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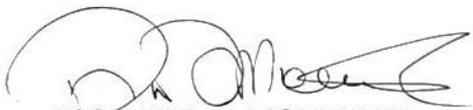
Field Organizations

USING THE MEDICAL OPERATIONAL DATA SYSTEM (MODS)

FOR THE COMMANDER:

OFFICIAL:

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History. This publication is a new U.S. Army Training and Doctrine Command (TRADOC) pamphlet.

Summary. This pamphlet contains instructions for monitoring and maintaining elements of Soldier medical readiness, in order to improve Soldiers' medical availability status.

Applicability. This pamphlet applies to all TRADOC organizations to which Soldiers are assigned.

Proponent and exception authority. The proponent of this pamphlet is the TRADOC Surgeon. The proponent has the authority to approve exceptions or waivers to this pamphlet that are consistent with controlling laws and regulations. Activities may request a waiver to this pamphlet by providing justification that includes a full analysis of the issue and a formal review by the TRADOC Staff Judge Advocate (SJA). All waiver requests will be endorsed by the senior leader of the requesting activity and forwarded to the policy proponent.

Army Management Control Process. This pamphlet does not contain management control provisions.

*This pamphlet supersedes enclosures 1 and 2 to memorandum, HQ TRADOC, ATBO-M, subject: Monitoring and Maintaining Soldier Medical Deployability, dated 21 November 2011.

Supplementation. Supplementation of this pamphlet and establishment of command and local forms is prohibited without prior approval from Commander, TRADOC Surgeon, 950 Jefferson Ave, Fort Eustis, VA 23604-5754 or usarmy.jble.tradoc.mbx.hq-tradoc-g-1-4-surgeons.

Suggested improvements. Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) directly to Commander, TRADOC Surgeon, 950 Jefferson Ave, Fort Eustis, VA 23604-5754 or usarmy.jble.tradoc.mbx.hq-tradoc-g-1-4-surgeons.

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Summary of Change

TRADOC Pamphlet 220-1
Using the Medical Operational Data System (MODS)

This new publication, dated 5 January 2015 –

- o Provides guidance on reducing/maintaining the percentage of indeterminate medical readiness status at less than 5 percent of assigned strength (para 2-2a).
- o Provides guidance on maintaining medical appointment no-show rate at less than 5 percent (para 2-2b).
- o Provides guidance for appointment of dedicated Medical Protection System unit administrators, unit managers, and commander clerks (para 2-2c).
- o Provides guidance on utilizing Medical Protection System to facilitate input of medical readiness status and to view profiles in the e-Profile system (para 2-2e).
- o Provides special considerations for Initial Military Training units and geographically-remote units (chapters 4 and 5).
- o Provides instructions for accessing and navigating Medical Operational Data System; periodic health assessments; and Post-Deployment Health Reassessments (appendixes B and C).

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Chapter 1

Introduction

1-1. Purpose

This pamphlet supports Army and TRADOC policy on monitoring and maintaining medical aspects of Soldier deployability. It provides instructions that will help commanders and directors manage their medical readiness status and improve the process of unit status reporting.

1-2. References

Required and related publications and prescribed and referenced forms are listed in [appendix A](#).

1-3. Explanation of abbreviations and terms

Abbreviations and special terms used in this pamphlet are explained in the [glossary](#).

1-4. Scope

- a. This pamphlet contains instructions for monitoring and maintaining elements of Soldier medical readiness, in order to improve Soldiers' medical readiness status. It supports the Army's and TRADOC's intent for commanders to maintain awareness of their Soldiers' medical readiness status, and take actions to ensure that Soldiers follow up on medical readiness issues in a timely manner. It provides special considerations for Initial Military Training (IMT) units and geographically-remote units.
 - b. The appendixes contain instructions for accessing MODS; obtaining individual medical readiness and Post-Deployment Health Reassessment reports; and obtaining individual Soldiers' electronic profiles (e-Profiles).
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Chapter 2

Applicability, goals, and approach

2-1. Applicability

a. Non-deployable report. This pamphlet supports the requirement for all subordinate units, including HQ TRADOC, to submit a monthly non-deployable report in conjunction with the Commander's Unit Status Reporting (CUSR) facer slides IAW TRADOC TASKORD IN120091. This report allows subordinate organization and center of excellence G-1s and medical staff personnel to assist commanders with identifying and reducing the number of non-deployable military personnel within their units. This also provides commanders and staff elements a standard document to reference when briefing unit non-deployable percentages during the CUSR.

b. Medical readiness status. Medical readiness involves having current physical and dental examinations, and no limitations on duty performance. The medical non-deployable status includes Soldiers with both temporary and permanent profiles and whose status is unknown. The

Army's goal for medical non-deployable status is 4 percent or less. The Armywide challenge to reverse or reduce the trend is reflected in the incorporation of availability status as a measure of readiness in unit status reports (USR), and a tenet of the Army's Ready and Resilient Campaign Plan. The challenge is directed both to the medical community and to organizational leaders.

