

MEDPROS
FORCE HEALTH PROTECTION

USER GUIDE



PHA

Periodic Health Assessment

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WWW.MODS.ARMY.MIL

Periodic Health Assessment Member User Guide

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January 14, 2009

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Revision History

Version	Date	Description	Author
1.0	May 2007	The first version included instructions for members and providers for the initial release of the Periodic Health Assessment (PHA).	Amy Oakley Technical Writer
2.0	October 2007	Removed Admin module instructions from the User Guide. Created an Admin User Guide.	Amy Oakley Technical Writer
3.0	November 2007	Updated to include changes to logic and functionality	Amy Oakley Technical Writer
4.0	January 2008	Updated to include change to the phone number field	Amy Oakley Technical Writer
5.0	July 2008	Updated to include addition of PHA in DHA	Amy Oakley Technical Writer
6.0	January 2009	Updated to include changes to the layout and functionality due to the rewrite in .NET 3.5	Amy Oakley Technical Writer

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1.0 Introduction to PHA

1.1 Background

The Army designed the PHA to reduce unnecessary paperwork, workload, process variability, and surges in unit medical requirements. The PHA will allow healthcare providers to identify and treat conditions earlier. The PHA will become part of the daily delivery of healthcare.

The PHA consists of three parts:

1. A self-reported health status
2. A review of the Soldier's height and weight, current medical problems, medications, required preventative services and review, and update of medical readiness. (Support staff such as medics, CNAs, LPNs or RNs should ideally do this portion. If possible, update the DD Form 2766, Adult Preventive, and Chronic Care Flow sheet at this time. During the encounter, the support staff updates and electronically documents Medical Readiness.)
3. A privileged provider will review the Soldier's statement of health and perform a symptom-focused exam, and make referrals as indicated. Support staff will update the PULHES, profile codes, and date of PHA electronically. In addition, the Credentialed Provider assesses and documents the Soldier's ability to deploy to an austere environment within the next 6 months.¹

The PHA replaces the 5-year exam and the Annual Medical Certificate (AMC) for all Reserve Component Soldiers. The PHA will not replace accession, aviation, general officer, special duty, or school physicals.

1.2 Purpose

The purpose of this document is to issue guidance regarding the annual Periodic Health Assessment (PHA) for all Active Component and Select Reserve (SELRES) Soldiers. The PHA is a preventative screening tool designed to improve reporting and visibility of Individual Medical Readiness (IMR) for all Soldiers. The PHA is an integral part of the Individual Medical Readiness System and will result in an electronically recorded annual assessment of every Soldier's ability to deploy anywhere in the world.

¹ ASD(HA) memorandum, subject: Policy and Implementing Guidance for Periodic Health Assessments (PHA), 14 November 2006.

1.3 Application Components and Validations

The PHA consists of a data entry, print, help, and admin modules. The PHA validates the user’s access to different modules based on their user role.

User Role	User Access
Member/Soldier	<ul style="list-style-type: none"> • Print module – print status 1 , 4, 5, 6, 7 forms • Data entry module – complete and edit status 1 forms • Help module – complete access
Non-Credentialed Provider	<ul style="list-style-type: none"> • Print module – print all forms • Data entry module – complete all portions of the form except for signing and completing a form • Help module – complete access
Credentialed Provider	<ul style="list-style-type: none"> • Print module – print all forms • Data entry module – complete all portions of the form and can signing and completing a form • Help module – complete access
AHLTA Non-Credentialed Provider	<ul style="list-style-type: none"> • Print module – print forms they complete through AHLTA • Data entry module – complete all portions of the AHLTA abbreviated form except for signing and completing a form
AHTLA Credentialed Provider	<ul style="list-style-type: none"> • Print module – print forms they complete through AHLTA • Data entry module – complete all portions of the AHLTA abbreviated form including signing and completing a form
Administrators	<ul style="list-style-type: none"> • Print module – print all forms • Data entry module – complete all portions of the form except for signing and completing a form • Help module – complete access • Admin module – create user accounts

Exhibit 1-1 User Role and Access Table

1.4 Intended Audience

The PHA Member User Guide is intended for Service Members.

