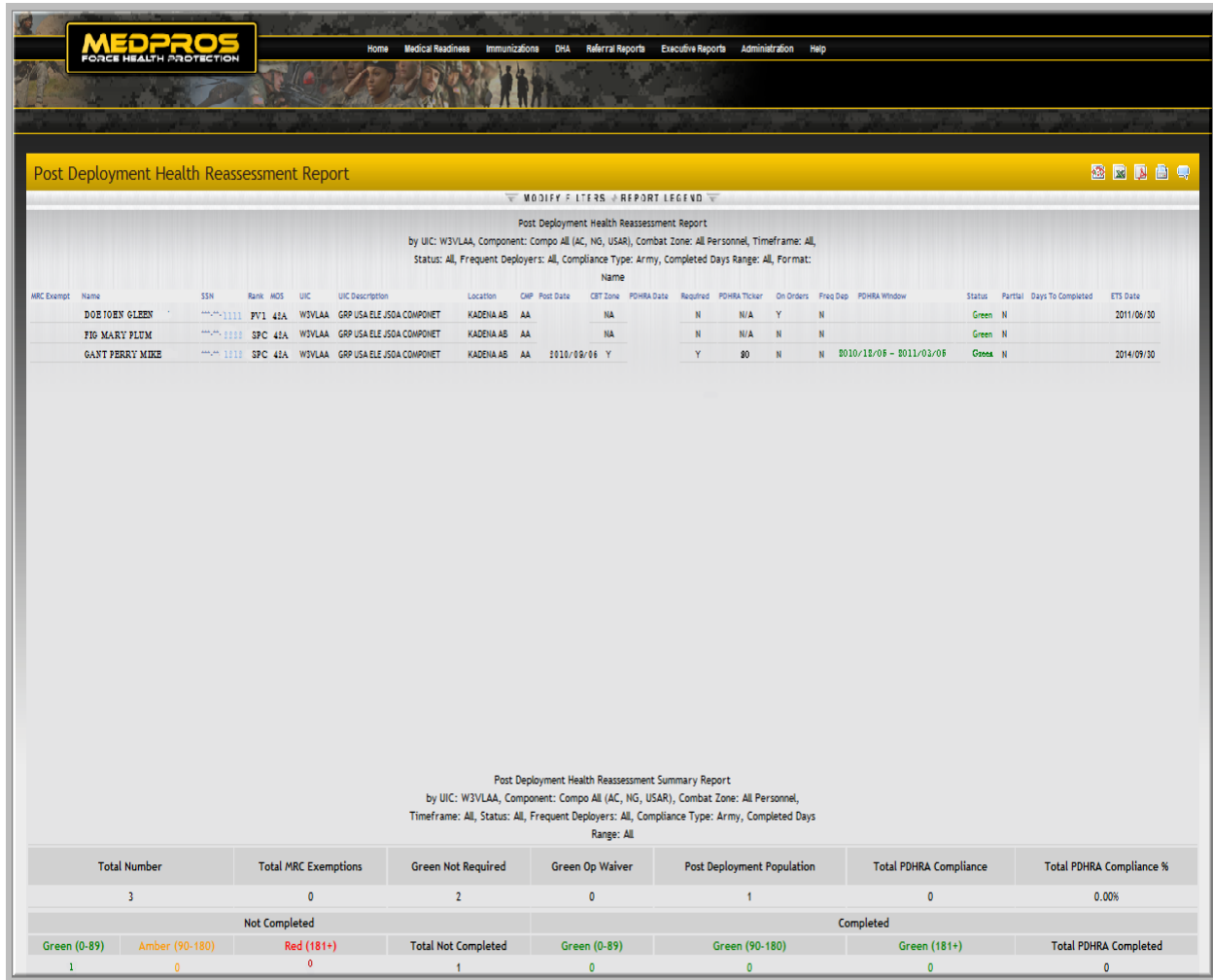


Figure 12: PDHRA Report Summary

The figure below provides Commanders with a graphical representation of the percentage of personnel in their units and subordinate units who have completed the PDHRA. This bar chart can be viewed from the PDHRA Command Drilldown for any unit by clicking on the Bar Graph icon on the left hand side next to the unit. When that icon is clicked, the bar chart opens up in the window to display percentages for that UIC and subordinate UICs. Compliance reported is based on a Commander's adjusted strength: total assigned personnel less exemptions (i.e., a Soldier is exempt from having to continue having reassessments).

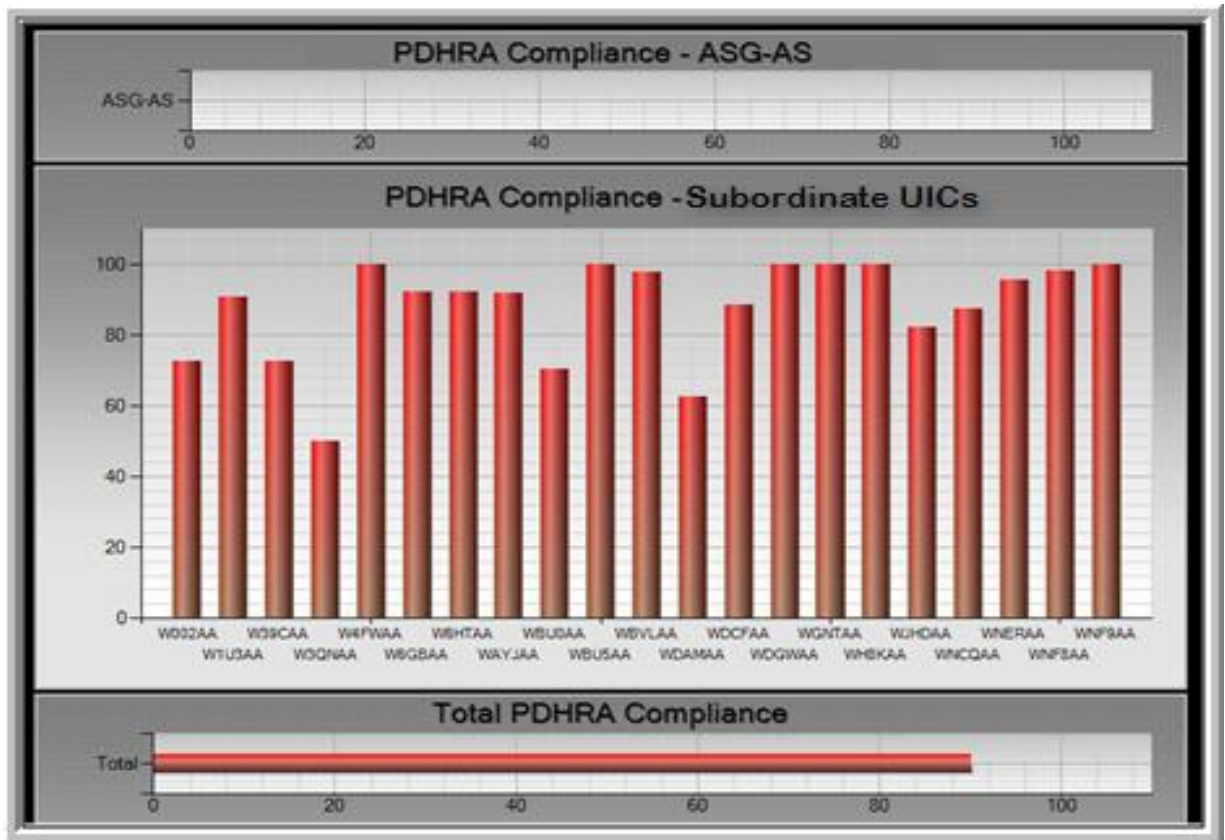


Figure 13: PDHRA Charting

#### 4.1.4 Deployment Health Assessment Reports

The DHA Reporting module allows Commanders to view information regarding the completion of a DHA for a COMPO, UIC, Task Force, Soldier Duty Location, SRP Location (Pre and Post only), or an individual.



Figure 14: DHA Reporting Options Menu

#### 4.2 Neurocognitive Assessment Tests (NCAT)

On 28 May, 2008 the Assistant Secretary of Defense Health Affairs office directed all the Services to implement baseline pre-deployment Neurocognitive (thinking and thought process) assessments for all Service Members. All Services Members are required to complete their pre-deployment Neurocognitive assessment within 12 months prior to deployment. This assessment is a mandatory requirement.

The purpose of this test is to establish a baseline of speed and accuracy of attention, memory and thinking ability. In the event that a Service member becomes injured or is exposed to a traumatic brain injury (TBI), he/she will have a follow-up test, the results of which will be compared to the original baseline to determine the best course of treatment or care. This comparison will help determine the extent of the injury in a more efficient manner.

NCAT pre-deployment testing is not a diagnostic tool and is not used to determine if the Service Member is deployable or non-deployable.

The following figure depicts how to access the Neurocognitive Assessment report.