2-2. Goals

The Army's and TRADOC's goals for medical readiness are as follows:

- a. Reduce or maintain the percentage of indeterminate medical readiness status at less than 5 percent of assigned strength.
- b. Maintain medical appointment no-show rate at less than 5 percent.
- c. Ensure appointment of dedicated Medical Protection System (MEDPROS) unit administrators (at brigade and above), unit managers (at battalion and below), and commander clerks (at all levels).
- d. Provide for Career Counselors to obtain access to the electronic profile (e-Profile) system and follow instructions pertaining to their roles in the MOS Administrative Retention Review (MAR2) process. See appendix C, especially para C-3h, for instructions.
- e. Utilize MODS to facilitate input of medical readiness status and to view profiles in the e-Profile system.

2-3. Approach

a. Maintain close working relationships with medical counterparts at all levels to ensure affected Soldiers are on track with their treatment plans, namely that they're making timely follow-on visits and keeping their appointments. Army organizations that have succeeded in reducing their numbers of non-deployable Soldiers attribute their success to collaborative communication among commanders, health care providers (HCP), and MODS subject matter experts.

b. Make effective use of tools that are designed for commanders to monitor their Soldiers' medical readiness status, namely:

(1) The MEDPROS and the electronic profile (e-Profile) applications within MODS. Commanders must put emphasis on the accuracy and timeliness of their units' data in the MEDPROS and e-Profile databases, especially pre- and post-deployment health assessments, and post-deployment health reassessments.

(2) Use of Text Messaging and E-Mail Appointment Reminder (TMEAR) system by the medical treatment facility (MTF) to ensure Soldiers show for their appointments on time. One MTF supporting a TRADOC organization showed a 30% reduction in appointment no-shows over a one-year period, attributed to TMEAR.

Note: The above regarding TMEAR is provided as situational awareness for commanders; the system is not under TRADOC's control.

Chapter 3

Overview of Medical Operational Data System (MODS)

The MODS is the authoritative database for the medical readiness information of Army personnel. It contains MEDPROS and the electronic profiling system (e-Profile).

3-1. Medical Protection System (MEDPROS)

MEDPROS is the Web module to MODS and is the primary tool to record, track, and report the medical readiness for Soldiers and units. It contains:

a. Medical readiness data (all medical and dental readiness requirements in accordance with AR 600-8-101, DA Form 7425 (Readiness and Deployment Checklist), and AR 40-501, including the periodic health assessment; deployment-limiting medical conditions; dental readiness; immunizations; deoxyribonucleic acid (DNA) specimen on file; current human immunodeficiency virus (HIV) test; hearing readiness; and vision readiness, among other data elements). The net centric unit status report (NetUSR) imports the medical readiness codes for individual Soldiers from MODS.

b. Post-Deployment Health Reassessment (PDHRA). The PDHRA is the third in a series of three health assessments associated with deployment. It follows the pre-deployment and post-deployment health assessments (PDHA)), and is conducted 90 to 180 days after redeployment. The PDHRA program is established by the DOD to identify and address physical and behavioral issues that evolve after the PDHA; some behavioral health issues are significantly more prevalent in the PDHRA than the PDHA.

Note: See appendix B for instructions on accessing and reading MEDPROS.

3-2. Electronic profile (e-Profile)

e-Profile is a web-based application within MODS that allows tracking of Soldiers who have temporary or permanent medical conditions that may render them not medically ready to deploy. The e-Profile system creates, routes, and stores all DA Form 3349s (Physical Profile). It allows commanders and designated MEDPROS read-access personnel immediate visibility of Soldiers' profiles. Commanders should provide for Career Counselors to obtain access to the e-Profile system and follow instructions pertaining to their roles in the MAR2 process (see paragraph 2-2d above).

Note: See appendix C for instructions on accessing and reading e-Profile.

Chapter 4

Special considerations for Initial Military Training (IMT) units

4-1. Reception battalions

Reception battalion commanders should coordinate with the MTF supervisor of medical and dental in-processing activities to ensure that medical in-processing personnel enter data into MODS as required (TRADOC Reg 350-6, para K-7, and TRADOC Reg 350-36, para 4-1a(1)), with special attention to the following:

a. DNA specimen – Enter "D" (drawn) along with the date specimen obtained; Armed Forces Repository of Specimen Samples for the Identification of Remains (AFRSSIR) will confirm, i.e., enter "Y" for yes, within 60 days.

b. HIV test – Enter "D" (drawn) along with the date specimen obtained; Armed Forces Health Surveillance Center (AFHSC) will confirm, i.e., enter "Y" for yes, within 60 days.

c. Immunizations and tuberculin skin test – Enter data for immunizations and tuberculin skin test (if indicated by screening questionnaire) administered.

d. Individual medical equipment (IME). This category comprises 5 elements:

(1) 2 pairs eyeglasses (2PG) – Enter "Y" or "NA".