1.5 Prerequisites

Members: to access PHA, you must have an active AKO account and password. Common FAQs on www.us.army.mil includes instructions for obtaining an AKO account.

How Do I Register for an AKO Account?

[https://help.us.army.mil/cgi-bin/akohd.cfg/php/enduser/std_adp.php?p_faqid=55.](https://help.us.army.mil/cgi-bin/akohd.cfg/php/enduser/std_adp.php?p_faqid=55)

1.6 HIPAA

PHA guidelines recommend that all Credentialed and Non-Credential Providers be Health Insurance Portability and Accountability Act (HIPAA) certified. HIPAA training and certification will assist users in adhering to Privacy and Security requirements. Users in need of HIPAA training and certification may follow the instructions below.

1. Open the browser and enter <https://mhslearn.satx.disa.mil> in the address bar.
2. Under Self Register click on the hyperlink to register a new user.

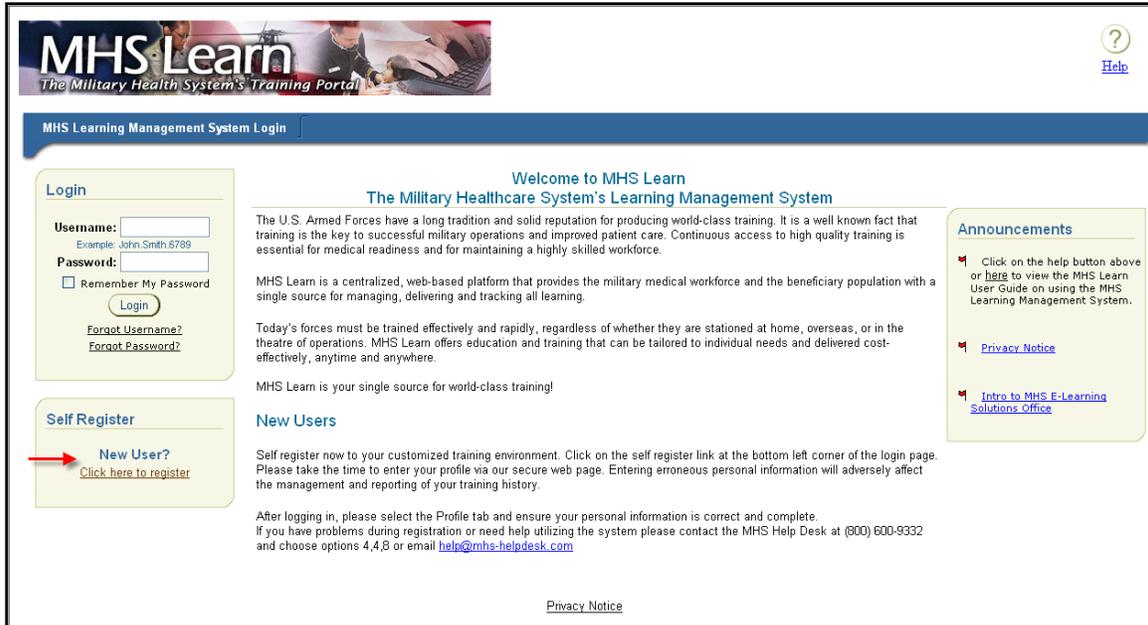


Exhibit 1-2 HIPPA Certification

3. Select the appropriate Job Domain and Location.
4. Select HIPAA Job Position: 5 Information Management.
5. Complete the training and give the certificate of completion to your supervisor.

1.7 Browser Compatibility and Security Settings

1.7.1 Browser Compatibility

You can view AJAX-enabled ASP.NET sites by using most modern browsers. The following lists show compatible browser versions and operating systems.

The client browsers should support the following technologies to ensure the PHA application renders and functions properly:

- ECMAScript (JScript, JavaScript) version 1.2
- HTML version 4.0
- The Microsoft Document Object Model (MSDOM)
- Cascading style sheets (CSS)

Supported Browsers

- Microsoft Internet Explorer 6.0 or later versions
- Mozilla Firefox version 1.5 or later versions
- Opera version 9.0 or later versions
- Apple Safari version 2.0 or later versions

1.7.2 Security and Privacy Settings

The following table lists required browser security and privacy settings for user browsing. In all cases, the recommended settings are the default settings for that browser.