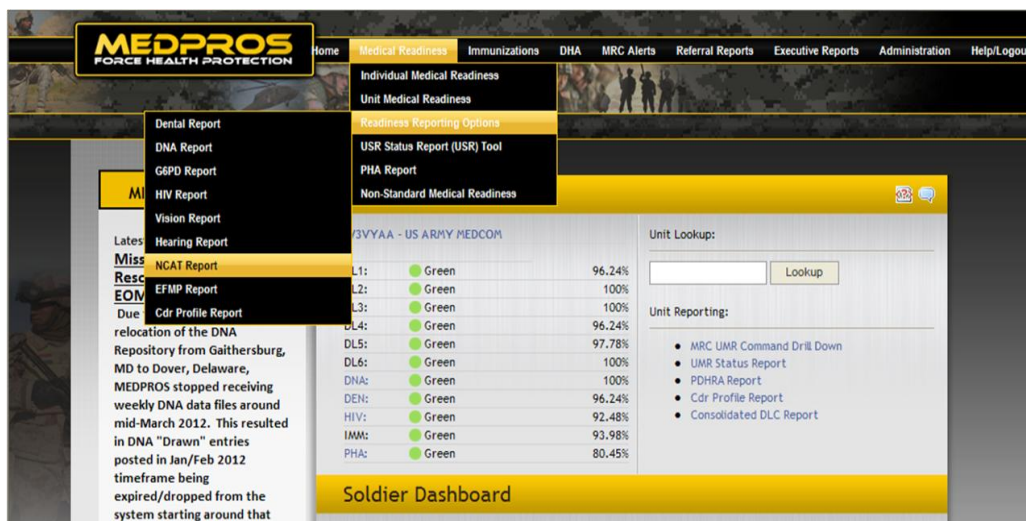


Figure 15: NCA Report

### 4.3 Periodic Health Assessment (PHA) Reporting in ME

#### DPROS

The PHA is an annual (every 12 month) requirement that identifies health care issues requiring further evaluation and treatment. The PHA element becomes amber at 13 thru 14 months, then red at 15 months. A Soldier is given MRC 4 status after fifteen months. A Soldier must have PHA within 12 months (“green”) to be cleared for deployment. While not specifically a deployment health assessment, the progress of conditions associated with deployment is looked at during the PHA. Providers have the option of completing an abbreviated PHA for a Soldier during a PDHA or a PDHRA or within 60 days of either assessment. A medical readiness report can be run for the PHA to see which Soldiers in your unit are current and when the next PHA is due.

MRC XMT	Name	Rank	SSN	Age	Sex	MOS	UIC	Location	Compo	PHA Date	PHA Due	Physical Exam	PULHES	Deferment
Yellow	SAM HOUSTON	COL	0000 58	M	63A	W3U5AA	FT SAM HOUSTON	Army Reserve	03/30/2009	03/30/2010	06/02/2006	111111		
Yellow	SAM HOUSTON	COL	1111 52	M	63H9C	W3U5AA	FT SAM HOUSTON	Active Army	09/10/2009	09/10/2010	11/29/2000	113311		
Green	SAM HOUSTON	LTC	0000 44	M	67A9Z	W3U5AA	FT SAM HOUSTON	Active Army	10/26/2009	10/26/2010	04/17/2007	112121		
Yellow	SAM HOUSTON	SGM	1111 48	F	68Z5M	W3U5AA	FT SAM HOUSTON	Active Army	08/31/2009	08/31/2010	03/22/2005	111111		
Yellow	SAM HOUSTON	LTC	0000 48	M	70H	W3U5AA	FT SAM HOUSTON	Army Reserve	05/22/2009	05/22/2010	03/31/2004	111111		
Yellow	SAM HOUSTON	SFC	1111 35	M	68E4M	W3U5AA	FT SAM HOUSTON	Active Army	05/12/2009	05/12/2010	09/14/2007	111111		
Green	SAM HOUSTON	COL	0000 55	M	63B9A	W3U5AA	FT SAM HOUSTON	Active Army	09/21/2009	09/21/2010	10/18/2004	111111		
FR	SAM HOUSTON	COL	1111 58	M	63A	W3U5AA	FT SAM HOUSTON	Army Reserve	11/17/2009	11/17/2010	01/12/2007	112122		
Green	SAM HOUSTON	SFC	0000 30	F	68E4O	W3U5AA	FT SAM HOUSTON	Active Army	02/03/2010	02/03/2011	12/13/2006	111111		
Yellow	SAM HOUSTON	SFC	1111 43	M	68W4Q	W3U5AA	FT SAM HOUSTON	Active Army	05/13/2009	05/13/2010	09/07/2006	111111		
Yellow	SAM HOUSTON	LTC/P	0000 45	M	63M9B	W3U5AA	FT SAM HOUSTON	Active Army	07/15/2009	07/15/2010	08/10/2005	111111		
FR	SAM HOUSTON	1LT	1111 27	F	UNK	W3U5AA	FT SAM HOUSTON	Army Reserve	11/06/2009	11/06/2010	01/08/2005	111111		
Yellow	SAM HOUSTON	COL	0000 60	M	63K9A	W3U5AA	FT SAM HOUSTON	Active Army	12/19/2008	12/19/2009	12/13/2006	112111		
Green	SAM HOUSTON	MAJ	1111 34	M	63H9C	W3U5AA	FT SAM HOUSTON	Active Army	08/13/2009	08/13/2010	01/27/2003	111111		
FR	SAM HOUSTON	COL	0000 60	M	63A	W3U5AA	FT SAM HOUSTON	Army Reserve	02/11/2010	02/11/2011	05/19/2008	111111		
Yellow	SAM HOUSTON	COL	1111 60	M	63B9A	W3U5AA	FT SAM HOUSTON	Active Army	11/04/2009	11/04/2010	04/15/2003	111111		
Yellow	SAM HOUSTON	LTC/P	0000 47	M	67A9Z	W3U5AA	FT SAM HOUSTON	Active Army	09/03/2009	09/03/2010	03/02/2004	111211		
Green	SAM HOUSTON	COL	1111 60	F	63B9B	W3U5AA	FT SAM HOUSTON	Active Army	10/20/2009	10/20/2010	09/17/2003	322111		
Yellow	SAM HOUSTON	MAJ	0000 42	M	67A9Z	W3U5AA	FT SAM HOUSTON	Active Army	07/13/2009	07/13/2010	08/10/2005	111111		
Yellow	SAM HOUSTON	COL	1111 55	F	63F9A	W3U5AA	FT SAM HOUSTON	Active Army	08/28/2009	08/28/2010	10/05/2005	111111		
FR	SAM HOUSTON	COL	0000 60	M	63B	W3U5AA	FT SAM HOUSTON	Army Reserve	11/23/2009	11/23/2010	12/19/2005	212121		
Yellow	SAM HOUSTON	COL	1111 58	M	63B9A	W3U5AA	FT SAM HOUSTON	Active Army	12/11/2008	12/11/2009	10/17/2003	211111		
Green	SAM HOUSTON	COL	0000 51	M	63F9A	W3U5AA	FT SAM HOUSTON	Active Army	01/04/2010	01/04/2011	10/12/2004	112111		

W3U5AA Report for Readiness Requirement: Periodic Health Assessment						
Total Assigned	MRC Exemptions	Physical Exam Deferment	Green	Amber	Red	Blank
23	4	0	6	13	0	0
31.58% personnel are Green (Unit is Red)						

Figure 16: PHA Single Medical Readiness Report

## 5.0 SOLDIER RESPONSIBILITIES

### 5.1 My MEDPROS

My MEDPROS (<http://mymedpros.army.mil>) is easily accessed from the readiness stoplights displayed on your AKO homepage (Figure 17). Soldiers can view and print copies of their IMR, completed profiles and health assessments (Figure 18). Links provide information to the Soldier on how to change his/her status indicator to GREEN.

**My Medical Readiness** (Related Content) Add to Favorites Options

AKO Home > Knowledge Networks > Knowledge Networks - Army > Medical Warfighter Forum (MedWFF) > My Medical > My Medical Readiness > My Medical Readiness

**Questions?**

For questions about your readiness status or content in the health assessments, send a message to [mods-help@asmr.com](mailto:mods-help@asmr.com) or call 1-888-849-4341; DSN: 761-4976; Fax: (703) 681-4983.

**You must use Internet Explorer to access the PHA application, not any other browser such as Firefox.**

**MEDPROS** PERIODIC HEALTH ASSESSMENT

**Medical Readiness Tools**

[PHA](#) | [Deployment Health Assessment](#) | [PDHRA](#) | [My Dental](#) | [My MEB/My PEB](#) | [My Vision](#) | [Army MOVE](#)

**Periodic Health Assessment (PHA)**

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. **You must use Internet Explorer to access the PHA application, not any other browser such as Firefox.** Click here [Periodic Health Assessment](#) to begin your assessment. If you have questions regarding your PHA, please contact your chain of command. For additional information about completing the PHA, click [here](#).