(2) 1 mask insert (1MI) – Enter "Y" or "NA".

(3) Hearing aid with extra battery (HAB) – Soldiers with designator "1" under "H" in their profiles will automatically have "NA" populated in the HAB field. If a Soldier is anything other than "1" the HAB field will be blank and will need to be manually filled.

(4) Medical warning tag – Enter "Y" or "NA".

(5) 1 military combat eye protection insert (MCEP-I) - Enter "Y" and the issue date or "NA".

e. Dental Readiness Classification (DRC). A Soldier's DRC (1, 2, or 3) (see table B-1 below) is assigned at the time of his or first for-record dental exam, usually in advanced individual training (AIT) (or AIT phase of One Station Unit Training). Consequently, commanders of basic combat training units should expect that a significant number of Soldiers will remain "non-compliant"; commanders of AIT units should expect that the number of "non-compliant" Soldiers will decrease over time.

f. Profile. The physical profile system classifies individuals according to functional abilities. The term "profile" can refer to the series of numerical designations (e.g., "111121", where "1" is considered a high level of fitness; "2" may require some activity limitations; "3" may require significant limitations; and "4" indicates that performance of military duty must be drastically limited) assigned to a Soldier's functional capacity (P, physical capacity or stamina; U, upper

extremities; L, lower extremities; H, hearing and ears; E, eyesight; and S, psychiatric); or it can refer to DA Form 3349 (Physical Profile), which includes information on activities the Soldier can perform, as well as the physical limitations, for a given medical condition and/or physical defect. DD Form 689 (Individual Sick Slip) is intended only for acute illnesses of not more than 7 days total.

(1) As a rule, an IET Soldier's profile serial should contain "1s" or "2s" (and not "3s" or "4s"), depending on the physical profile qualifications for a given military occupational specialty (MOS) (see DA Pam 611-21, Chapter 10, under "Enlisted MOS Specifications"). For example, for an infantryman the physical profile qualification is "111221."

(a) If a Soldier received a waiver for a medical or physical condition, the waiver authority assigns either a "1" or "2" against the applicable functional capacity.

(b) If a Soldier arrives to the Reception battalion with a profile serial containing a "3," ensure he or she is referred to a healthcare provider for resolution (in accordance with TRADOC Reg 350-6, para K-7b).

Note: Revisions to the profile serial must be accomplished in e-Profile and not MODS or MEDPROS.

g. Vision Readiness.

Note: 2PG, 1MI, and MCEP-I are covered under IME above.

- (1) Complete and document vision screening.
- (2) Enter date.

h. Hearing Readiness.

Note: HAB is covered under IME above.

Note: Data must be entered into the Defense Occupational and Environmental Health Reporting System, Hearing Conservation - Data Repository (DOEHRS-HC/DR), which feeds the MEDPROS web data entry module.

- (1) Hearing Exam – Enter date.
- (2) Select "DD 2215" or "DD 2216" as appropriate.
- (3) Hearing Profile – Select designator.
- (4) DA Form 3349 – Select "Yes", "No", or "NA".
- (5) Hearing Protection Type – Make appropriate selection.

i. Pregnancy. On the basis of a negative pregnancy test, enter "No" and date.

j. Periodic health assessment (PHA). Ensure date of the accession medical examination has been posted.

Note: Most accession physicals are fed to MEPROS from Total Army Personnel Database weekly. Data that is received from other databases depends on personally identifiable information (PII) recognition in MEDPROS.

If the date of the accession medical examination has not been posted, enter the date from DD Form 2808 (Report of Medical Examination).

4-2. Training units

a. Student units are listed separately in the Command Drill Down Report within MEDPROS; see para B-3b(2) below for navigation instructions.

b. Second and third doses of vaccinations. Based on immunity testing during medical processing at the reception battalion, some Soldiers in IET units may require second and third doses of vaccinations. Some Soldiers will require hepatitis A and/or hepatitis B vaccines during phase II of basic training and third doses during phase V+ (approximately 26th week of One Station Unit Training, or 17th week of AIT). Additionally, some Soldiers may require second doses of varicella (chicken pox) vaccine during phase II; some may require second doses of measles, mumps, and rubella (MMR) vaccine at the end of phase III. IET unit commanders should coordinate with their supporting medical treatment facilities (MTFs) to schedule either Soldier visits to the MTFs or shot team visits to their units.

c. Dental Readiness Status. Commanders should track their Soldiers' DRC to ensure they have achieved DRC2 by the end of AIT.

d. Split-training option (STO) Soldiers. Reserve Component units are responsible for ensuring completion of PHAs and dental examinations that become due while Soldiers are on inactive status between STO-1 (basic combat training portion) and STO-2 (AIT or MOS portion of One Station Unit Training).