Browser	Security and Privacy Settings
Internet Explorer versions 6 & 7	Set the Internet Zone, located in the Security Zone to Medium.
FireFox 1.5 or later versions	In the Tools menu under Options, select Enable JavaScript.
Opera 9.0 or later versions	In the Tools menu under Quick preferences, select Enable JavaScript.
Safari 2.0 or later versions	Click Safari, Preferences, Security, and then Web Content and select Enable JavaScript.

Exhibit 1-3 Security and Privacy Settings Table



Note: If browser security and privacy settings are set too high, JavaScript might be disabled. In that case, the browser cannot run the client-side functionality of an AJAX-enabled ASP.NET application.

1.8 PHA Key Leaders' Roles and Responsibilities

Roles	Responsibilities
Medical Treatment Facility (MTF) Commander, State Surgeon, and Reserve Readiness Commander (RRC)	Identify authorized users and grant them the appropriate provider access. The Commander must contact the MODS Help Desk and provide the proper documentation to add users as Administrators.
Commanders	Commanders are responsible for ensuring their Soldiers complete the PHA each year.
Module Administrator	Add, change, and disable Administrators, Credentialed, and Non-Credentialed Providers.
Administrator	Add, change, and disable Credentialed and Non-Credentialed Providers.
Credentialed Provider	The Credentialed Provider can complete the form, make comments in any of the provider comments fields, and sign the

	completed form.
Non-Credentialed Provider	The Non-Credentialed Provider can complete all of the provider comment sections on the form and all of the provider-only tabs. However, they cannot sign the form.
AHLTA Credentialed Providers	The AHLTA Credentialed Provider can sign and complete the form. The required tabs for AHLTA Providers are the Framingham Tab (for members over 40) and the Additional Data Tab.
AHLTA Non-Credentialed Providers	The AHLTA Non-Credentialed Provider can complete the form and make comments in the additional comments fields. However, they cannot sign the form. The required tabs for AHLTA Providers are the Framingham Tab (for members over 40) and the Additional Data Tab.
Individual Soldier	Complete Member portion of PHA questionnaire via AKO My Medical Readiness. Ensure maintenance of your IMR record by monitoring AKO Medical Readiness alerts.

Exhibit 1-4 Roles and Responsibilities Table

2 Get System Access

To access the system as a credentialed or non-credentialed provider you need an account. PHA Administrators are responsible for creating accounts for credentialed and non-credentialed providers. If you are a provider and need access to the PHA please contact the appropriate person for your COMPO.

- Compo 1 - Medical Treatment Facility (MTF) Commander
- Compo 2- Deputy State Surgeon
- Compo 3 - Reserve Readiness Commander (RRC)

3 Navigating the System: Member



Note: The member portion of the form takes approximately 15 minutes to complete.

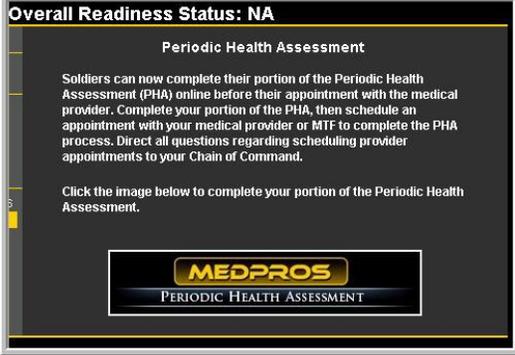
3.1 Accessing the PHA via AKO

Step	User Action	What to Check/System Response
1.	Login to AKO	AKO homepage opens.
2.	Click on the My Medical Readiness	The My Medical Readiness page opens. See image

Step	User Action	What to Check/System Response
	hyperlink. The link is located on the right side of the screen under My Professional Data.	below.
	 <p>Exhibit 3-1 PHA in AKO</p>	
3.	Click on the Periodic Health Assessment hyperlink.	The PHA application opens.