**Deployment Health Assessments**

**Post Deployment Health Reassessment (PDHRA)**

**Dental Readiness**

**My MEB/My PEB**

**My Vision**

**Army MOVE!**

[Return to the My Medical page](#)

**My Medical Readiness**

**(GREEN): Medical Readiness Status** Print

**GREEN: Post Deployment Health Reassessment**  
According to the Medical Protection System (MEDPROS), your Post Deployment Health Reassessment (PDHRA) was completed on 3/2/2010. If you have not been screened by a healthcare provider, please contact your chain of command for further PDHRA screening information.  
[View Detailed Information](#)

**GREEN: DNA**  
According to the Medical Protection System (MEDPROS), you have a DNA on file. No further action is required.  
[View Detailed Information](#)

**GREEN: Dental Readiness**  
Your next Annual Dental Exam is due 11/5/2012.  
[View Detailed Information](#)

**GREEN: HIV**  
Your next HIV Test is due 2/19/2014.  
[View Detailed Information](#)

**GREEN: Immunization Profile**  
According to the Medical Protection System (MEDPROS), you are current on all of your Routine Adult Immunizations. You can download your Electronic Immunization Record (DD Form 2766C) after clicking on the View Detailed Information link located in the Immunization Alert. If the information on the DD Form 2766C is incorrect, please contact your unit MEDPROS Data Entry Clerk to have your status updated. You may be asked to provide copies of paper immunization records to support requested changes.  
[View Detailed Information](#)

**GREEN: Periodic Health Assessment**  
Your next Physical Exam is due by 5/23/2013. Your current PULHES code, which impacts your medical readiness, is: 112111.  
[View Detailed Information](#)

**GREEN: Vision Readiness**  
You are Vision Readiness Class 1. Your next Vision Readiness Screening is due 2/23/2013. The Vision Readiness Screening can be conducted by your unit at any time. The screening assesses your ability to see and validates the possession of your glasses and gas mask insert, if you require them. The screening is administered by your unit, but may also be included at SRPs and at your Periodic Health Assessment. Contact your unit readiness officer or NCO for further guidance.  
[View Detailed Information](#)

**GREEN: Hearing Readiness**  
You are Hearing Readiness Class NA.  
[View Detailed Information](#)

**GREEN: DLC**  
According to the Medical Protection System (MEDPROS), you are being reported as having no Deployment Limiting Conditions. If this information is incorrect, please contact your primary care manager (Active Army) or State or RRC Surgeon's Office (Natl Guard/Army Reserves) to have your status updated.  
[View Detailed Information](#)

Figure 17: AKO My Medical Readiness



**Medical Readiness Profile for SFC**

**Overall Readiness Status: Green**

**Medical Readiness Indicators**

- Post Deployment Health Reassessment
- DNA
- Dental Readiness
- HIV
- **Immunization Profile**
- Periodic Health Assessment
- Vision Readiness
- Hearing Readiness
- DLC Indicator
- Unit Influenza
- 68W Indicator

**Forms**

- 📄 Electronic Immunization Record
- 📄 IMR Record
- 📄 Hearing Record
- 📄 DA 7655 - Vision Summary
- 📄 Download My Profiles (DA 3349)

**Self-Service Links**

- 🔗 68W
- 🔗 Deployment Health Assessments
- 🔗 Periodic Health Assessment

**Immunization Profile: Routine Adult**

According to the Medical Protection System (MEDPROS), you are current on all of your Routine Adult Immunizations. You can download your Electronic Immunization Record (DD Form 2766C) after clicking on the View Detailed Information link located in the Immunization Alert. If the information on the DD Form 2766C is incorrect, please contact your unit MEDPROS Data Entry Clerk to have your status updated. You may be asked to provide copies of paper immunization records to support requested changes.

<b>HEP B</b>	
Current:	Yes
Immunization Date:	11/16/2005
Series Complete:	Yes
<b>HEP A</b>	
Current:	Yes
Immunization Date:	11/16/2005
Series Complete:	Yes
<b>INFLUENZA</b>	
Current:	Yes
Immunization Date:	10/26/2011
Next Due Date:	8/1/2012
<b>TETANUS AND DIPHTHERIA</b>	
Current:	Yes
Immunization Date:	9/14/2007
Next Due Date:	9/11/2017

**Requirement:**  
Soldiers will be considered deficient if there is no evidence that all mandatory immunizations are current.

**Figure 18: My MEDPROS**

***\*Note: Forms can be downloaded from the menu on the left side of the screen.***

### **5.2 Completing the Soldier Portion of the PHA**

Soldiers can complete their portion of the PHA via a link to the application in My Medical Readiness on AKO or via link to the application at <http://mymedpros.army.mil>.

After Soldiers complete their portion of the PHA they need to meet with a provider to complete the PHA. Active Army (AC) Soldiers make an appointment at their local MTF. For the National Guard (NG), Commanders will direct you how to complete the provider portion of the PHA. The US Army Reserve Troop Program Unit (TPU) Soldiers or Active Guard and Reserve Soldiers assigned to either TRICARE

Prime Remote or a sister service Military Treatment Facility MUST CALL the PHA Call Center at (888) 697-4299 to schedule an appointment with a medical provider to complete the PHA process. US Army

Reserve Active Guard and Reserve Soldiers assigned to an Army Military Treatment Facility must contact the facility to schedule an appointment with a medical provider to complete the PHA process.

### 5.3 MEDPROS Training

Training is necessary for all Soldiers assigned to update MEDPROS for accurate Individual and Unit Medical Readiness reports. Three training options are presented below.

<p><b>Centralized Training</b></p>	<p>A bimonthly training session held at ASM Research for :</p> <ul style="list-style-type: none"> <li>• Mainframe data entry</li> <li>• Pre-Deployment Health Assessment</li> <li>• Post-Deployment Health Assessment</li> <li>• Post-Deployment Health Reassessment</li> <li>• Web Reporting</li> </ul> <p>Other training is provided upon request.</p> <p>There is no registration fee for this training. Standard TDY applies for traveling personnel.</p> <p>For class details and schedule contact <a href="mailto:mods-help@asmr.com">mods-help@asmr.com</a> or the MODS help desk 1-888-849-4341.</p>
<p><b>Regional Training</b></p>	<p>For training in your region please contact a MEDPROS Medical Readiness Coordinator (MRC) or the MODS help desk at 1-888-849-4341 for locations and schedules.</p> <p>A contact list for all MRCs can be found at <a href="https://medpros.mods.army.mil/MEDPROSNew">https://medpros.mods.army.mil/MEDPROSNew</a>. Click on MEDPROS Contacts.</p>
<p><b>Train-the-Trainer</b></p>	<p>Regular and aggressive train-the-trainer programs provide valuable benefits (e.g. base of expertise, proficiency and esprit de corps) that spread through the unit.</p> <p>Maintaining this base is easier than recreating it. Successful trainers know how to perform accurate and timely data entry to include routine quality control.</p> <p>Trainers must know the appropriate MEDPROS Logic and be well-versed in both the reporting and data entry capabilities.</p> <p>The train-the-trainer program allows for a sustainment of knowledge within a unit as users rotate throughout their careers.</p>

**Figure 19: MEDPROS Training Options**

## 6.0 PHYSICAL PROFILE AND THE BOARD PROCESS

### 6.1 e-Profile (Electronic Profiling System)

Entry into the performance/disability system starts with a Soldier's Physical Profile generated in e-Profile. e-Profile is a web-based Medical Operational Data System (MODS) application that automates the production, approval, and routing of the DA Form 3349 (Physical Profile). e-Profile provides visibility of the physical profile and functional limitations of your Soldiers. Commanders are able to view profiles by PDF or profile viewer. The application increases communication between Commanders and providers, helping to ensure Soldiers get appropriate work assignments to allow for their functional capacity and corrective intervention, either medical care or board process. In order to be medically ready to deploy, Soldiers who have a permanent 3 or 4 profile require either MAR2 or MEB/PEB completion with a profile code of W (MAR2 recommendation to retain or reclassify and returned to duty) or Y (Fit for duty – after complete processing under AR 635-40)).

NOTE: W or Y profile codes are often accompanied by other deployment limiting codes. See AR 40-501, Table 7-2, Profile codes for detailed definitions.

The application follows the physical profiling guidelines set forth in AR 40-501, Standards of Medical Fitness [http://www.army.mil/usapa/epubs/pdf/r40\\_501.pdf](http://www.army.mil/usapa/epubs/pdf/r40_501.pdf).