Chapter 5

Special considerations for geographically-remote units

Because civilian and sister Service health care facilities cannot normally access MEDPROS (and civilian facilities additionally cannot accommodate Army-unique requirements (such as some immunizations, and the PDHRA), commanders of geographically remote units should preferably seek opportunities for their Soldiers to complete their medical requirements at Army medical treatment facilities (MTF). If such travel is not feasible, the commander should exercise other options as noted below.

5-1. Travel to Army installations

Commanders should attempt to coordinate Soldier visits to Army installations for medical readiness updates in conjunction with travel for other missions. Coordination may be made with either Army MTFs or installation Soldier readiness processing sites to accomplish medical readiness updates.

5-2. Coordination with other Services or Veterans Administration

a. Commanders may coordinate with U.S. Navy, U.S. Air Force, or Veterans Administration medical facilities to accomplish their Soldiers' medical readiness updates. Alternately, a Soldier may accomplish these requirements with his or her TRICARE Prime Remote (TPR) provider.

b. If a Soldier completes readiness requirements with a non-Army facility, the commander must ensure that the Soldier provides pertinent documents (e.g., PHA, eyeglass prescription, immunizations, PDHRA completion) to an Army MTF by mail, facsimile, or scanned copy in order for the item to be entered in MEDPROS.

5-3. Physical profiles

Physical profiles may be documented and recorded at Army MTFs (see under chapter heading above) or by coordination with agencies contracted to provide this service. See para C-3 below for instructions on accessing physical profiles.

5-4. Post-Deployment Health Reassessment (PDHRA)

Soldiers with duty and residence locations outside the TRICARE prime service area (more than 50 miles or more than 1-hour drive from an MTF and covered by TPR) are eligible for a telephonic interview with a health care provider through the approved DOD call center. Commanders may coordinate on-location or call center screening events by calling 888-734-7299 (888-PDHRA99) and selecting option "3"; or by accessing <http://www.armyg1.army.mil/hr/pdhra/> and clicking on "PDHRA AKO Commanders & Leaders Homepage" then (under "Find Your PDHRA Coordinator") "Active Army". See para B-4 below for instructions on accessing PDHRA reports.

5-5. Coordination with Army MTFs

Army MTFs are prepared to accommodate any Soldier for medical readiness and PDHRA updates regardless of the Soldier's enrollment in another MTF or TRICARE Prime Remote (TPR).

5-6. Reserve Health Readiness Program

Active Duty Soldiers enrolled in TPR can have their individual medical readiness (IMR) requirements completed and entered into the MEDPROS by the Reserve Health Readiness Program (RHRP).

a. Services. The RHRP supports IMR requirements (PHAs, deployment-limiting conditions, immunizations, HIV tests, DNA specimens, and vision, hearing, and dental readiness) for Active duty Soldiers located in geographically remote areas and enrolled in TPR.

b. Procedure. Call 866-377-1326 and follow the prompts for a RHRP representative to assist the Soldier with the appropriate arrangements. If the Soldier requires medical care for other than the services listed above, contact the TRICARE Regional Contractor; see <http://www.tricare.mil/Welcome/AboutUs/Regions.aspx>.

c. Profiles. RHRP physicians are specially trained on the Army's profiling system, and are designated as profiling officers to sign as the first signatory on DA Form 3349. They will review provided medical documentation for Soldiers and then prepare DA Form 3349 (Physical Profile) in e-Profile.

Note. Primary care providers (not RHRP physicians) are responsible for completing Soldiers' PHAs.

Appendix A

References

ARs, DA pamphlets, field manuals and DA forms are available at www.apd.army.mil. TRADOC publications and forms are available at <http://www.tradoc.army.mil/publications.htm>.

Section I

Required Publications

This section contains no entries.

Section II

Related Publications

ALARACT 331/2013, subject: HQDA EXORD 015-14, Deployment Health Assessment Program, 121713Z Dec 13.

AR 40-35
Dental Readiness and Community Oral Health Protection

AR 40-66
Medical Record Administration and Health Care Documentation

AR 40-400
Patient Administration

AR 40-501
Standards of Medical Fitness

AR 220-1

Army Unit Status Reporting and Force Registration – Consolidated Policies

AR 600-8-101

Personnel Processing (In-, Out-, Soldier Readiness, Mobilization and Deployment Processing)

AR 635-200

Active Duty Enlisted Administrative Separations

Army Directive 2012-18

Military Occupational Specialty Administrative Retention Review (MAR2)

DA Pam 220-1

Defense Readiness Reporting System–Army Procedures

DA Pam 611-21

Military Occupational Classification and Structure

e-Profile User Guide – Getting Started (see para C-3h for access instructions)

Headquarters, Department of the Army (HQDA) Execute Order (EXORD) 265-09, Soldier First Term Dental Readiness, 071215Z Aug 09.

HQDA EXORD 185-11, Reduction of Non-Deployables, 221734Z Apr 11

(<https://www.us.army.mil/suite/folder/33997458>).

