

Medical Readiness Leader Guide



Version 1.0

March 2011

For Official Use Only

OFFICE OF THE SURGEON GENERAL (OTSG)



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY
OFFICE OF THE SURGEON GENERAL
5109 LEESBURG PIKE
FALLS CHURCH, VA 22041-3258

MEMORANDUM FOR Commanders, Army Commands, Army Service Component
Commands, and Direct Reporting Units

SUBJECT: Medical Readiness Leaders Guide

Soldiers are the centerpiece of Army combat formations. The rigors of modern combat in austere environments demand that Soldiers be physically and emotionally prepared for the associated stress. Medical and dental readiness is an important component of the overall preparation of Soldiers and units for deployment. Healthy and protected Warriors optimize mission readiness, health & fitness, and resiliency throughout the Army Force Generation (ARFORGEN) Process: before, during, and after deployment. Medical readiness is the responsibility of every commander and leader in the Army.

The AMEDD continually strives to improve and expand the tools available for commanders to assess the medical readiness of their Soldiers and units. Medical Protection System (MEDPROS) interfaces with a variety of DoD/Army databases to give you the most readily available and complete medical readiness data available. e-Profile, provides a fully automated profile process from provider initiation to commander notification, improving the ease and speed of communication. The referral tracking feature provides commanders visibility of referrals generated from any and all of the health assessments. The Medically Not Ready module is a recent enhancement to the Pre-deployment health assessment which will provide granularity into the reasons that Soldiers are medically not ready. In the coming months, the AMEDD will release the COCOM-waiver tracking module which will automate the request for waiver and provide commanders visibility of where their Soldiers are in the process.

This handbook is designed to provide leaders a complete guide to the use of these tools. I encourage you to use them. The Army Medical Department stands ready to support you with quality training and assist you in leveraging these powerful tools. Commanders' visibility of accurate medical readiness data provides support to mission planning throughout the ARFORGEN cycle. Medical readiness optimizes Soldiers' availability to conduct the full range of operations on world-wide deployments.

Army Medicine is fully committed to ensuring the fighting strength and to ensuring commanders at all levels ensure a healthy AF force. Army Medicine - Army Strong!

ERIC B. SCHOOMAKER
Lieutenant General
The Surgeon General and
Commanding General, USAMEDCOM

Table of Contents

1.0	GENERAL OVERVIEW	4
2.0	ROLES AND RESPONSIBILITIES	4
2.1	Responsibility for MEDPROS Data Entry	6
3.0	COMMANDER/LEADER RESPONSIBILITIES	11
3.1	Monitoring Individual Medical Readiness (IMR)	11
3.2	Readiness Reports	12
3.2.1	Medical Operational System (MEDPROS) Dashboard	12
3.2.2	MEDPROS USR Status Report	13
3.2.3	Medical Readiness Categories (MRC) Command Drill-Down Report	15
4.0	LEADER DEPLOYMENT RESPONSIBILITIES	17
4.1	Deployment Health Assessments (DHAs)	17
4.1.1	Deployment Health Assessment Reports	17
4.2	Pre-Deployment	18
4.2.1	Pre-Deployment Health Assessment	18
4.2.2	Neurocognitive Assessment Tests (NCAT)	19
4.3	Periodic Health Assessment (PHA) Reporting in MEDPROS	20
4.4	Post-Deployment	21
4.4.1	Post-Deployment Health Assessment (PDHA)	21
4.4.2	Post- Deployment Health Reassessment (PDHRA)	22
5.0	SOLDIER RESPONSIBILITIES	24
5.1	My MEDPROS	24
5.2	Completing the Soldier Portion of the PHA	25
5.3	MEDPROS Training	27
6.0	PHYSICAL PROFILE AND THE BOARD PROCESS	28
6.1	e-Profile (Electronic Profiling System)	28
6.2	Profile Essentials	29

7.0	LINE OF DUTY (LOD)	30
7.2	Reserve Component LOD Module	32
7.2.1	Accessing LOD Module.....	32
8.0	OVERVIEW OF THE DA PHYSICAL DISABILITY EVALUATION SYSTEM (PDES) ..	33
8.1	The PDES System.....	33
8.1.1	Medical Evaluation Board (MEB)	34
8.1.2	Physical Evaluation Board (PEB)	34
8.1.3	PDES and Reserve Component Soldiers.....	35
8.2	PDES versus Department of Veterans Affairs (VA) Disability Evaluation System (DES).....	36
9.0	WOUNDED WARRIOR RESOURCES	37
9.1	Soldier Family Assistance Centers (SFACs)	37
9.2	Warrior Transition Units (WTUs) and Community Based WTUs (CBWTUs).....	37
9.2.1	WTU Assignment	39
10.0	CONCLUSION	40
	References	41

1.0 GENERAL OVERVIEW

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

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">• 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 https://medpros.mods.army.mil/MEDPROSNew1 and click on MEDPROS Contacts.• Ensure sustainment of Soldiers' IMR records by maintaining oversight on Medical Readiness data in MEDPROS
Commander	<ul style="list-style-type: none">• Maintain overarching responsibility for unit readiness to include: medical, personnel, logistics and training.• 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 Fully Medically Ready (FMR) exemptions as appropriate.• Track your unit's readiness through the Unit Status Reporting (USR) Module of MEDPROS Web Reporting.• Identify current and projected IMR shortfalls and ensure Soldiers correct their deficiencies prior to the requirement expiration.• 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).• Assign a Unit MEDPROS Clerk.

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

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. The table below depicts the MEDPROS data entry responsibilities.

MEDPROS Data Entry Responsibilities		
Test/ Procedure/ Input	Responsible Agent	Source Document
HIV (+)	MEDCOM MTF Prev. Med Team update PULHES with "V" code, LDP "Y"	From AR 600-110, para 2-11. Command Notification and Profiling: a. Information on HIV-infected soldiers will be handled in a sensitive manner. Directors of Health Services, MEDDAC/MEDCEN commanders, command surgeons, unit surgeons, and clinic commanders will coordinate efforts in notifying individuals, commanders, and PSCs. b. Soldiers who are confirmed as HIV-infected do not require a change in their physical profile solely because they are HIV-infected. If the soldier's physical/medical condition warrants a change in physical profile, a DA Form 3349 (Physical Profile) will be issued by the MEDDAC/MEDCEN commander or other profiling authority.
HIV Screening Serum Repos-validate & LAB-draw date	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).