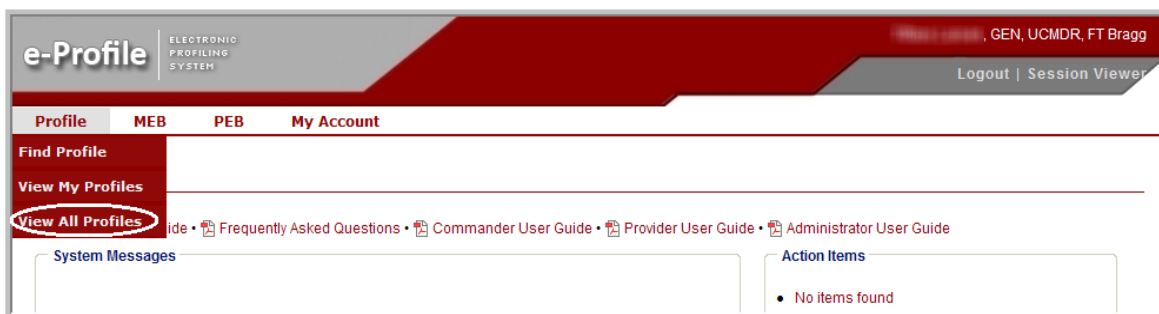


Figure 20: e-Profile Home Page

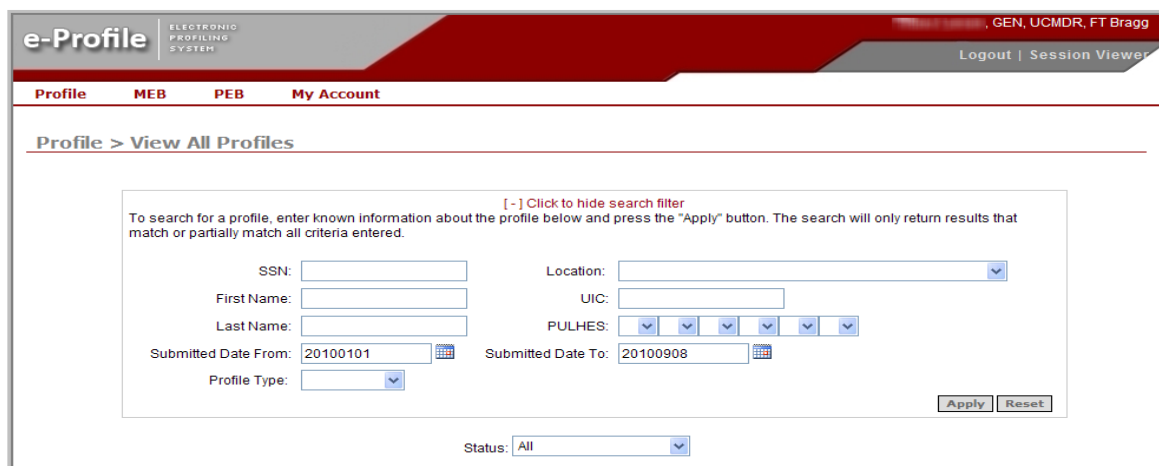


Figure 21: View All Profile Filters

## 6.2 Profile Essentials

A profile may be either **temporary** (“T”) or **permanent** (“P”). “T” profiles are limited to 90 days at a time and may be extended to one year. If the soldier's duty performance is still limited, it may progress to a permanent profile.

Evaluating **factors** used in the profile consist of:

Abbreviation	Factor
P	Physical Capacity
U	Upper Extremity
L	Lower Extremity
H	Hearing (ears)
E	Vision (eyes)
S	Psychiatric

Figure 22: Profile Evaluation Factors

Numerical designations for evaluating functions are 1 through 4. The numerical designations you will encounter in the Army Physical Disability Evaluation Systems (APDES) are as follows:

- **Level 1:** High level of fitness – NO LIMITATIONS
- **Level 2:** Some limits on activity
- **Level 3:** One or more conditions – SIGNIFICANT LIMITATIONS
- **Level 4:** Military duty SEVERELY LIMITED

### **6.3 MEDPROS e-Profile Compliance Report**

To CORRECTLY review e-Profile Compliance and obtain accurate data in MEDPROS go to MEDICAL READINESS (the second tab) then scroll down to Aggregate and Special Reports (Unit/TF), and then to 'CDR Profile Report'. Then enter search criteria (UIC, Task Force, Soldier Duty Location) and sort accordingly. 'Profile Source' SHOULD have "DA3349" for every Soldier with a valid profile.

Any BLANKS mean there is not a profile, valid or not, in the system for your Soldier. This results in e-Profile compliance deficiency. To mitigate this, scan historical (paper) profiles as PDF's and upload to them to e-Profile. Ensure Soldiers are re-evaluated by their Health Care Provider, and a manually entered e-Profile is typed into the system.

Within 24 to 72 hours of completion, improved e-Profile unit and individual Soldier compliance will be reflected in MEDPROS. Compliance is mandatory and overdue IAW ALARACT 017/2011 Army Implementation of Electronic Profiles (e-Profile), 24 JAN 2011.

POC: Your installation MEDPROS administrator.

### **7.0 INDIVIDUAL SICK SLIP (DD FORM 689)**

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Army Regulation 40-66 outlines use of the Individual Sick Slip (DD Form 689). Chapter 13 states the DD Form 689 (March 1963) will (can) be issued to a patient who either requests or receives medical or dental treatment or evaluation at an Army MTF (or by a network provider).

The DD Form 689 may be used AT ANY TIME to COMMUNICATE between healthcare personnel and the military member's (COMPO 1, 2 or 3) unit commander. It cannot assign a temporary profile. The DD Form 689 is intended for communication and management of short term or acute medical conditions that do not limit the functional capabilities of the Soldier and do not impact on the mission capabilities or deployability of the Soldier's unit.

The DD Form 689 is used for temporary conditions lasting 1-7 days and CAN be used for conditions up to 30 days (note: use of e Profile is required for conditions greater than 30 days).

ALL healthcare providers, regardless of COMPO or organization, SHOULD utilize e-Profile for ALL conditions lasting over 8 days to improve unit electronic Soldier medical readiness accountability (thru e-Profile & MEDPROS)

### **8.0 LINE OF DUTY (LOD)**

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The Army's Line of Duty system stems from one basic premise: every Soldier who incurs an injury or disease while conducting himself properly as a member of the Army is entitled to certain benefits. Basically, a line of duty determination is required whenever a Soldier incurs an injury or disease, which incapacitates him or her from the performance of duty. Line of Duty determinations are essential for protecting the interest of both the individual concerned and the U.S. Government where service is

interrupted by injury, disease, or death. Army Reserve and National Guard Soldiers are required to have a Line of Duty for all significant injuries and illness or diseases that were incurred or aggravated while in an active status (i.e. on active duty orders, during ‘drill weekend’).

To ensure All Soldiers receive appropriate medical care after leaving active duty, Commanders must complete a LOD investigation (DA Form 2173) for all Soldiers. In accordance with AR 600-8-4, for RC Soldiers the MODS Line of Duty Module should be utilized in order to streamline the LOD processing. Commanders and staff should ensure that all Soldiers requiring an LOD are identified and that all DA 2173’s is initiated, completed and entered into the MODS/MEDPROS LOD module prior to leaving Theater. Assessment of the unit LOD status should be communicated on the Down Range Assessment Tool. Admin/S1 personnel should ensure Soldiers receive a hard copy of completed LOD.

### 8.1 LOD Roles and Responsibilities

Success of the LOD process depends on the coordination, collaboration, and timeliness of all personnel involved.

Figure 23 provides an overview of the responsibilities assigned to personnel involved in the LOD process.

Roles	Responsibilities
MPMOs	State Military Personnel Management Officers (MPMOs) will provide oversight, management and guidance to ensure the quick and efficient completion and processing of LODs and related actions.
DSS, HSS	Deputy State Surgeons (DSS), State Health Systems Specialists (HSS), or their designated representatives will approve
S1 or G1	The S1 or G1 at each level of command will provide oversight, management and guidance to ensure the quick and efficient completion and processing of LODs and related actions.

**Figure 23: LOD Responsibilities**

Roles	Responsibilities
Commander	<p>The Commander plays an important role in monitoring the progress of Soldiers through the LOD process.</p> <ul style="list-style-type: none"> <li>• Every Commander is responsible to ensure entries are made on the Unit Training Record (DA Form 1379 or DA Form 1380) for any injury, illness or disease that occurred or was aggravated during the training period. <ul style="list-style-type: none"> <li>○ Notify higher headquarters of the incident immediately, but not later than the <b>next working day</b>.</li> <li>○ Ensure Soldiers understand the importance of the LOD process.</li> <li>○ Query, at the final formation, all members about unreported injuries, etc., and initiate the LOD, if necessary.</li> <li>○ <b>Ensure each Soldier understands his /her responsibility to report injuries, illness, or disease promptly</b></li> </ul> </li> <li>• Forward a “Notification/Request for Medical Treatment” directly to the <b>Health System Specialist or LOD Coordinator</b>. Form should be received no later than 48 hours after the incident.</li> <li>• Ensure the Soldier understands and signs the Disability Counseling Statement. This statement must be completed anytime an LOD is initiated.</li> </ul>
Servicing Judge Advocates (SJA)	<p>Servicing Judge Advocates will provide legal review and opinions on formal LOD investigations as described in AR 600-8-4, paragraph 3-9b using the module.</p>
Investigating Officer	<p>Investigating officers will complete DD Forms 261 promptly and forward them in the module through the chain of command and reviewing officials.</p>
Soldiers	<ul style="list-style-type: none"> <li>• Recognize the importance of the LOD in protecting their rights.</li> <li>• Immediately notify their unit commanders, 1SG, or a designated representative of an injury, illness or disease which: <ul style="list-style-type: none"> <li>○ Existed prior to the training period</li> <li>○ Occurred or was aggravated during the training period</li> <li>○ Manifested itself in the period immediately following a training period</li> </ul> </li> </ul>

**Figure 23 (Cont): LOD Responsibilities**

## 8.2 Reserve Component LOD Module

The Reserve Component (RC) LOD Module is a web-based application in the HQDA Medical Operational Data Systems (MODS). The Module provides an automated, management capability to prepare and transmit LOD actions and PDHRA Referrals. It warehouses LOD data, has a query capability to produce reports on injuries, illnesses and disease, and provides leaders and staff full visibility of the entire LOD process.

The module provides an electronic means to prepare and transmit, through the chain of command, the DA Form 2173 (Statement of Medical Examination and Duty Status) and DD Form 261 (Report of

Investigation-Line of Duty and Misconduct Status). The DD 261 is required only when a formal investigation is required.