HQDA EXORD 110-13, Ready and Resilient Campaign Plan, 271715Z Mar 13

(<https://www.us.army.mil/suite/folder/38563138>).

Medical Readiness Leader Guide

(Available at: <https://medpros.mods.army.mil/MEDPROSNew/>.)

MEDPROS Mainframe: Training Reference Guide (accessible through MEDPROS website)

Memorandum, HQDA OTSG, DASG-HSZ, subject: Individual Medical Readiness Services for Active Duty TRICARE Prime Remote Soldiers, 10 Feb 12.

Memorandum, HQ TRADOC, ATBO-M, subject: Monitoring and Maintaining Soldier Medical Deployability, 21 Nov 11 (<https://www.us.army.mil/suite/folder/33997458>)

Reserve Health Readiness Program website (<http://rhrp.fhpr.osd.mil/>)

TRADOC Regulation 350-6

Enlisted Initial Entry Training Policies and Administration

TRADOC Tasking Order IN120091

Implementation of the TRADOC Non-Deployable Report to Support Army Goal of Reducing Non-Deployable Personnel by 1 Apr 12 (<https://www.tkeportal.army.mil/sites/cats/default.aspx>)
TRICARE website (<http://www.tricare.mil>)

Section III

Prescribed Forms

This section contains no entries.

Section IV

Referenced Forms

DD Form 689
Individual Sick Slip

DA Form 3349
Physical Profile

DA Form 7425
Readiness and Deployment Checklist

Appendix B

Accessing and reading MEDPROS

B-1. Description

MEDPROS is the Web module in MODS and is the primary tool to record, track, and report the medical readiness for Soldiers and units. (See chapter 3 for overview of MODS.) It contains medical readiness data and Post-Deployment Health Reassessment reports.

B-2. Roles

Army policy establishes a requirement for commanders to appoint dedicated MEDPROS unit administrators (at brigade and above), unit managers (at battalion and below), and commander clerks (at all levels) to track soldier and unit medical readiness (HQDA EXORD 185-11, para 3.B.3.A.3.E.).

B-3. Access

To access and read your unit's MEDPROS reports, including reconciliation with the electronic military personnel office (eMILPO) Unit Personnel Accountability Report (AAA-162):

- a. Open MODS website at <http://www.mods.army.mil/> and click on "MEDPROS".

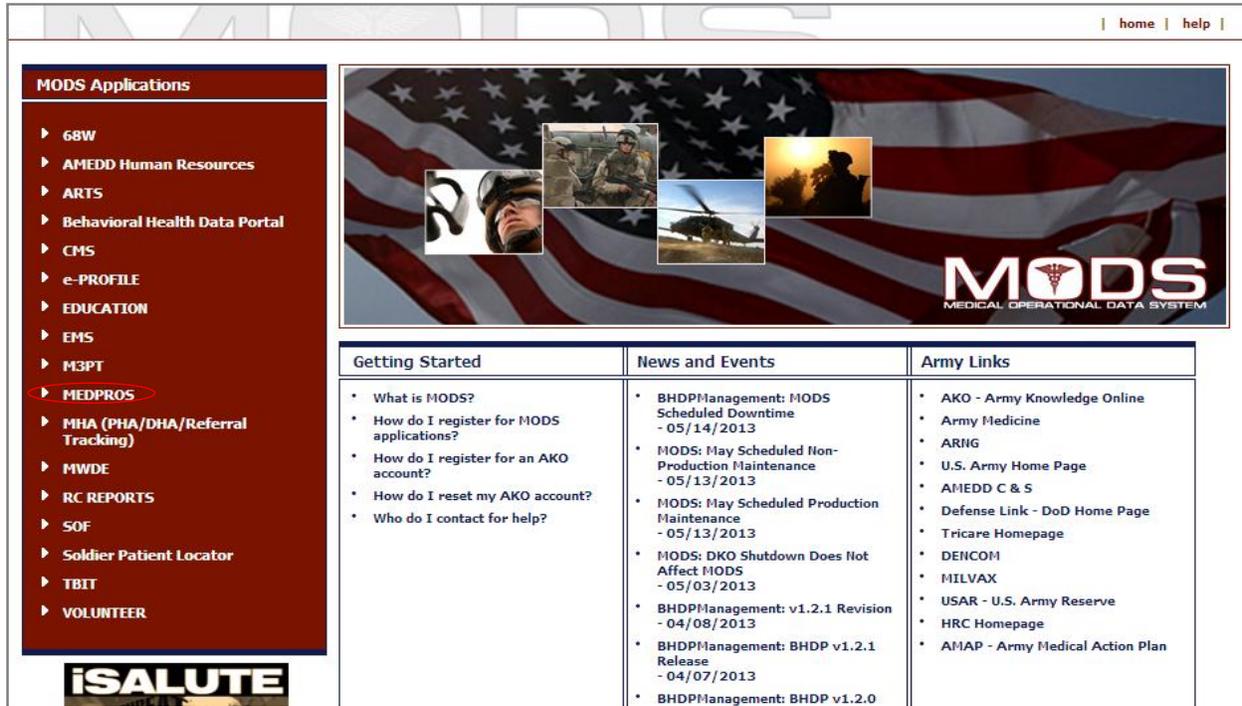


Figure B-1. MODS home page

b. Click on “[OBTAIN A MEDPROS ACCOUNT \(CAC Required\)](#)” and follow instructions. Once access is obtained, you will have access to medical readiness and PDHRA data.