Figure 2: MEDPROS Data Entry Responsibilities

MEDPROS Data Entry Responsibilities		
Test/ Procedure/ Input	Responsible Agent	Source Document
Dental Screen/Panorex (CDA)	MEDCOM/DENCOM/Unit Dental Asset Point of Service responsibility	From AR 40-35 para 6: Dental Readiness Program 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 Category is fed to MEDPROS from Corporate Dental Application.
Perm/Temp Profiles	MEDCOM MTF/Unit Medical Asset Mandatory that ALL profiles be initiated through eProfile	MEDCOM OPORD 10-75 (eProfile Implementation), dated 10 Sep 2010
DNA (Lab draw date & AFIP 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: Armed Forces Institute of Pathology (AFIP) provides final status for DNA on file. Users can post D (drawn) entries, good for 90 days)
PAP	MEDCOM MTF/Unit Medical Asset Point of Service responsibility; requires access to Expanded Women's Readiness Module	OTSG/MEDCOM Policy Memo 09-002, dated 14 Jan 2009, SUBJECT: Revised Guidance: Women's Readiness Guidelines
Chlamydia	MEDCOM MTF/Unit Medical Asset Point of Service responsibility	OTSG/MEDCOM Policy Memo 09-002, dated 14 Jan 2009, SUBJECT: Revised Guidance: Women's Readiness Guidelines

Figure 2 (continued): MEDPROS Data Entry Responsibilities

MEDPROS Data Entry Responsibilities		
Test/ Procedure/ Input	Responsible Agent	Source Document
Mammogram	MEDCOM MTF/Unit Medical Asset Point of Service responsibility; requires access to Expanded Women's Readiness Module	OTSG/MEDCOM Policy Memo 09-002, dated 14 Jan 2009, SUBJECT: Revised Guidance: Women's Readiness Guidelines
Pregnancy	MEDCOM MTF/Unit Medical Asset Point of Service responsibility: when MTF/Unit medical asset diagnose pregnancy, they enter into MEDPROS	AR 40-501
Immunizations	Point of Service responsibility	DODI 6205.02E, AR 40-562, ALARACT 121/2009
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 Screening Program
Periodic Health Assessment	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
Medical Warning Tags a) Identify need or requirement b) Equipment Check	a) MEDCOM MTF/Unit Medical Asset b) Unit Commander	From AR 40-66, para 14-3: 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. d. Activities embossing medical warning tags will— (1) Establish procedures which facilitate immediate preparation and delivery. (2) Ensure Medical Warning Tag blanks are not used for any other purpose. e. Individuals will wear the tag at all times for protection

Figure 2 (continued): MEDPROS Data Entry Responsibilities

MEDPROS Data Entry Responsibilities		
Test/ Procedure/ Input	Responsible Agent	Source Document
<p>Vision Readiness</p> <p>a) Vision Screening</p> <p>b) Equipment Check (Two pairs eye glasses/ Mask Insert)</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>UNCLAS ALARACT 076/2005, SUBJECT: VISION READINESS SCREENING AND CLASSIFICATION (VRSC) TRACKING IN MEDPROS dated 16 Apr 2005</p>
<p>Hearing Readiness</p> <p>a) Hearing Ex-DOEHRs</p> <p>b) Equipment Check (Hearing Aid w/ Batteries)</p>	<p>a) MEDCOM MTF/Unit Medical Asset</p> <p>Hearing exam data transferred from DOEHRs-DR to MEDPROS</p> <p>b) Unit Commander</p> <p>Unit Commander verifies equipment on hand (if required)</p>	<p>DODI 6055-12, dated 5 Mar 2004, SUBJECT: DoD Hearing Conservation Program (HCP); ALARACT 163/2006 Hearing Readiness Module in MEDPROS</p>

Figure 2 (continued): MEDPROS Data Entry Responsibilities

MEDPROS Data Entry Responsibilities		
Test/ Procedure/ Input	Responsible Agent	Source Document
Occupational Protection for Hearing, Respiratory and Vision (<i>MOS specific special equipment</i>) a) Identify need/ requirement b) Equipment Check	a) MEDCOM MTF/Unit Medical Asset b) Unit Commander	From DA Pam 40-11, 5-13. Personal Protective Equipment: a. The use of personal protective equipment is an integral part of the local safety and occupational health program for all Soldiers and civilian employees. Industrial hygienists and safety personnel determine when, where, and what type of equipment is used. Individuals who deliberately or carelessly violate regulations regarding the wearing of personal protective equipment may be subject to disciplinary action (AR 690-700). b. Installation or activity safety personnel, with assistance from local industrial hygiene personnel— (1) Designate areas requiring the use of personal protective equipment, such as eye-hazardous areas or areas requiring the use of a hard hat. (2) Ensure that all personal protective equipment is used as required and stored and maintained properly. c. Occupational health nurses (OHNs) and occupational medicine physicians evaluate the workers' ability to safely wear personal protective equipment.
Commander Administrative Exemptions	Unit Commander	
Convalescent Leave (LDP)	Unit Commander	
Deployment Specific Input		
SRP - 180 days medications	MEDCOM MTF/Unit Medical Asset SRP records in MEDPROS at pre-deployment SRP	DA Pam 600-8-101

Figure 2 (continued): MEDPROS Data Entry Responsibilities

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.