3.2 Accessing the PHA via MyMEDPROS

Step	User Action	What to Check/System Response
1.	Go to http://mymedpros.army.mil and login with your AKO user name and password.	MyMEDPROS opens upon successful login.

Step	User Action	What to Check/System Response
		
2.	Click on the Periodic Health Assessment link.	The Periodic Health Assessment information and link page opens.
		
3.	Click on the Periodic Health Assessment image to open the PHA.	The PHA application opens.
		

3.3 Completing the Member portion of the PHA

Upon logging in to the PHA application, you will see a list of your recent PHAs. The list displays all of your PHAs. You may only have one status 1 PHA active in the system at a time. You can open all forms except for status 2 & 3 forms. Providers lock these forms for review.

- Status 1 = Member portion complete
- Status 2 = Provider in Process (not editable)
- Status 3 = Awaiting Signature From Credential Provider (not editable)
- Status 4 = Complete (not editable)
- Status 5 = Completed through AHLTA (not editable)
- Status 6 = Completed with a PDHA (not editable)
- Status 7 = Completed with a PDHRA (not editable)

To print your PHA click on the PDF icon to open a printable version of your form.

- Regular icon – opens the regular version of the printable form
- Icon with an E – opens the expanded version of the printable form. Use this if you are taking the form to any place other than an Army MTF to be completed

Step	User Action	What to Check/System Response
1.	Open PHA.	If you do not already have a status 1 PHA created click submit next to new form to start a new PHA. If you have status 1 PHA, you cannot start a new one; however, you can edit this PHA.

Step	User Action	What to Check/System Response

Exhibit 3-5 PHA Homepage - Member

 **Note: You can move from tab to tab by clicking on the tab at the top of the page or by using the next and previous buttons.**

2.	Verify the pre-populated demographics information to ensure it is current and accurate. Notify your Unit Administrator of any incorrect information and request that they have the data corrected.	The populated demographic data comes from the Total Army Personnel Database (TAPDB). The Unit Admin must make changes to this data.
3.	Answer the required questions on the demographics tab. Required Fields: <ul style="list-style-type: none"> • Is this your unit • Address • Phone Number • Do you use TRICARE Prime Remote (COMPOs 2 & 3 only) 	The system highlights required information in yellow after you hit the submit button on the family history tab.

Step	User Action	What to Check/System Response																														
	<div data-bbox="272 289 1425 844" style="border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> Demo Allergies Overall Health Current Health Preventive Health Behavioral Health Family History </div> <p>Instructions: Members - This form will take approximately 10 minutes to complete all required fields. All required fields must be completed, a partially completed form will not be saved. Providers - You must complete all required fields in order to sign and complete the form. Only Credentialed Providers can sign a form.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">SSN: 635876789</td> <td style="width: 33%;">Address: <input type="text" value="401 Congress Ave"/></td> <td style="width: 33%;">Do you have a phone number? <input checked="" type="radio"/> Yes <input type="radio"/> No</td> </tr> <tr> <td>DOB: 2/17/1957</td> <td><input type="text"/></td> <td>DSN / Comm (1): <input type="text" value="999999999"/></td> </tr> <tr> <td>First Name: Eduardo</td> <td>City: <input type="text" value="Austin"/></td> <td>DSN / Comm (2): <input type="text"/></td> </tr> <tr> <td>Last Name: Brock</td> <td>State: <input type="text" value="Texas"/></td> <td>AKO Email: <input type="text"/></td> </tr> <tr> <td>Gender: Female</td> <td>Zip: <input type="text" value="78701"/></td> <td>Do you use TRICARE Prime Remote: <input type="text"/></td> </tr> <tr> <td>UIC: N/A</td> <td>APO Address: <input type="text"/></td> <td></td> </tr> <tr> <td>UIC Name: N/A</td> <td>Country: <input type="text" value="UNITED STATES"/></td> <td></td> </tr> <tr> <td>Is this your Unit? <input type="text"/></td> <td></td> <td></td> </tr> <tr> <td>Component: Army Reserve</td> <td></td> <td></td> </tr> <tr> <td>Pay Grade: <input type="text" value="O8"/></td> <td></td> <td></td> </tr> </table> <p><i>If the Pay Grade field above is blank, please update it</i></p> <p style="text-align: right;">click to proceed --> next (allergies)</p> </div>	SSN: 635876789	Address: <input type="text" value="401 Congress Ave"/>	Do you have a phone number? <input checked="" type="radio"/> Yes <input type="radio"/> No	DOB: 2/17/1957	<input type="text"/>	DSN / Comm (1): <input type="text" value="999999999"/>	First Name: Eduardo	City: <input type="text" value="Austin"/>	DSN / Comm (2): <input type="text"/>	Last Name: Brock	State: <input type="text" value="Texas"/>	AKO Email: <input type="text"/>	Gender: Female	Zip: <input type="text" value="78701"/>	Do you use TRICARE Prime Remote: <input type="text"/>	UIC: N/A	APO Address: <input type="text"/>		UIC Name: N/A	Country: <input type="text" value="UNITED STATES"/>		Is this your Unit? <input type="text"/>			Component: Army Reserve			Pay Grade: <input type="text" value="O8"/>			
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Is this your Unit? <input type="text"/>																																
Component: Army Reserve																																
Pay Grade: <input type="text" value="O8"/>																																
4.	<p>Check the boxes of any allergies you have on the Allergies tab. Use the other box to enter allergies not included in the list. If you are not allergic to anything, check none.</p>	<p>Verify that the correct allergy boxes are checked.</p>																														