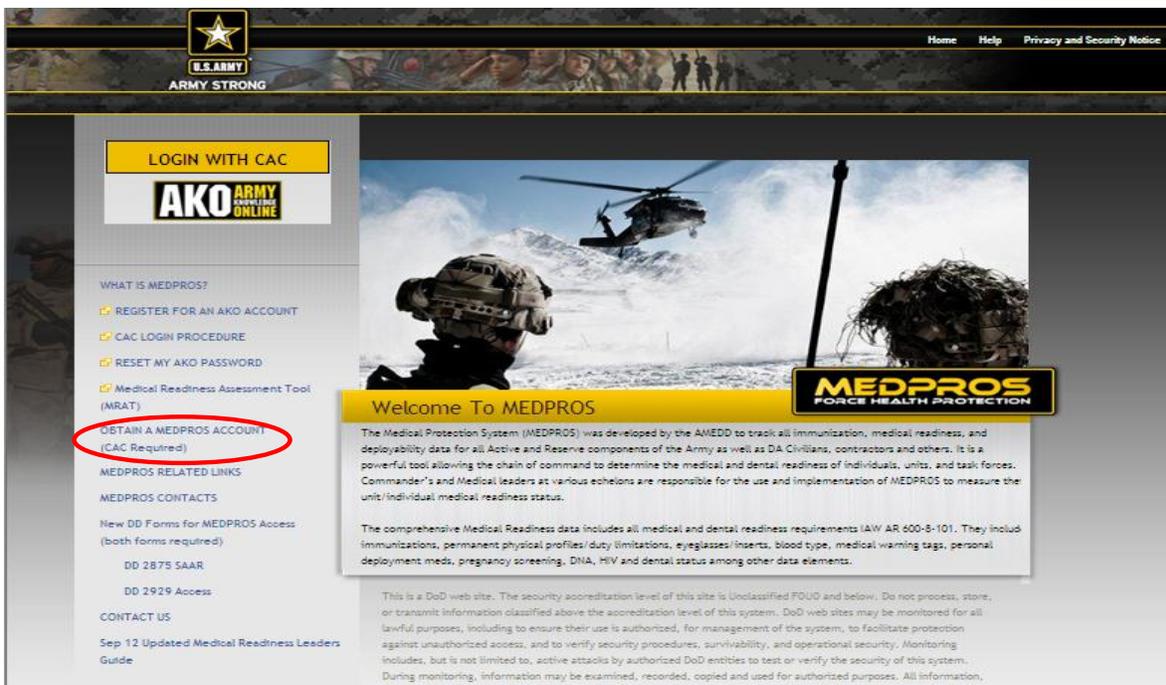


Figure B-2. MEDPROS login page

B-4. Obtaining medical readiness data (pertains to USR)

Medical readiness data includes the periodic health assessment; deployment-limiting medical conditions; dental readiness; immunizations; DNA specimen; current HIV test; hearing readiness; and vision readiness, among other data elements. (See para 3-1a regarding the requirement to maintain medical readiness data.) There are two options for viewing your unit’s medical readiness data: (1) view Soldiers in a specific unit (identified by a unit identification code (UIC)) with “non-available” status; and (2) view units at all levels of command showing numerical “non-available” status. Either option will yield the same “Individual Medical Readiness” report (see figure B-6).

a. View Soldiers in a specific UIC with “non-available” status (MR codes of 3A and 3B) (see table B-1 below for descriptions of these codes).

(1) Pass cursor over “Medical Readiness,” then “Aggregate and Special Rpts (Unit/TF),” then click on “USR Status Report (USR) Tool” (see figure B-3).