The RC LOD module provides an accurate and timely response for Soldier healthcare. It is primarily a tool for the RC, however AC components do need to be aware of this tool and the LOD process for the RC Soldiers they may find in their units (particularly at during the Mobilization/Demobilization process).

### 8.2.1 Accessing LOD Module

An e-mail is generated by the LOD module and is routed to the Commander by the Soldier's UIC. The Unit Commander will click the link in the e-mail and be directed to the LOD homepage. The Commander will then be prompted to log into the Module for access to the Main Menu.

Figure 23 is a depiction of the main menu the Commander will see upon logging into the LOD Module. The links above labeled "LOD", "PDHRA", "Reports", and "Help" enable the commander to access LODs, PDHRA Referrals, Ad Hoc Reports, and LOD documentation.



Figure 24: Line of Duty

The "Review and Act on Submissions" link contains a listing of LODs that are awaiting action by the Unit Commander. After selecting the link, a page will appear that displays all LODs with pending action status. The Unit Commander will review each document for completeness and accuracy. This data cannot be edited because it's in read-only format. When the Commander's LOD review is complete, he/she will proceed to the "Next Action" page. The Commander will then concur by selecting the "Forward to State Admin" option from the "Next Course of Action" drop down list. If the Commander non-concurs with the LOD, the "Return to Unit for Corrections" option can be chosen.

For Active Component (AC) Commanders and medical providers of RC Soldiers, LOD documentation pertinent to making a determination should be uploaded into the LOD module or submitted to the Soldier's organic Commander to assist in LOD determination.



## **9.0 OVERVIEW OF THE DA INTEGRATED DISABILITY EVALUATION SYSTEM (IDES)**

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The Secretary of the Army is charged with ensuring the fitness of Soldiers, and separating or retiring those who become unfit to continue military service because of physical disability. The Army's first priority for Soldiers suffering from an illness or injury is to ensure delivery of the highest-quality and proper medical attention. However, if the treating physician believes that a Soldier is unable to perform full military duty or is unlikely to be able to do so within a reasonable period of time (normally 12 Months), the Soldier is referred to the Integrated Disability Evaluation System (IDES). IDES is used to objectively determine either “fit for duty” or “unfit for duty” and the applicable disability benefits (which are provided by law) for Soldiers with duty-related impairment(s).

The United States Army Physical Disability Agency (USAPDA) manages the Army's IDES and acts on behalf of the Secretary of the Army. It is important to understand that IDES is a performance-based system. Simply because a Soldier has a medical condition does not mean that the Soldier cannot continue to serve on active duty or in the Reserve Component. It is the impact of that medical condition upon the Soldier's ability to perform duties appropriate to his/her rank and branch/MOS that is important.

### **9.1 The IDES System**

IDES is initiated by referring a Soldier through any of the follow five different routes:

1. Medical Treatment Facility (MTF)
2. Medical Administrative Retention Review (MAR2)

MAR2 is a Commander's tool to identify Soldiers in their unit who have permanent medical limitations (P3/P4 profiles) and to request an administrative review to determine if the Soldier meets standards of his/her Area of Concentration (AOC) or Primary Military Occupational Specialty (PMOS). MAR2 will enhance readiness by providing a process by which to monitor and maintain a quality force. This process will help to ensure that Soldiers are physically qualified and prepared to fulfill ARNG missions worldwide.

3. Fitness for duty medical examination

If a Soldier appears to have a condition that impairs his/her capabilities to meet the functional duty requirements of their PMOS/AOD they may be required to undergo a fitness-for-duty medical examination. This assessment is used to determine fitness when there is a direct question about his/her continued capacity to meet the physical or medical requirements of the position. Such an examination may be ordered for instances of job-related injuries/illnesses and for those that are not job-related.

{NOTE: A ‘fitness for duty’ EXAMINATION is NOT the same as a ‘fit for duty’ DETERMINATION}.

4. HQDA action
5. Reserve component (RC) non-duty-related process

If a treating physician determines that a Soldier is unable to perform full military duty or is unlikely to be able to do so within a reasonable period of time (normally 12 months), the Soldier is referred to the Physical Evaluation Board Liaison Officer (PEBLO) to start a Medical Evaluation Board (MEB) at the MTF where treatment is being provided.

*9.1.1 Medical Evaluation Board (MEB)*

The MEB is an informal process, and the board itself is comprised of at least two physicians who compile, assess, and evaluate the medical history of a Soldier and determine if the Soldier meets, or will meet, retention standards.

If the Soldier meets retention standards, the Soldier is returned to duty in their respective or current Military Occupational Specialty (MOS). If the Soldier does not meet retention standards, the case will be referred to a PEB for further disposition and determination of fitness. (The MEB determines whether or not a Soldier meets retention standards; it does not determine fitness).

*9.1.2 Physical Evaluation Board (PEB)*

The USAPDA agency has three Physical Evaluation Boards (PEBs), located at Crystal City, VA (NCR PEB); Ft. Sam Houston, TX; and Ft. Lewis, WA.

PEBs are administrative boards that determine whether a Soldier’s disability prevents his/her continued performance in the Army. The PEB is comprised of two types of boards: informal and formal. A board (informal or formal) is composed of a three-member panel trained on adjudication standards and procedures. The Presiding Officer will normally be a Colonel (sometimes an LTC); in addition, each board has a Personnel Management Officer (normally a field grade officer or civilian equivalent) and a Medical Member (normally a DA civilian physician). Figure 25 gives some of the key points for both formal and informal PEBs.

<p><b>Informal PEB</b></p>	<p>The MEB is initially reviewed by the Informal PEB.</p> <p>A Soldier does not appear before the Informal PEB. This board conducts a review of the medical and non-medical evidence of record contained in the MEB.</p> <p>The first determination made by the PEB is whether or not the Soldier is fit to continue to perform his/her primary military duties.</p> <p>If the Soldier is determined unfit, the PEB then decides whether or not the Soldier is eligible for disability benefits.</p>
<p><b>Formal PEB</b></p>	<p>The Formal PEB is the Soldier’s opportunity, with the assistance of legal counsel, to present evidence, testimony and documents in support of his/her case.</p> <p>The Soldier may appear in person and present evidence pertinent to the case.</p> <p>The Soldier can be represented by an appointed Judge Advocate General Corps (JAGC) attorney or counsel of his/her own choosing (a civilian attorney or a representative from a National Service Organization such as Disabled Americans Veterans).</p> <p>If the Soldier elects to have civilian counsel, it will be at no expense to the government.</p>

### Figure 25: Informal and Formal PEBs

Almost all of the civilian board members at the Army PEBs are retired military with significant experience. By law, all PEBs considering a Reserve Component (RC) Soldier will have an RC member.

The PEB makes the decision of fitness by balancing the extent of a Soldier's condition (as shown with objective medical and performance evidence) against the requirements and duties that the Soldier may reasonably be expected to perform in his/her current job skill. The mere fact that one or more medical conditions exist does not necessitate an unfit determination. A Soldier with a serious medical condition can be found fit when the evidence establishes that the Soldier can perform his/her duties despite the condition.

Determinations made by the PEB process include:

- Fitness or unfitness to continue military service;
- Eligibility for disability compensation
- Disability codes and percentage rating
- Disposition of the case; and
- Whether or not the injury or illness meets combat-related criteria to qualify the Soldier for additional tax, employment, or other benefits

Final approval authority for all PEB findings and recommendations rests with the USAPDA.

Note: If the AC Soldier is found unfit by PEB, he/she may request COAD. If an RC Soldier is found unfit by PEB, he/she may request COAR. The PEBLO will facilitate this request. Regulatory guidance for COAD/COAR is found in AR 600-40, Chapter 6.

Consideration for COAD/COAR is NOT the responsibility of the PEB.

#### 9.1.3 IDES and Reserve Component Soldiers

There is no difference in PEB case processing for an RC Soldier from that of an AC Soldier. RC Soldiers are entitled to the same PEB determinations and disposition recommendations.

RC Soldiers not on active duty who have non-service-connected conditions may be referred to the IDES under the non-duty-related process for a determination of fitness only.

The command decides whether to submit a case as "duty-related" or "non-duty-related." Cases referred under the non-duty-related process are not authorized MEBs; the MTF does not provide care for non-duty related conditions.

## **9.2 Integrated Disability Evaluation System (IDES)**

The Integrated Disability Evaluation System (IDES) features a single set of disability medical examinations appropriate for determining both fitness and disability. By transitioning from the disability evaluation system (DES) to the IDES, evaluation of a service members' fitness for duty runs concurrently with a Department of Veterans Affairs' (VA) determination of a disability rating.