Step	User Action	What to Check/System Response																																																												
	<div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; padding-bottom: 5px;"> Demo Allergies Overall Health Current Health Preventive Health Behavioral Health Family History </div> <div style="border: 1px solid black; padding: 10px; margin-top: 5px;"> <p>Allergies - Are you allergic to any of the follow:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Allergy</th> <th>Reaction</th> <th>Comments</th> </tr> </thead> <tbody> <tr><td><input checked="" type="checkbox"/> None</td><td></td><td></td></tr> <tr><td><input type="checkbox"/> Milk</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="checkbox"/> Eggs</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="checkbox"/> Iodine</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="checkbox"/> Latex</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="checkbox"/> Adhesive Tape</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="checkbox"/> Bee Stings</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="checkbox"/> Shell Fish</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="checkbox"/> Nickel</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="checkbox"/> Nuts</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="checkbox"/> Other</td><td><input type="text"/></td><td><input type="text"/></td></tr> </tbody> </table> <p>Medicine Allergies - Are you allergic to any of the follow:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Allergy</th> <th>Reaction</th> <th>Comments</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> None</td><td></td><td></td></tr> <tr><td><input type="checkbox"/> Sulfa Drugs</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="checkbox"/> Vaccines</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="checkbox"/> Penicillin</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="checkbox"/> Codeine</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="checkbox"/> Aspirin</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="checkbox"/> Other</td><td><input type="text"/></td><td><input type="text"/></td></tr> </tbody> </table> <p style="font-size: small; text-align: center;"> Review Medical Warning Tag Regulations Complete Medical Warning Tag Authorization </p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> previous next (overall health) </div> </div>		Allergy	Reaction	Comments	<input checked="" type="checkbox"/> None			<input type="checkbox"/> Milk	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Eggs	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Iodine	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Latex	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Adhesive Tape	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Bee Stings	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Shell Fish	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Nickel	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Nuts	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>	Allergy	Reaction	Comments	<input type="checkbox"/> None			<input type="checkbox"/> Sulfa Drugs	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Vaccines	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Penicillin	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Codeine	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Aspirin	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>
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<input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>																																																												
5.	Answer each of the questions on the Overall Health tab.	If you answer yes to any of the questions, the system requires that you enter comments in the Soldier comments box.																																																												