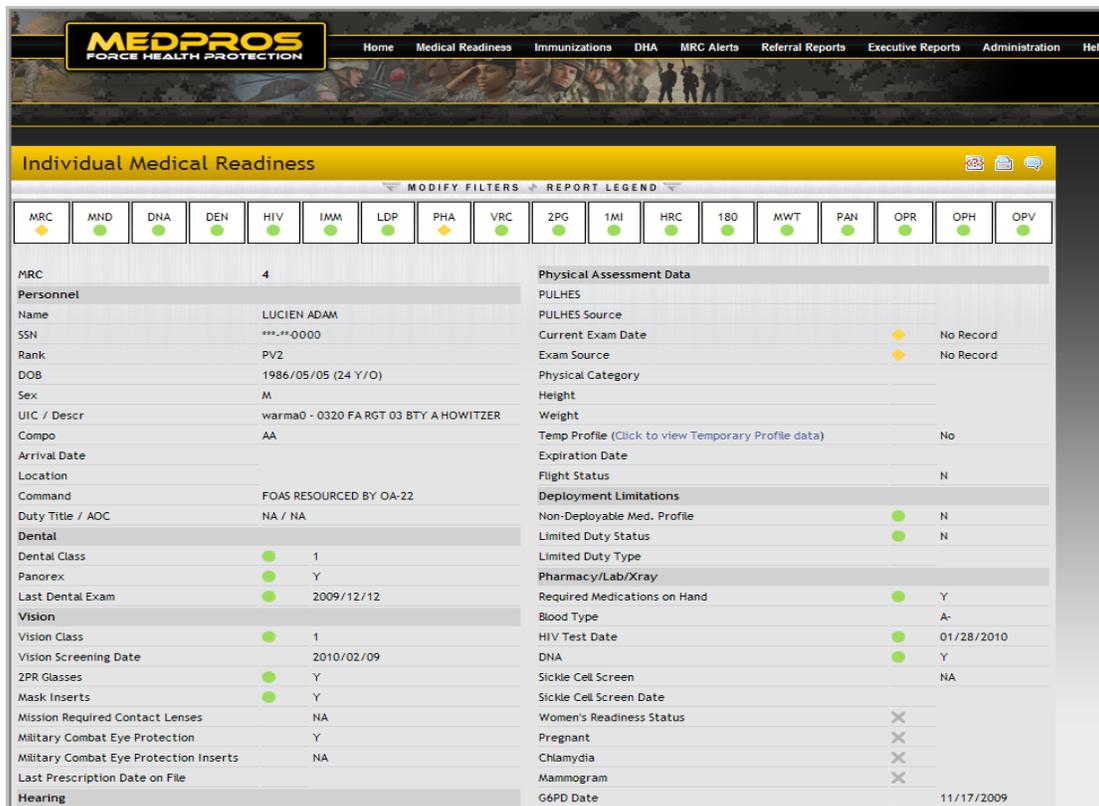


Figure 3: Example of IMR Record

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 Operational 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 links for Home, Medical Readiness, Immunizations, DHA, Referral Reports, Executive Reports, and Help. The main content area is divided into several sections:

- MEDPROS UPDATES:** A sidebar on the left containing a "Latest Message - 2010/09/09" regarding a field change from PANO to PANX, and a "MEDPROS Quarterly Newsletter" link.
- Unit Dashboard:** A central panel for "W3USAA - USA DENTAL COMMAND" showing medical readiness metrics for various categories: Not Preg (Green, 100%), MND (Green, 94.74%), DNA (Green, 100%), DEN (Green, 100%), HIV (Amber, 78.95%), IMM (Green, 100%), No LDP (Green, 94.74%), and PHA (Green, 89.47%). It includes "Unit Lookup" and "Unit Reporting" sections with a list of reports like "MRC UMR Command Drill Down" and "UMR Status Report".
- Soldier Dashboard:** A panel for "LUCIEN ADAM" showing readiness metrics: MRC (Green, 1), Not Preg (Green), MND (Green), DNA (Green), DEN (Green), HIV (Green), IMM (Green), No LDP (Green), and PHA (Amber). It includes "Soldier Lookup" and "Soldier Reporting" sections with reports like "IMR", "DD 2766C", "Vision", and "Hearing".
- MEDPROS RESOURCES:** A sidebar at the bottom left with links to "MODS HOME PAGE", "TRAINING / UPDATES", "POINTS OF CONTACT", "LEADER'S HANDBOOK", "CDC Immunization Codes", and "CDC Manufacturer Codes".
- My Favorite Reports:** A section at the bottom center with a "Run Bundled Reports" button.

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.

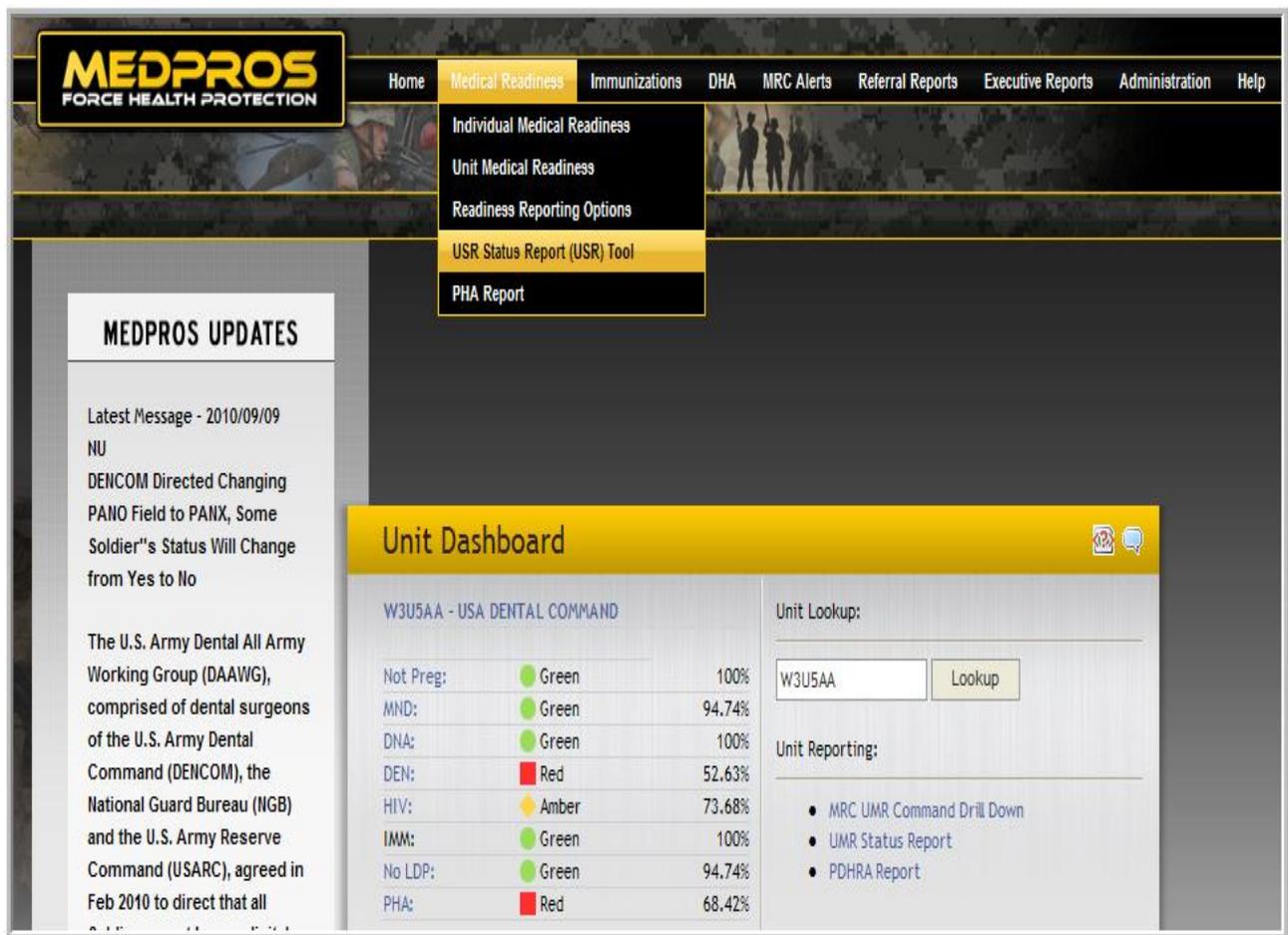


Figure 5: MEDPROS Dashboard USR Status Report Tool Selection

(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). By hovering over an MRC code, a description of the code and a regulating requirement will appear. The Roster Strength Summary at the bottom provides a summary of Medically Available and Non-Available personnel.