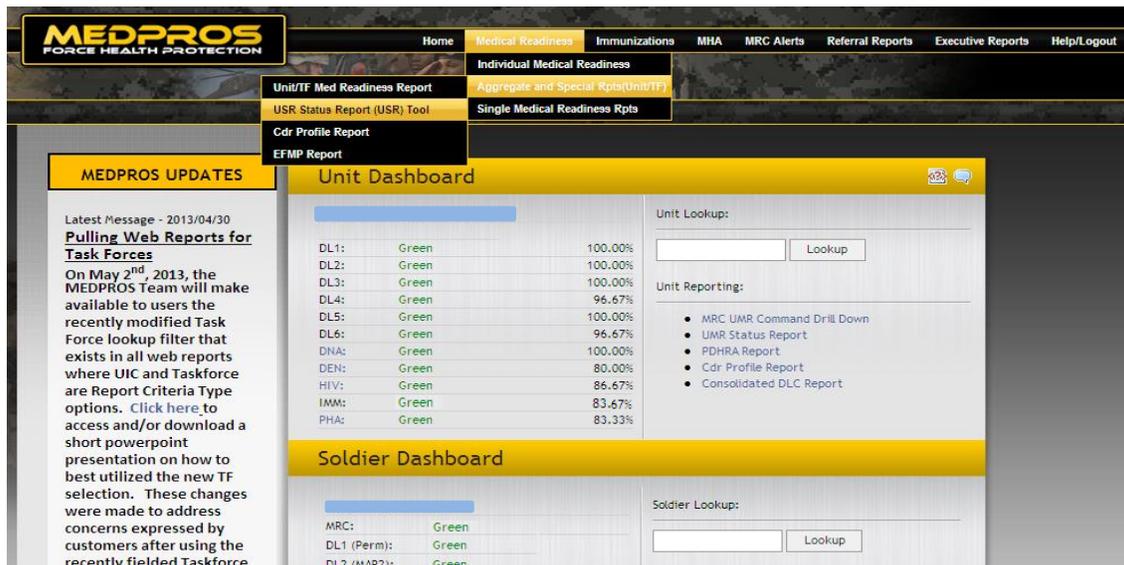


Figure B-3. USR Status Report (USR) Tool selection

(2) At “Start a New Roster” type your unit’s UIC, then click on “Create Roster” (see figure B-4).

Figure B-4. Start a new roster

(3) The MEDPROS USR Report displays all Soldiers in your unit, with notations of “non-available” status (MR codes of 3A and 3B) and “deployment limiting” (DL) codes. (See table B-1 for descriptions of DL codes). In case of discrepancies in the list (Soldiers listed who are not in your unit, or Soldiers not listed who are in your unit), the battalion-level personnel staff officer should request a correction in the Army personnel system (from which MEDPROS receives its data).

(4) Click on the “last 4” of a Soldier’s SSN to display details of his or her IMR (see figures E-5 and E-6).

lete	Name	SSN	Compo	Rank	MOS	MRC
			AA		88M20	3B(DL1)
			AA		11B3P	
			AA		27A	
			AA		27A	
			AA		1125Q	3B(DL2,DL4)
			AA		31B5M	
			AA		9126M	
			AA		67D9C	
			AR		31A	3B(DL1)
			AA		255A	
			AA		11B3V	
			AA		19A	
			AA		11B2D	
			AA		88H4B	3A(DL6)

Figure B-5. MEDPROS USR Report

MRC	DL1	DL2	DL3	DL4	DL5	DL6	DL7	DL8	DL9	DL10	DL11	DL12	DL13	DL14	DL15	DL16	DL17	DL18	DL19	DL20
R	G	G	G	G	R	G	G	G	G	R	R	G	G	G	G	G	G	G	G	G
<p>Physical Assessment Data</p> <p>Physical Assessment Date: 111111</p> <p>Physical Exam: Physical Exam</p> <p>Current Exam Date: 2011/04/15</p> <p>Exam Score: Physical Exam</p> <p>Physical Category: A</p> <p>Height: 47</p> <p>Weight: 157</p> <p>Temp Profile (Click to view Temporary Profile data): No</p> <p>Expiration Date:</p> <p>Flight Status:</p> <p>Duty Limiting Conditions (DLC):</p> <p>DL1: G N</p> <p>DL2: G N</p> <p>DL3: G N</p> <p>DL4: G N</p> <p>DL5: G N</p> <p>DL6: G N</p> <p>DL7: G N</p> <p>Pharmacy/Lab/Imag</p> <p>Required Medications on Hand: R</p> <p>Band Type: A-</p> <p>MH Test Date: 2012/08/29</p> <p>DNS: G Y</p> <p>Bole Cell Screen:</p> <p>Bole Cell Screen Date:</p> <p>GIPO Date:</p> <p>GIPO Status:</p> <p>Widom Questionnaire: G Missing</p> <p>Immunizations</p> <p>MH Profile (Profile / Summary / DOT/6AC): G ROUTINE ADULT</p> <p>Inactivated in Deployment Medical Record:</p> <p>Blood Type: A-</p> <p>Immunization:</p> <p>Medical Training Tags:</p> <p>Immunization Record:</p> <p>Summary Sheet of Medical Problems:</p> <p>Corrective Lens Prescription:</p> <p>Deployment Health Assessments:</p> <p>Latest Date For: Status Date</p> <p>PSZ: No</p> <p>POB: No</p> <p>POWR: No</p>																				

Figure B-6. Individual Medical Readiness report

b. View specific medical readiness reports showing “amber” and “red” status.