### *9.2.1 Training Requirements*

#### Commanders/ISG

1. e-Profile
2. MEDPROS
3. IDES Process
4. Complete prior to or within 30 days of Assumption of Command

#### Profiling Officer and Brigade Surgeons

1. Medical Profiling Course (Attend prior to access to e-Profile)
2. Brigade Surgeon Course (If applicable)
3. Complete prior to assignment to BCT/BDE Surgeon or within 90 days of assignment

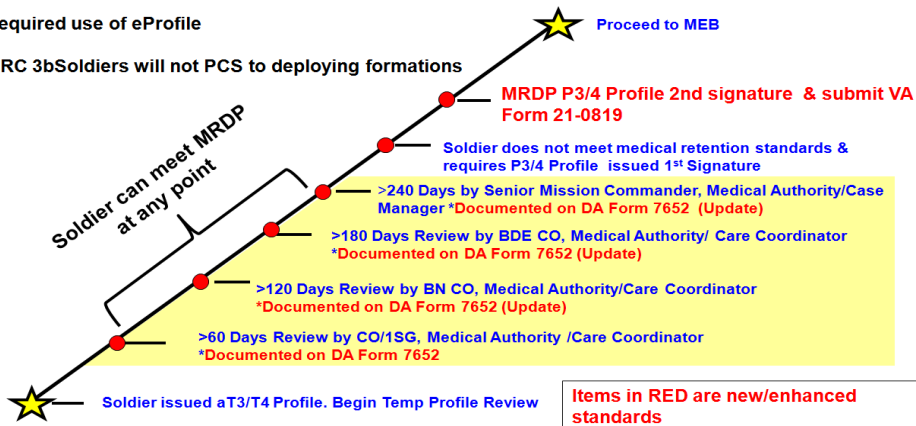
## Temporary Profile Management Process

- Mandates use of DA Form 7652 (COMMANDER'S PERFORMANCE AND FUNCTIONAL STATEMENT)

- 7 day requirement from first to second signature on permanent profile

- Required use of eProfile

- MRC 3b Soldiers will not PCS to deploying formations



## Phase 1- Conduct MEB Process

- Second signature authority submits for VA Form 21-0819

- Enhanced Access to Care for disqualifying condition

- VA Appointment tracking mandatory, no show rate <1%

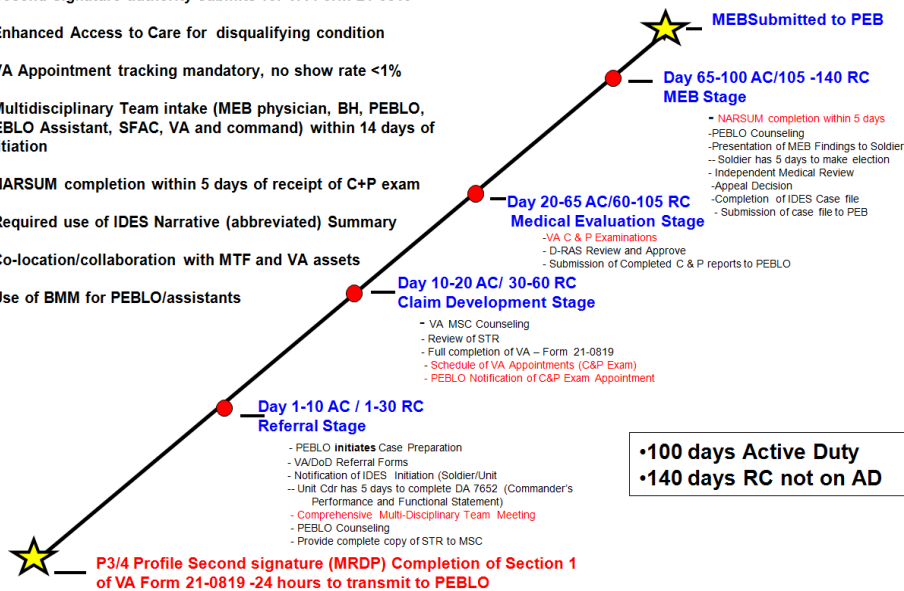
- Multidisciplinary Team intake (MEB physician, BH, PEBLO, PEBLO Assistant, SFAC, VA and command) within 14 days of initiation

- NARSUM completion within 5 days of receipt of C+P exam

- Required use of IDES Narrative (abbreviated) Summary

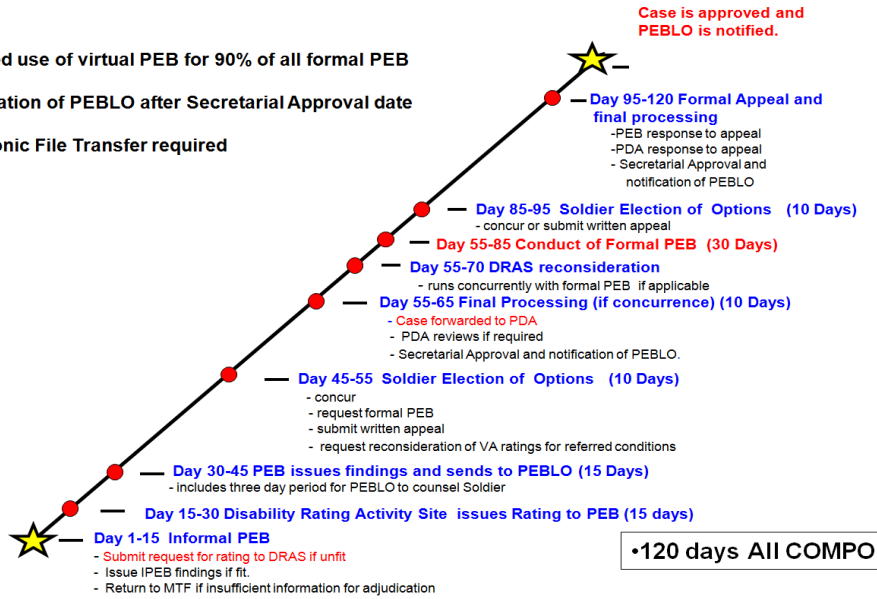
- Co-location/collaboration with MTF and VA assets

- Use of BMM for PEBLO/assistants



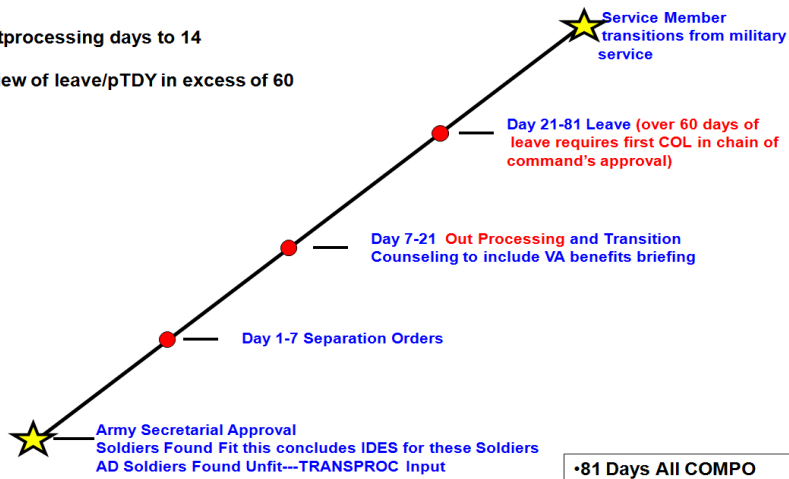
## Phase 2 – Conduct PEB/PDA Process

- Directed use of virtual PEB for 90% of all formal PEB
- Notification of PEBLO after Secretarial Approval date
- Electronic File Transfer required

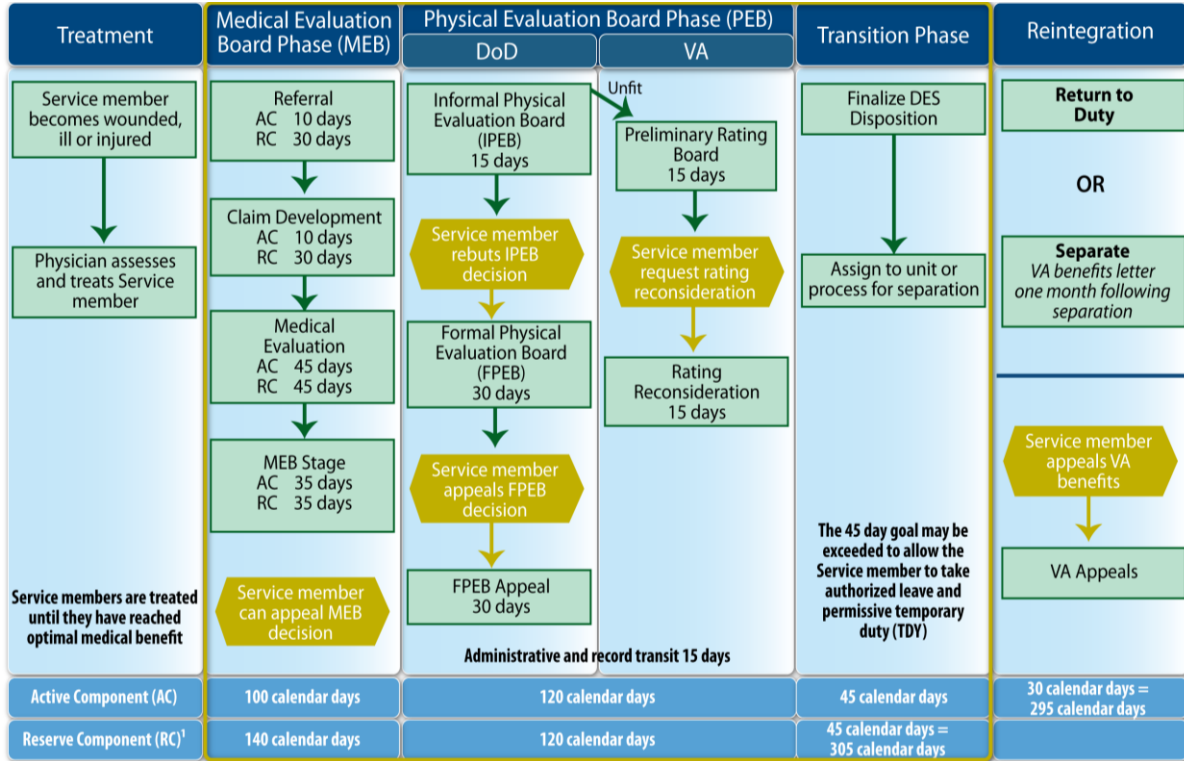


## Phase 3- Transition or Reintegration

- Decreases outprocessing days to 14
- Mandates review of leave/pTDY in excess of 60 days