The screenshot shows the MEDPROS USR Report interface. At the top is the MEDPROS logo and a navigation menu with items: Home, Medical Readiness, Immunizations, DHA, MRC Alerts, Referral Reports, Executive Reports, Administration, and Help. Below the menu is a yellow header for 'MEDPROS USR Report' with 'MODIFY FILTERS' and 'REPORT LEGEND' options. The main area contains a table with columns: Delete, Name, SSN, Compo, Rank, MOS, and MRC. There are buttons for 'Delete Selected', 'Refresh Roster From TAPDB', and 'Add to Roster'. The table lists 11 rows of data for 'JOHNSON DON' with various SSNs, Compo codes, Ranks, and MOS codes.

Delete	Name	SSN	Compo	Rank	MOS	MRC
<input type="checkbox"/>	JOHNSON DON.	0000	AR	COL	63A	
<input type="checkbox"/>	JOHNSON DON.	0000	AA	COL	63H9C	
<input type="checkbox"/>	JOHNSON DON.	0000	AA	LTC	67A9Z	
<input type="checkbox"/>	JOHNSON DON.	0000	AA	SGM	68Z5M	
<input type="checkbox"/>	JOHNSON DON.	0000	AR	LTC	70H	
<input type="checkbox"/>	JOHNSON DON.	0000	AA	SFC	68E4M	
<input type="checkbox"/>	JOHNSON DON.	0000	AA	COL	63B9A	
<input type="checkbox"/>	JOHNSON DON.	0000	AR	COL	63A	
<input type="checkbox"/>	JOHNSON DON.	0000	AA	SFC	68E4O	
<input type="checkbox"/>	JOHNSON DON.	0000	AA	SFC	68W4Q	
<input type="checkbox"/>	JOHNSON DON.	0000	AA	LTC/P	63M9B	

Figure 6: MEDPROS USR Report Example

3.2.3 Medical Readiness Categories (MRC) Command Drill-Down Report

On the Unit Dashboard, there is a quick link to the MRC Command Drill Down report (Figure 7). Users can view the units within each Army Command by clicking on the UIC. In addition, users can view a graph of the UICs for their units by clicking on the chart icon. This breakdown continues to the final state: each individual Soldier.

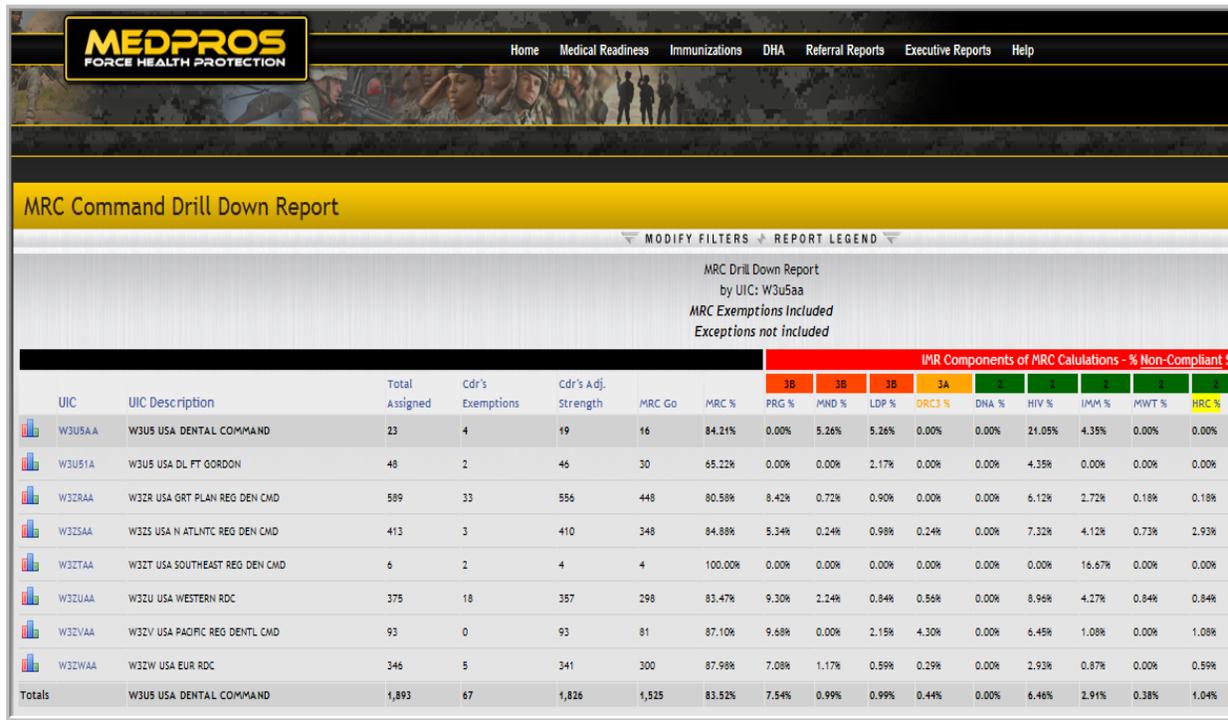


Figure 7: MRC Command Drill-Down Report

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

Figure 8: MRC Exemption Codes and Definitions Table

(3.2.3a) *Medical Readiness Categories.* The nine 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
MR 1 – Meets all requirements	None	Available
MR 2 – IMR requirements that can be resolved within 72 hours	Immunizations Dental Class 2 conditions Medical warning tags DNA (Deoxyribonucleic Acid) test HIV (Human Immunodeficiency Virus) test	Available
MR 3A - 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 30 days	Non-Available
MR 3B - IMR requirements that cannot be resolved in 30 days	Pregnancy Permanent profile pending board action 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

Figure 9: Medical Readiness Categories and Deficiencies

4.0 LEADER DEPLOYMENT RESPONSIBILITIES

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 at specific times in the deployment cycle and thus they should be completed in the windows identified below. The Department of Defense Instruction (DODI) 6490.03 guides the Services in this area.

- **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/deployment.cfm>

4.1.1 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 10: DHA Reporting Options Menu

4.2 Pre-Deployment

4.2.1 Pre-Deployment Health Assessment

All service members are required to complete a DD Form 2795 Pre-Deployment Health Assessment within 60 days prior to deployment. The DD Form 2795 is a self-report measure that is reviewed by a healthcare provider. The PredHA provides a self-assessment by the Soldier that will assist the provider in doing a focused exam. This allows the provider to be proactive with the health care of the Soldier and recommend prevention health screenings. The PredHA identifies health care issues that require further evaluation or treatment.

Figure 11 displays an example Pre-Deployment Report.