Step	User Action	What to Check/System Response
<div style="border: 1px solid black; padding: 10px;"> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 10px;"> Demo Allergies Overall Health Current Health Preventive Health Behavioral Health Family History </div> <p>1. Do you currently have or have you had dental problems since your last military exam? Yes ▾</p> <p>Soldier Comment: <input style="width: 100%; height: 30px;" type="text"/></p> <p>2. Have you been seen or treated by a health care provider since your last military exam? No ▾</p> <p>3. Have you been hospitalized or had surgery since your last military exam? No ▾</p> <p>4. Are you taking any over the counter medications, prescription medications, and/or supplements? No ▾</p> <p>4a. If yes, are you having any side effects from the medication? No ▾</p> <p>5. Are you currently receiving any VA disability, workmans compensation, or other type of compensation for health or physical reason? <i>(For National Guard and Army Reserve Soldiers only)</i> ▾</p> <p>6. Are you on a profile or do you have a medical condition that keeps you from taking any part of the APFT, requires you to take alternate APFT event, or keeps you from doing your military job duties? No ▾</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> previous next (current health) </div> </div>		
<p>Exhibit 3-8 Overall Health – Member Portion</p>		
6.	Enter a response for each condition listed on the Current Health tab.	If you answer yes to any of the conditions, the system requires that you select an answer for the currently treated question. You have the option of entering comments in the Soldier comments box.

Step	User Action	What to Check/System Response																																														
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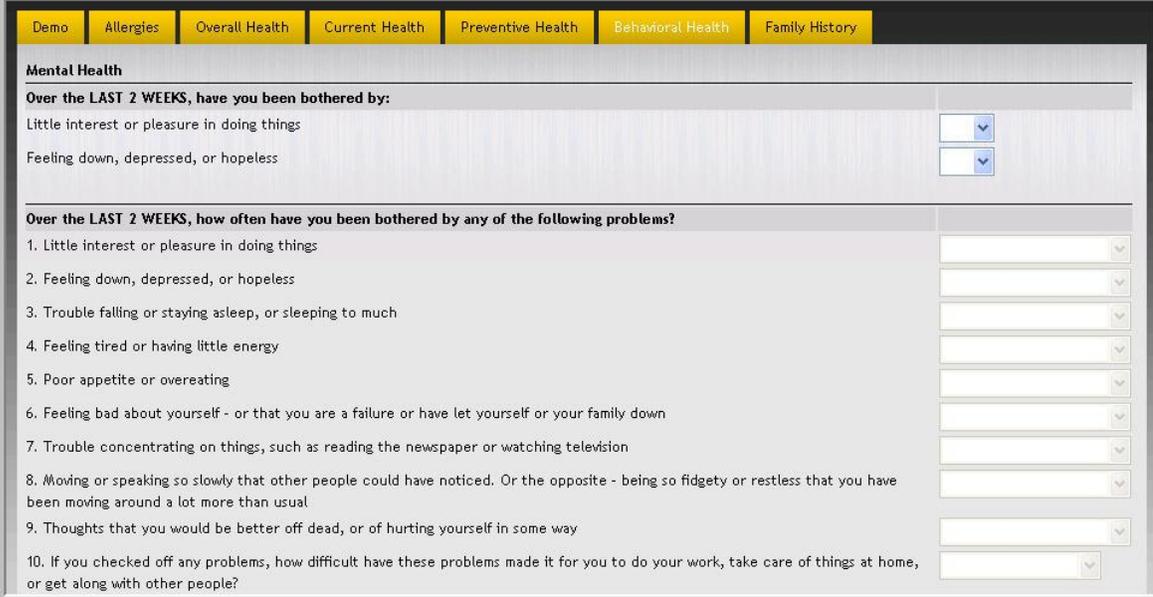
Exhibit 3-9 Current Health Tab – Member Portion

7.	Answer each of the questions on the Preventive Health tab.	If you answer yes to smoking or chewing you must answer the corresponding questions. If you answer more than never to the alcohol question, you must answer the corresponding questions.
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Exhibit 3-10 Preventive Health – Member Portion

8.	Answer each of the questions on the Behavioral Health tab.	If you answer yes to either of the questions you must answer the corresponding questions.
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Step	User Action	What to Check/System Response
		