### 9.2.3 IDES Process



<sup>1</sup> Reserve component member entitlement to VA disability begins upon release from active duty or separation

Figure 26: IDES Process Chart

## 10.0 WOUNDED WARRIOR RESOURCES

Taking care of wounded, ill and injured Soldiers is an important part of the Army’s mission, and there are many resources available to do just that. The MEDCOM Warrior Care and Transition Program provides support and medical management for eligible Soldiers of all components through the Warrior Transition Units (WTU) and the Community Based WTUs. In addition, Installation Management Command (IMCOM) provides services for Warrior in Transition in Soldier Family Assistance Centers (SFAC) located near the WTUs on installation.

### 10.1 Soldier Family Assistance Centers (SFACs)

SFACs (with the exception of Walter Reed Army Medical Center) are operated by IMCOM and have the mission of providing a full spectrum of personnel, finance, and administrative support and assistance to Warriors in Transition and their family members. An SFAC is a “one-stop shop,” coordinating with other government and private organizations to provide a variety of support services. SFAC services include:

- Human Resources
- Education Services
- Social Services
- Information and Referral
- Financial/Budget Services
- Outreach Services

All Soldiers going through the APDES (MEB/PEB) and their family members may utilize SFAC services.

## **10.2 Warrior Transition Units (WTUs) and Community Based WTUs (CBWTUs)**

Warrior Transition Units and Community Based Warrior Transition Units are extensions/derivatives of MTFs, with policy oversight by Warrior Transition Commands. WTUs provide critical support to AC wounded, ill, and injured Soldiers who are expected to require 6 months or more of rehabilitative care and need complex medical management. Closely resembling “line” Army units with a professional cadre and integrated Army processes, WTUs build on the Army’s strength of unit cohesion and teamwork so that wounded Soldiers can focus on healing and subsequent transition back to the Army or to civilian status.

Reserve Component (RC) Soldiers who remain on active duty (Medical Retention Processing (MRP)) or return to active duty (MRP2, Active Duty for Medical Extensions) are attached to a WTU/Community Based WTU (CBWTU) in their home communities.

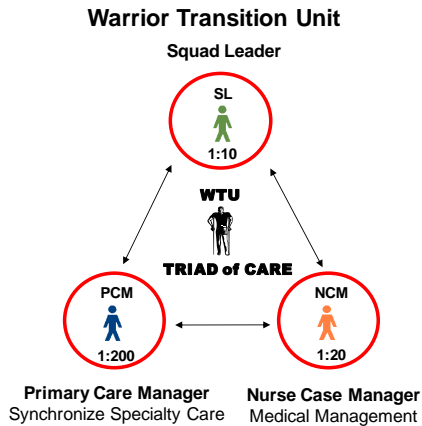
Leadership of a WTU relies on a Triad of Leadership for meeting the intent of the Warrior Comprehensive Transition Plan (WCTP). The Triad of Leadership includes the Senior Mission Commander, the Military Treatment Facility Commander, and the Warrior Transition Unit Commander to make decisions on assignments, reassignments, and react decisively to ensure that WTUs have what they need to successfully accomplish their mission.

Another triad, the Triad of Care, is fundamental to the healing of the Warriors in Transition (WT). The Triad of Care includes the Primary Care Manager (PCM), Nurse Case Manager (NCM), and Squad Leader (SQ)/ Platoon Sergeant (PS) who all work as a team to assist the WT and his/her Family in developing a Comprehensive Transition Plan (CTP) that targets needed medical treatment and support.

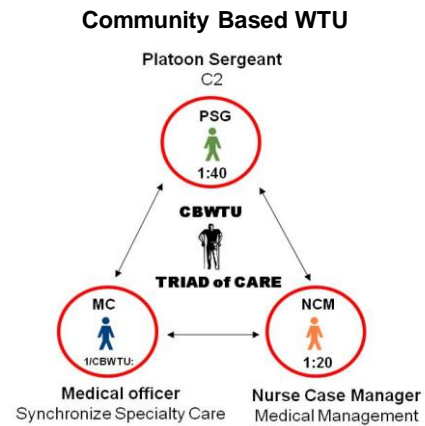
The Triad of Care works in concert with the Triad of Leadership to develop a plan of care specific to each Soldier and addressing medical treatment, administrative and support needs, and disposition. The triads work together to ensure advocacy for WTs, continuity of care, and a seamless transition/return either to the force or a productive civilian life.



# Warrior Transition Unit (WTU) and Community Based WTU



- For all components
- Traditional Chain of Command (Squad Leader - Battalion Commander)
- Focused “Triad of Care” for each Soldier
- Army Wounded Warrior (AW2) Advocate for most seriously injured
- Best facilities on post; priority medical care
- Dedicated Family Support
  - Family Readiness Support Assistant (FRSA)
  - Soldier Family Assistance Center (SFAC)



- Primarily for Reserve Component Soldiers
- Modified Chain of Command (PSG - LTC)
- Focused “Triad of Care” for each Soldier
- Live at home; medical care available CBWTU allows wounded, ill, and injured Soldiers to heal at home
- Duty at approved Title 10 duty site
- Dedicated Family Support
  - Virtual Soldier Family Assistance Center (VSFAC)

*“Never Leave a Fallen Comrade!”*

**ARMY STRONG**

- For all components
- Traditional Chain of Command (Squad Leader –Battalion Commander)
- Focused Triad of Care for each Soldier
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- Best facilities on post; priority medical care
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  - Family Readiness Support Assistant (FRSA)
  - Soldier Family Assistance Center (SFAC)

- Primarily for Reserve Component Soldiers
- Modified Chain of Command (PSG-LTC)
- Focused Triad of Care for each Soldier
- Live at home; medical care available CBWTU allows wounded, ill and injured Soldiers to heal at home
- Duty at approved Title 10 duty site
- Dedicated Family Support
  - Virtual Soldier Family Assistance Center (VSFAC)

Figure 27: WTU Triad of Care

## *10.2.1 WTU Assignment*

### *(10.2.1a) Active Component Soldiers (AC)*

WTUs are designed to meet the needs of Soldiers who were wounded, ill or injured in theater and/or require complex medical and case management through the Triad of Care. As a leader, you will be responsible for recommending assignment/attachment of the AC Soldier.

### *(9102.1b) Reserve Component Soldiers (RC)*

Reserve Component (COMPO 2/3) Soldiers who are eligible to remain on or return to active duty qualify for assignment/attachment to the WTU/CBWTU. As a leader, you will be responsible for initiating one of the following:

- **MEDICAL RETENTION PROCESSING (MRP)**

MRP is used for the continued retention of RC Soldiers in an AD status to administer medical treatment in response to an LOD illness or injury. This program permits a Soldier mobilized under 10 USC 12302 partial mobilization orders to voluntarily remain on active duty in order to receive treatment for an in-the-line-of-duty incurred illness, injury, disease or an aggravated pre-existing medical condition (which prevents the Soldier from performing the duties required by his/her MOS and/or position).

- **MEDICAL RETENTION PROCESSING 2 (MRP2)**

The MRP2 program is designed to allow RC Soldiers to voluntarily return to temporary active duty in order to receive evaluation, treatment, and/or IDES of documented, unresolved mobilization-connected and potentially-unfitting medical condition(s) that either was/were not identified or was not resolved prior to his/her REFRAD. This program applies only to RC Soldiers already released from active duty (REFRAD) from 10 USC 12302 partial mobilization orders.

- **ACTIVE DUTY MEDICAL EXTENSION (ADME)**

The intent of ADME is to voluntarily place RC Soldiers with a documented incurred or aggravated injury, illness or disease on temporary active duty in order to evaluate and treat them. The medical condition must have been incurred or aggravated while the Soldier was in an Individual Duty for Training (IDT) or non-mobilization active duty status and that medical care will extend beyond 30 days. The medical condition must prevent the Soldier from performing his or her Military Occupational Skill/Area of Concentration (MOS/AOC) within the confines of a Physical Profile (DA FORM 3349) issued by military medical authority. Soldiers must be medically approved by the ADME Medical Review Board to enter the ADME Program.

The goal is to return a Soldier back to duty within his/her respective RC as soon as possible. If return to duty is not possible, process the Soldier through the Army IDES.

Detailed guidance, procedures, eligibility criteria, and how to process requests for the above program are available at WTU Consolidated Guidance (Administrative) or

[www.armyg1.army.mil](http://www.armyg1.army.mil), where you can also find templates for memos/letters. Local WTU S1 staff members are also ready to assist.