MRC	Name	SSN	Rank	MOS	UIC / Location	COMPO	Pre Date	NCA Screen Date	Operation	SRP Site	SRP Zip	LID
	Pre Deployment Report for UIC: W3U5AA; Component: Compo All (AC, NG, USAR); Op Name: N/A; Timeframe: All; Format: Name											
	MODIFY FILTERS REPORT LEGEND											
	UIC Report Summary for: W3U5AA											
	Total Number	Total Pre Dates	MRC Exemptions	NCA's Completed								
	23	8	4	0								

Figure 11: Pre-Deployment Health Assessment Report

4.2.2 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 12: NCA Report

4.3 Periodic Health Assessment (PHA) Reporting in MEDPROS

While not specifically a deployment health assessment, the PHA is an annual requirement which must be green to be cleared for deployment. The PHA element for a Soldier becomes amber at twelve months after his/her last PHA and the Soldier becomes MR 4 after fifteen months. The PHA identifies health care issues that require further evaluation or treatment. Providers have the option of completing an abbreviated PHA for a Soldier during a PDHA or a PDHRA or 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
Amber	SAM HOUSTON	COL	0000	58	M	63A	W3U5AA	FT SAM HOUSTON	Army Reserve	03/30/2009	03/30/2010	06/02/2006	111111	
Green	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	
Amber	SAM HOUSTON	SGM	1111	48	F	68Z5M	W3U5AA	FT SAM HOUSTON	Active Army	08/31/2009	08/31/2010	03/22/2005	111111	
Amber	SAM HOUSTON	LTC	0000	48	M	70H	W3U5AA	FT SAM HOUSTON	Army Reserve	05/22/2009	05/22/2010	03/31/2004	111111	
Green	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	
Amber	SAM HOUSTON	SFC	1111	43	M	68W4Q	W3U5AA	FT SAM HOUSTON	Active Army	05/13/2009	05/13/2010	09/07/2006	111111	
Amber	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	
Amber	SAM HOUSTON	COL	0000	60	M	63K9A	W3U5AA	FT SAM HOUSTON	Active Army	12/19/2008	12/19/2009	12/13/2006	112111	
Amber	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	
Green	SAM HOUSTON	COL	1111	60	M	63B9A	W3U5AA	FT SAM HOUSTON	Active Army	11/04/2009	11/04/2010	04/15/2003	111111	
Amber	SAM HOUSTON	LTC/P	0000	47	M	67A9Z	W3U5AA	FT SAM HOUSTON	Active Army	09/03/2009	09/03/2010	03/02/2004	112121	
Green	SAM HOUSTON	COL	1111	60	F	63B9B	W3U5AA	FT SAM HOUSTON	Active Army	10/20/2009	10/20/2010	09/17/2003	322111	
Amber	SAM HOUSTON	MAJ	0000	42	M	67A9Z	W3U5AA	FT SAM HOUSTON	Active Army	07/13/2009	07/13/2010	08/10/2005	111111	
Amber	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	
Amber	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 13: PHA Single Medical Readiness Report

4.4 Post-Deployment

4.4.1 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 from the actual redeployment date. This form must be reviewed with a credentialed provider during a face-to-face encounter. The DD Form 2796 isn't intended to be used alone to conduct a thorough assessment of post-deployment general health. The responses on the DD Form 2796 Post-Deployment Health Assessment are compared to the baseline health status responses found on DD Form 2795 and on the documentation of care during deployment found in the deployable medical record. Health concerns are referred to Primary Care, where follow up and management is provided through the Post-Deployment Health Clinical Practice Guideline.

Figure 14 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	SGM	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 2011/09/30
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 IRAQI FRDM	BAMC FT BUSS 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 IRAQI FRDM	IRAQ	09378	MIWDEO N 2020/02/29
SAM HOUSTON	0000	LTC/P	63M9B	W3U5AA FT SAM HOUSTON	AA		NA	NA					N 2012/09/30
SAM HOUSTON	0000	1LT	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 14: Post-Deployment Health Assessment Report

4.4.2 Post- Deployment Health Reassessment (PDHRA)

The PDHRA, the third and final deployment assessment, is a Commander’s program. The PDHRA is an important and unique health assessment that examines physical and behavioral health concerns potentially associated with a recent deployment. Personnel and medical leaders at the primary staff and installation level work together 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.

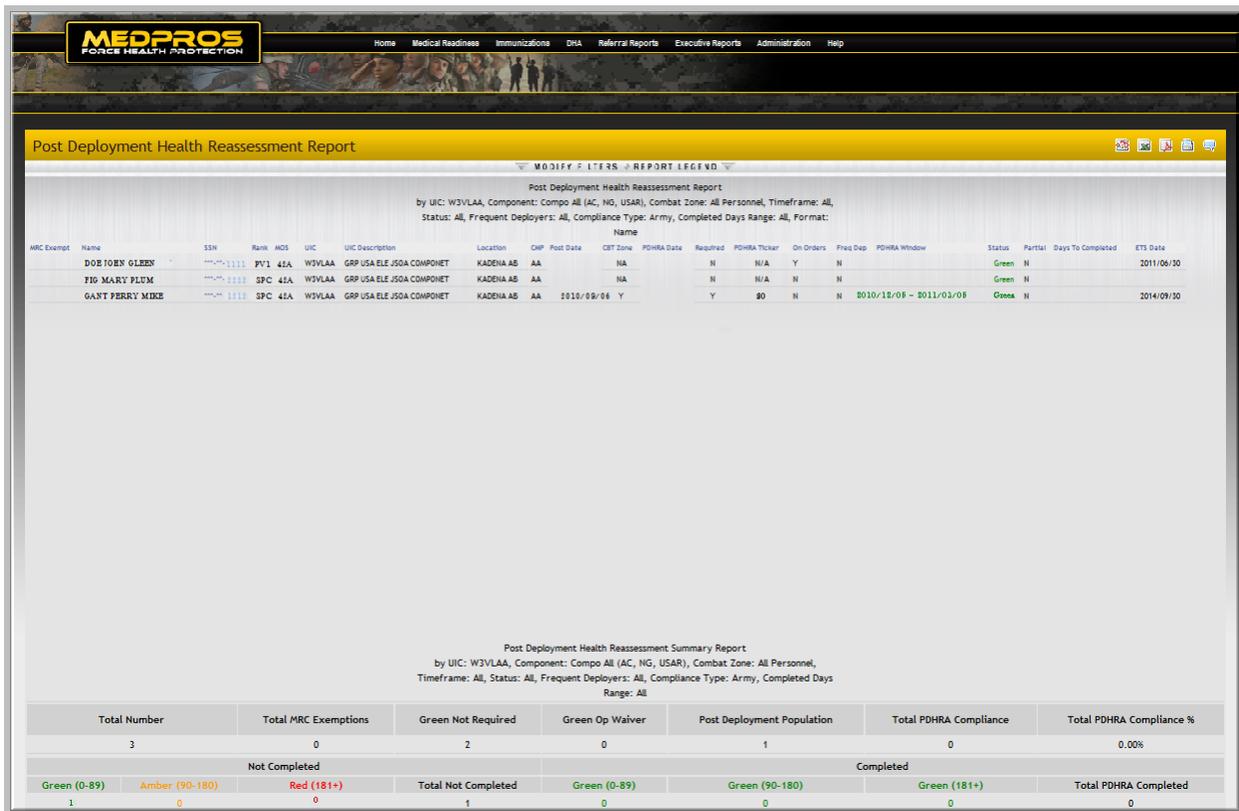


Figure 15: PDHRA Report Summary

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).