<p>9.</p>	<p>Select an answer for each of the conditions for every family member on the Family History tab.</p> <ul style="list-style-type: none"> • Select unsure if you do not know the name of the condition. For example, you know your mother’s mother had cancer, but are not sure what kind of cancer. • Select multiple if your family member suffered from multiple options in the drop-down menu. • Select other if the condition is not in the drop-down menu. • Select unknown if you do not know the medical history of the family member. • Use the all none, all unknown, all unsure to populate the corresponding selection for every family member. If you use this option, you can still modify individual family member’s selections. 	<p>Verify that the correct conditions are displayed in the correct boxes for each family member.</p>

Step	User Action	What to Check/System Response

Exhibit 3-12 Family History Tab – Member Portion

10.	Click Submit. You must complete all required questions on all of the tabs before you can submit the form.	If you have not answered any of the required questions, the application will display them in a list for you. The list tells you the question that needs answered and what tab the question is located on. If you have answered all of the required questions, you will see a message stating your form successfully submitted and the application will return to the homepage.
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Step	User Action	What to Check/System Response
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PHA with Errors

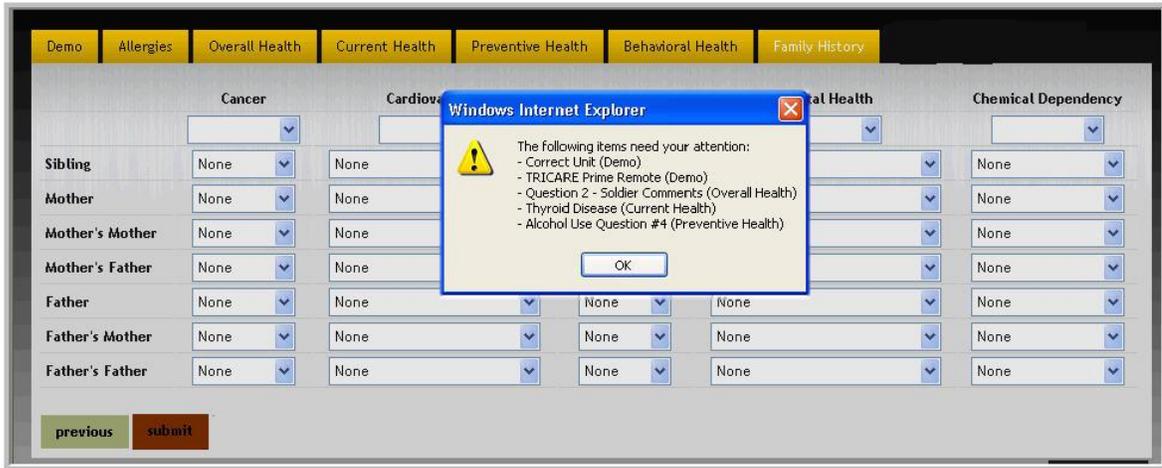


Exhibit 3-13 PHA with Errors

PHA without Errors



Exhibit 3-14 PHA without Errors

<p>11.</p>	<p>Make an appointment with a provider to complete your PHA.</p> <ul style="list-style-type: none"> • Active Army – make an appointment at your local MTF. • National Guard – ask your Commander how they want you to complete the provider portion of the PHA. • USAR – if you are TPU call 1-888-MYPHA-99 to make an appointment, if you are AGR make an appointment at your local MTF. 	
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4 Acronyms

Acronym	Definition
AHLTA	Armed Forces Health Longitudinal Technology Application
AMEDD	Army Medical Department
AKO	Army Knowledge Online
AUDIT-C	Alcohol Use Disorders Identification Test - Consumption
HIPAA	Health Insurance Portability & Accountability Act
IMR	Individual Medical Readiness
LID	Login ID
MEDPROS	Medical Protection System
MODS	Medical Operational Data System
MTF	Medical Treatment Facility
MWDE	MEDPROS Web Data Entry
PHA	Periodic Health Assessment
PULHES	Physical capacity or stamina, Upper extremities, Lower extremities, Hearing, Eyes vision, Psychiatric
SELRES	Select Reserve Soldiers
SRP	Soldier Readiness Process

Figure 4-1 Acronyms Table

5 References

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