## **11.0 PROVIDER RESOURCES**

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### **11.1 PERIODIC & DEPLOYMENT HEALTH ASSESSMENT ICD-9 CODES**

The periodic (PHA) and deployment health assessments (DHA) should be coded with the alphanumeric ICD-9 V code in AHLTA (first diagnosis), not a numeric ICD-9 diagnosis code.

DHAs are associated with deployments and their primary purpose is screening (NOT diagnosis) and identification of conditions for referral and further evaluation (where any 'new' diagnoses may or may not be considered).

As the AMEDD implements improved electronic tracking of clinical referrals from the DHAs and PHA in the future, diagnostic codes entered by MEDCOM, FORSCOM, and other healthcare providers will become critical for tracking compliance reporting to unit leadership.

- a. Periodic Health Assessment (PHA): V70.5\_2
- b. Pre-deployment health assessment (DD Form 2795): V70.5\_D
- c. Post-deployment health assessment (DD Form 2796): V70.5\_E
- d. Post deployment health re-assessment (DD Form 2900): V70.5\_F

NOTE: Anticipate implementation of ICD-10 codes in FY 2013 (Date TBD).

### **11.2 NEW PDHA AND PDHRA FUNCTIONALITY**

The Medical Health Assessments (MHA) application in MODS was modified to comply with FRAGO 3 to MEDCOM OPERATIONS ORDER 11-03 (Soldier Readiness Processing and Medical/Dental Reset), ensuring all MEDCOM activities performing Soldier Readiness Processing (SRP) functions document completion of PDHA and PDHRA encounters into the electronic health record (AHLTA). Providers will be able to readily address all positive responses and pertinent negative responses by Soldiers' on the healthcare provider tab of the DD 2796 and DD 2900. The system will now consolidate all Soldiers' positive responses and providers' comments to a note pad page which can then be copied and pasted into an AHLTA encounter note. The above system updates were deployed to MODS on 1 August, 2012. For technical questions, call the MODS Help Desk at (703) 681-4976 or DSN 761-4976 or toll-free 1-888-849-4341. [mods-help@asmr.com](mailto:mods-help@asmr.com).

### **11.3 MEDICATION RECONCILIATION:**

Medication reconciliation is a process with at least 4 key parts: review of medical records, the provider asking about medications, the Soldier providing a list of medications, and documentation of current medications being taken (and not taken). These aspects require continuous attention to detail across multiple systems, processes, personnel, and locations.

It is critical that medication reconciliation be performed and documented at every medical encounter, particularly throughout the deployment cycle of support.

Medication reconciliation should be performed and documented at every medical encounter whether at the Battalion Aid Station, Troop Medical Clinic, SRP site, MTF or other location.

The Periodic Health Assessment (PHA) and Deployment Health Assessments (including the Pre-DHA, PDHA, and PDHRA) are critical medical encounters.

Soldiers, DA Civilians and NAF (Non-Appropriated Fund) personnel should know the names, dosages, schedule and purpose of their medications. Encourage Soldiers to write down medication information or bringing the bottle with them, make this process easier.

Proper Medication Reconciliation includes ALL prescription medications, over the counter (OTC), herbal, vitamin, stimulants (including caffeinated 'energy' drinks, solutions, or pills) and supplements (including consumption of high protein shakes, bars, and related body building or weight training foods) taken on a daily, intermittent, or as needed basis.

Documenting 'reconciliation' of medications without actually listing the medication, dosage and frequency in the electronic medical record does NOT meet the intent of medication reconciliation. Accurate assessments of medications correlate with a more accurate determination of medical needs, risk factors and requirements in both garrison and deployed settings.

#### **11.4. HQDA EXORD 015-10, CENTRALIZED MEDICAL CARE (PRIMARY AND BEHAVIORAL) AT US ARMY INSTALLATIONS**

This EXORD was published in 2010 and implementation is still less than optimal in some locations. This serves as a reminder of this requirement for medical providers and leaders (an excerpt is provided below):

1. (U) SITUATION. THERE IS INCREASING DEMAND FOR MEDICAL RESOURCES TO IMPROVE ACCESS TO CARE AND PROVIDE CONTINUITY OF CARE TO MILITARY BENEFICIARIES WHILE MAINTAINING THE MEDICAL SUPPORT NECESSARY FOR THE ARMY FORCE GENERATION (ARFORGEN) CYCLE. CENTRALIZED MANAGEMENT OF HEALTH CARE PROVIDERS ASSIGNED TO MODIFIED TABLES OF ORGANIZATION AND EQUIPMENT (MTOE) AND TABLES OF DISTRIBUTION AND ALLOWANCES (TDA) UNITS ON THE INSTALLATION ALLOWS MORE EFFICIENT UTILIZATION OF RESOURCES.

3. B. (2) (U) COMMANDERS OF UNITS ON THE INSTALLATION REGARDLESS OF THEIR CHAIN OF COMMAND WILL SUPPORT THE MANAGEMENT OF THE HEALTH CARE PROVIDERS AND SERVICES IN ACCORDANCE WITH THE INSTALLATION HEALTH SERVICES PLAN. SKILL DEVELOPMENT, SKILL MAINTENANCE, AND PROVISION OF HEALTH CARE WILL BE ACROSS THE SPECTRUM OF MEDICAL OCCUPATIONAL SPECIALTIES AND GRADES. EXAMPLES OF UNITS TO WHICH PROVIDERS ARE ASSIGNED INCLUDE BUT ARE NOT LIMITED TO MEDICAL CENTERS, ARMY COMMUNITY HOSPITALS, ARMY HEALTH CENTERS, DENTAL ACTIVITIES, DENTAL CLINICS, DENTAL COMPANIES, VETERINARY DETACHMENTS, COMBAT STRESS CONTROL TEAMS, COMBAT SUPPORT HOSPITALS, FORWARD SURGICAL TEAMS, AREA SUPPORT MEDICAL COMPANIES, AND BRIGADE COMBAT TEAMS. APPROPRIATE ACOM, ASSC, AND DRU COMMANDS WILL ISSUE THEIR IMPLEMENTATION GUIDANCE TO THEIR SUBORDINATE UNITS BY 30 APRIL 2010.

3.C.(1)(A) (U) PROVIDE MEDICAL PERSONNEL ASSIGNED TO THE MTOE UNITS IN SUPPORT OF THE INSTALLATION HEALTH SERVICES PLAN. 3.C.(1)(B) (U) COORDINATE TRAINING AND AVAILABLE WORK SCHEDULES WITH MEDICAL COMMAND (MEDCOM) ORGANIZATIONS ON THE INSTALLATION. ENSURE FORSCOM HEALTHCARE PROVIDERS (PHYSICIANS, DENTISTS, PHYSICIAN ASSISTANTS (PA), NURSE ANESTHETISTS (NA), NURSE PRACTITIONERS (NP), OPTOMETRISTS, PHYSICAL THERAPISTS (PT), CLINICAL PSYCHOLOGISTS, SOCIAL WORKERS, OCCUPATIONAL THERAPISTS, PHARMACISTS, AND PODIATRISTS) SUBMIT NOTICE OF UNAVAILABILITY TO THE MEDCOM MEDICAL TREATMENT FACILITY COMMANDER A MINIMUM OF 60-DAYS PRIOR TO PLANNED TRAINING EVENTS TO PREVENT DISRUPTION OF PROVIDER SCHEDULING WITHIN THE LOCAL MTF.

3.C.(1)(C) (U) WHERE APPLICABLE, ENSURE THAT THE DIVISION SURGEON'S OFFICE SERVES AS THE OFFICE OF COORDINATING RESPONSIBILITY BETWEEN THE MTF AND THE BRIGADE COMBAT TEAM, COMBAT AVIATION BRIGADE, AND SUSTAINMENT BRIGADE SURGEONS.

3.C.(1)(D) (U) ENSURE THAT EVERY FORSCOM DIRECT HEALTHCARE PROVIDER (PHYSICIANS, PAS, NPS) SCHEDULED TO WORK IN TROOP MEDICAL CLINICS (TMCS) IS SUPPORTED BY AT LEAST TWO 68W MILITARY OCCUPATIONAL SPECIALTY (MOS) SOLDIERS EVERY DAY THEY ARE SCHEDULED IN THE CLINIC.

3.C.(1)(E) (U) ENSURE THAT EVERY FORSCOM DENTIST SCHEDULED TO WORK IN TDA DENTAL ACTIVITY CLINICS IS SUPPORTED BY ONE 68E MOS SOLDIER FROM THE PROVIDER'S UNIT EVERY DAY THEY ARE SCHEDULED IN THE CLINIC.

NOTE: The complete EXORD should be reviewed for complete instructions and guidance.

## **12.0 CONCLUSION**

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Soldiers are the centerpiece of Army combat formations. Unit readiness is directly related to individual Soldier readiness. Commanders are responsible for and must emphasize the importance of improving and maintaining Soldier and Unit medical readiness.

The AMEDD strives to improve and expand the tools available for commanders to assess the medical readiness of their Soldiers and units. This guide is designed to provide you with a complete guide to the use of these tools.

For more detailed information refer to the reference regulations and guidance.

## References

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