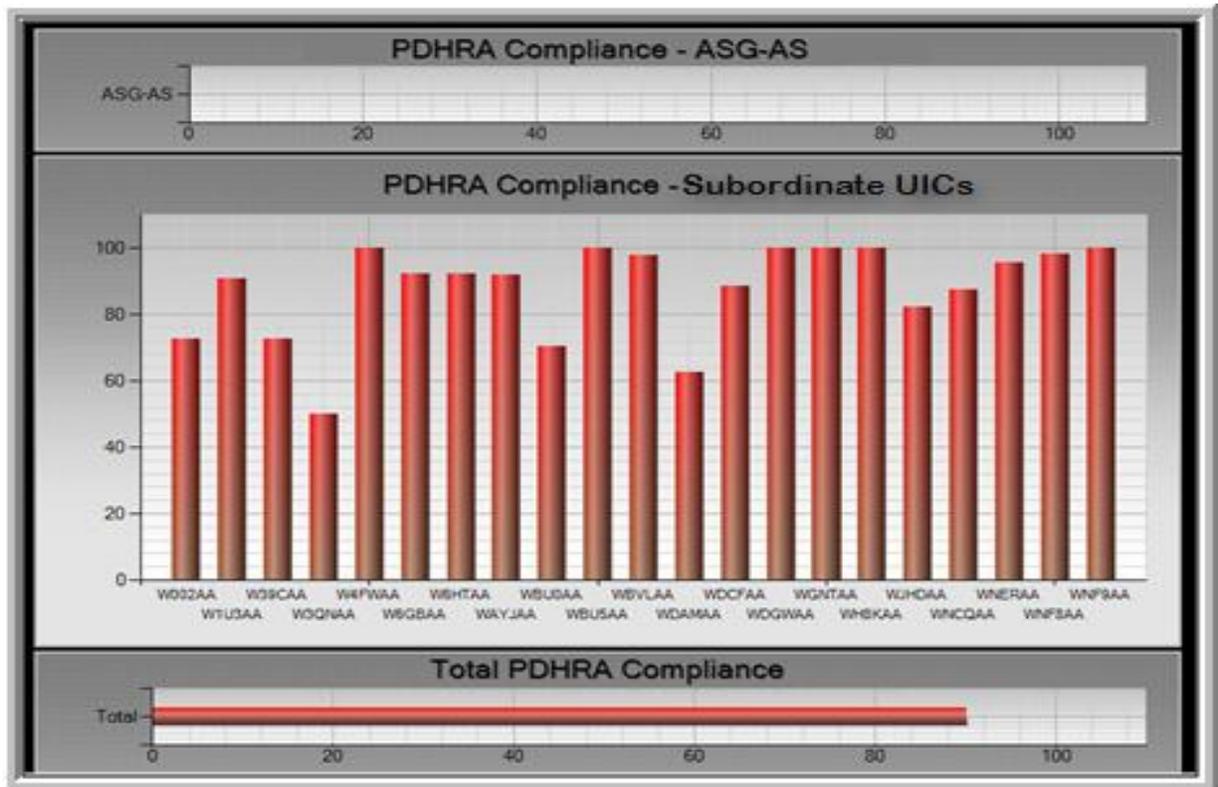


Figure 16: PDHRA Charting

5.0 SOLDIER RESPONSIBILITIES

5.1 My MEDPROS

MyMEDPROS (<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 Cont) Add to Favorites Options

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

If you are unable to see your personal medical information, visit the [MEDPROS site](#).

Medical Readiness Tools

[PHA](#) | [Deployment Health Assessments](#) | [ZOHRA](#) | [My Dental](#) | [My MEB/My PEB](#) | [My Vision](#) | [Army MOVE!](#)

Periodic Health Assessment (PHA)

MEDPROS
PERIODIC HEALTH ASSESSMENT

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. 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)

My Dental

My MEB/My PEB

My Vision

Army MOVE!

[Return to the My Medical page](#)

[My Medical Readiness for Reservists](#)

My Medical Readiness

(AMBER): Medical Readiness Status Print

RED: Unit FMR
The overall Fully Medically Ready (FMR) Percentage for [redacted] is 66.67%.
[View Detailed Information](#)

GREEN: Post Deployment Health Reassessment
According to the Medical Protection System (MEDPROS), your Post Deployment Health Reassessment (PDHRA) was completed on 5/5/2009.
[View Detailed Information](#)

GREEN: Medical Non-Deployable Profile
According to the Medical Protection System (MEDPROS), you are being reported as not having a Medical Non-Deployable Profile. If this information is incorrect, please contact your unit MEDPROS Data Entry Clerk to have your status updated.
[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](#)

AMBER: Dental Readiness
According to the Medical Protection System (MEDPROS), you are overdue for a Dental Exam. (6/2/2010) Please visit your local Dental Activity (Active) or arrange for a Dental Exam thru your unit (Guard and Reserve)
[View Detailed Information](#)

GREEN: HIV
Your next HIV Test is due 9/27/2013.
[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: Limited Duty Profile
According to the Medical Protection System (MEDPROS), you are being reported as not having a Limited Duty Profile that would preclude you from deploying. If this information is incorrect, please contact your unit MEDPROS Data Entry Clerk to have your status updated.
[View Detailed Information](#)

Figure 17: AKO My Medical Readiness

Medical Readiness Profile for LTC John Doe

Overall Readiness Status: Amber

Medical Readiness Indicators

- Unit FMR
- Post Deployment Health Reassessment
- Medical Non-Deployable Profile
- DNA
- Dental Readiness
- HIV
- Immunization Profile**
- Limited Duty Profile
- Periodic Health Assessment
- Vision Readiness
- Hearing Readiness
- Unit Influenza

Forms

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

Self-Service Links

- 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.

HEP B

Current:	Yes
Immunization Date:	10/1/2007
Series Complete:	Yes

HEP A

Current:	Yes
Immunization Date:	10/1/2007
Series Complete:	Yes

TETANUS AND DIPHTHERIA

Current:	Yes
Immunization Date:	1/8/2005
Next Due Date:	1/6/2015

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.

Centralized Training	<p>A bimonthly training session held at ASM Research for :</p> <ul style="list-style-type: none">• Mainframe data entry• Pre-Deployment Health Assessment• Post-Deployment Health Assessment• Post-Deployment Health Reassessment• Web Reporting <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 mods-help@asmr.com or the MODS help desk 1-888-849-4341.</p>
Regional Training	<p>For training in your region please contact a MEDPROS 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 https://medpros.mods.army.mil/MEDPROSNew. Click on MEDPROS Contacts.</p>
Train-the-Trainer	<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 will provide 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 MMRB or MEB/PEB completion with a profile code of W (MMRB return to duty) or Y (MEB fit for duty) without any deployment-limiting profile codes.

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.

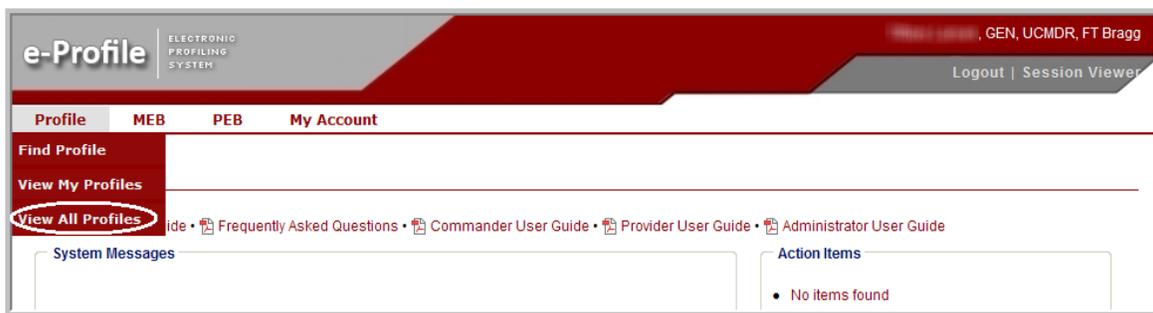


Figure 20: e-Profile Home Page

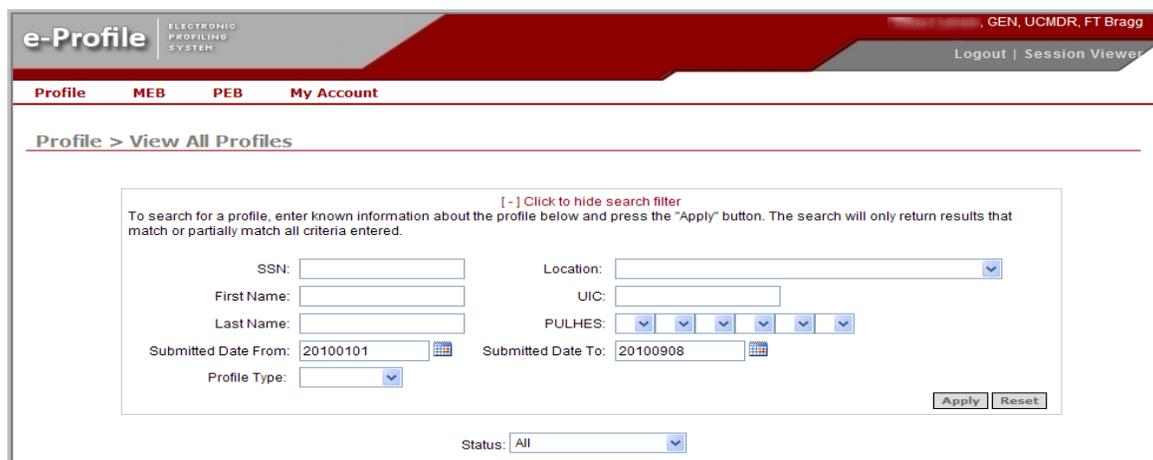


Figure 21: View All Profile Filters

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 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

7.0 LINE OF DUTY (LOD)

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.

7.1 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.
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"> • 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"> ○ Notify higher headquarters of the incident immediately, but not later than the next working day. ○ Ensure Soldiers understand the importance of the LOD process. ○ Query, at the final formation, all members about unreported injuries, etc., and initiate the LOD, if necessary. ○ Ensure each Soldier understands his /her responsibility to report injuries, illness, or disease promptly • Forward a “Notification/Request for Medical Treatment” directly to the Health System Specialist or LOD Coordinator. Form should be received no later than 48 hours after the incident. • Ensure the Soldier understands and signs the Disability Counseling Statement. This statement must be completed anytime an LOD is initiated.
Servicing Judge Advocates (SJA)	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.
Investigating Officer	Investigating officers will complete DD Forms 261 promptly and forward them in the module through the chain of command and reviewing officials.
Soldiers	<ul style="list-style-type: none"> • Recognize the importance of the LOD in protecting their rights. • Immediately notify their unit commanders, 1SG, or a designated representative of an injury, illness or disease which: <ul style="list-style-type: none"> ○ Existed prior to the training period ○ Occurred or was aggravated during the training period ○ Manifested itself in the period immediately following a training period

Figure 23: LOD Responsibilities

7.2 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).

7.2.1 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.

8.0 OVERVIEW OF THE DA PHYSICAL DISABILITY EVALUATION SYSTEM (PDES)

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 Physical Disability Evaluation System (PDES). PDES is used to objectively determine either the fitness or 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 PDES and acts on behalf of the Secretary of the Army. It is important to understand that PDES 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.

8.1 The PDES System

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

1. Medical Treatment Facility (MTF)
2. MOS/Medical Retention Board (MMRB)
3. Fitness for duty medical examination
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.

8.1.1 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).

8.1.2 Physical Evaluation Board (PEB)

The USAPDA agency has three Physical Evaluation Boards (PEBs), located at Walter Reed; 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>Informal PEB</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>Formal PEB</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.

8.1.3 PDES 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.

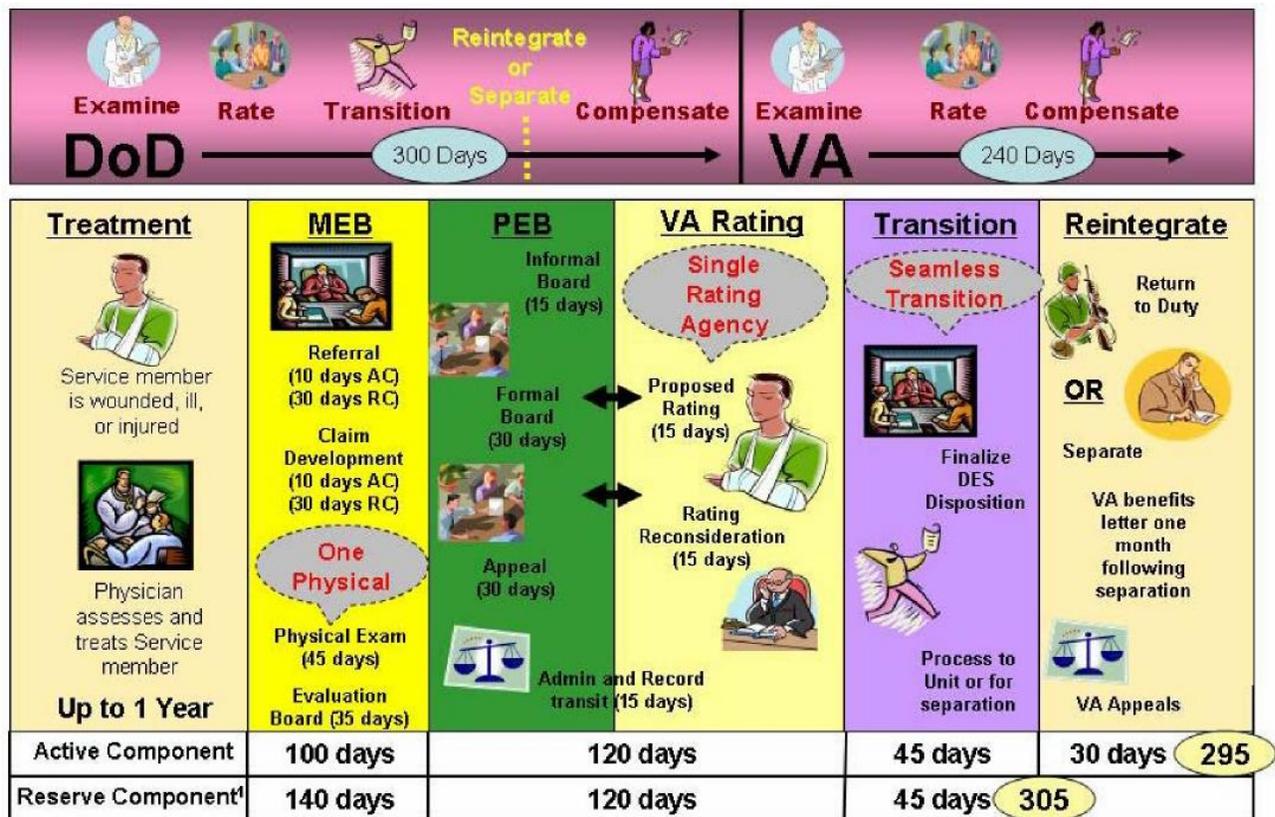
RC Soldiers not on active duty who have non-service-connected conditions may be referred to the PDES under the non-duty-related process for a determination of fitness only.

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.

8.2 PDES versus Department of Veterans Affairs (VA) Disability Evaluation System (DES)

The DoD PDES and VA disability systems are independent of one another. A Soldier's application for VA disability follows the conclusion of a PEB. The VA DES is not limited to PDES findings and will rate all substantiated service-connected conditions. The VA DES relies primarily upon an independent physical examination. However, PDES findings and a Soldier's medical history assist the VA rating specialist in making a service connection. Any VA compensation will offset or replace the DoD compensation.

Figure 26 illustrates the DOD PDES and VA DES processes.



1. Reserve Component member entitlement to VA disability compensation begins upon release from active duty or separation.

Figure 26: PDES and DES Process Chart

9.0 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.

9.1 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.

9.2 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.

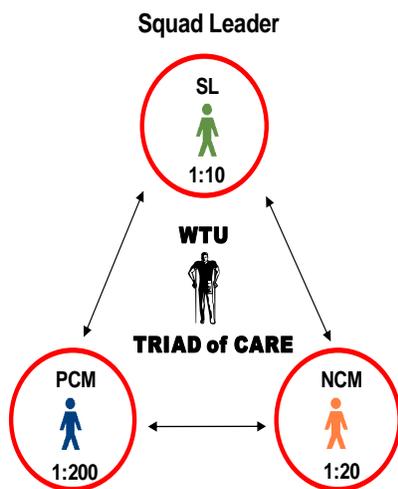
Reserve Component (RC) Soldiers who remain on active duty (Medical Retention Processing (MRP)) or return to active duty (MRP2, Active Duty for Medical Extensions) are attached to a WTU/Community Based WTU (CBWTU) in their home communities.

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.

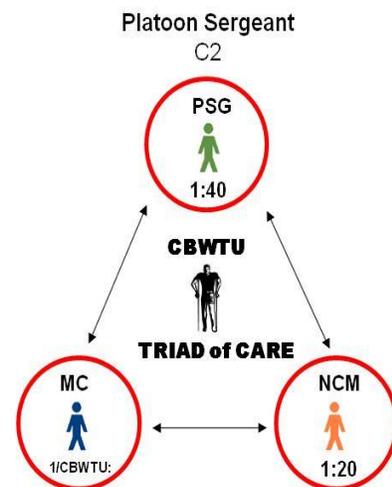
Warrior Transition Unit



Primary Care Manager
Synchronize Specialty Care

Nurse Case Manager
Medical Management

Community Based WTU



Medical officer
Synchronize Specialty Care

Nurse Case Manager
Medical Management

- For all components
- Traditional Chain of Command (Squad Leader –Battalion Commander)
- Focused Triad of Care for each Soldier
- Army Wounded Warrior (AW2) Advocate for those 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)

Figure 27: WTU Triad of Care

9.2.1 WTU Assignment

(9.2.1a) 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.

(9.2.1b) 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 PDES 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 PDES.

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, where you can also find templates for memos/letters. Local WTU S1 staff members are also ready to assist.

10.0 CONCLUSION

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

- All Army Activities (ALARACT) (2008, December 25), “Post-Deployment Health Reassessment (PDHRA) Screening Guidance for Commanders of Active Component (AC) Soldiers”.
- Assistant Secretary of Defense for Health Affairs [ASD (HA)] Memo. (2003, April 24). “Policy for Individual Medical Readiness Metrics”.
- Department of the Army G-1 PDHRA home page: www.armyg1.army.mil/hr/pdhra/.
- Department of the Army Instruction 6490.03. (2006, August 11). “Deployment Health”.
- Department of the Army Memorandum. (2006, January 23). “Post-Deployment Health Reassessment”.
- Department of the Army/G-1 PDHRA Memorandum. (2010, May 6). “Post-Deployment Health Reassessment (PDHRA) Compliance”.
- Department of the Army Regulation 40-501. (2007, December 14). “Standards of Medical Fitness”. http://www.army.mil/usapa/epubs/pdf/r40_501.pdf
- Department of the Army Regulation 220-1. (2006, December 19). “Unit Status Reporting”. http://www.army.mil/usapa/epubs/pdf/r220_1.pdf
- Department of the Army Regulation 600-20. (2008, March 18). “Army Command Policy”. http://www.army.mil/usapa/epubs/pdf/r600_20.pdf
- Department of the Army Regulation 600-8-101. (2003, May 28). “Personnel Processing (In-, Out-, Soldier Readiness, Mobilization, and Deployment Processing)”. http://www.army.mil/usapa/epubs/pdf/p600_8_101.pdf
- Department of Defense Instruction 6490.3. (2006, August 11). “Deployment Health”.
- Deployment-Limiting Medical Conditions for Service Members and DoD Civilian Employees 6490.07 (February 5, 2010)