(1) Periodic health assessment report.

(a) Pass cursor over “MHA” [Medical Health Assessments], then click on “PHA Report” (see figure B-7).

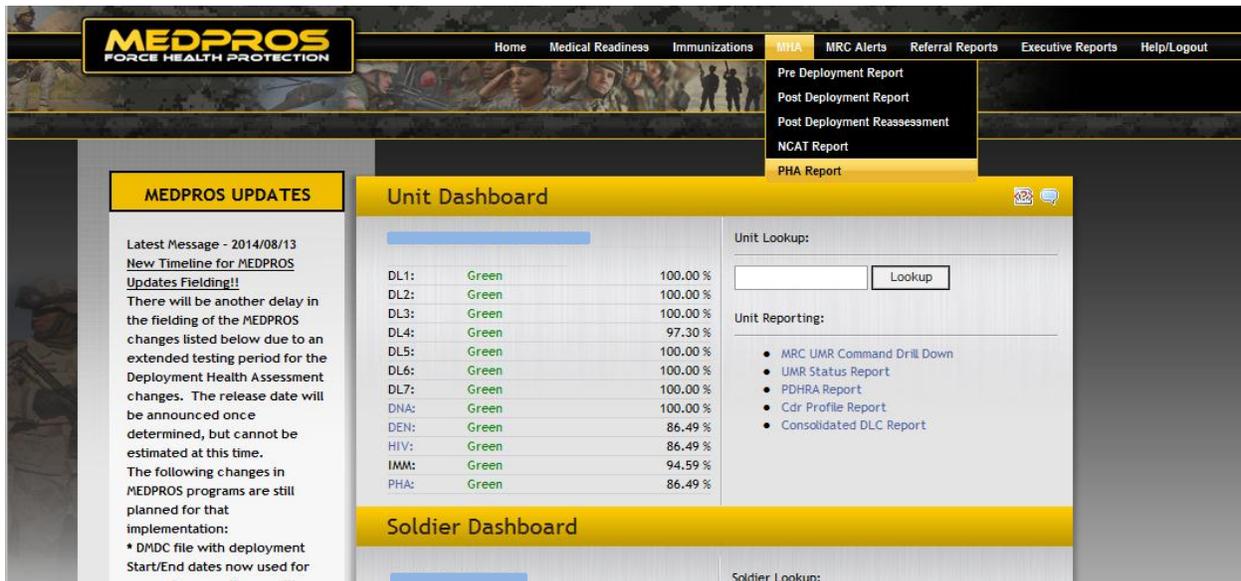


Figure B-7. PHA report

(b) At “UIC” type your UIC, and click on “Run Report” (see figure B-8).

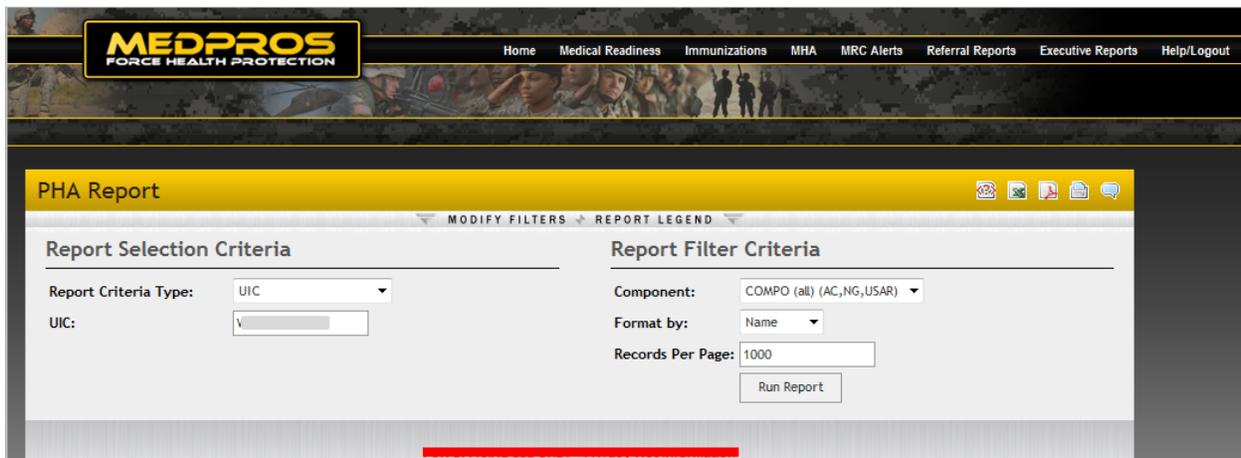


Figure B-8. PHA report, cont.

(c) You will see an alphabetical roster of your unit, showing all Soldiers assigned (see figure B-9). Interpret the annotations as follows:

Green – Indicates period of 0 to 13 months since the last PHA.

Amber – Indicates period of greater than 13 months but fewer than 15 months since the last PHA.

Red – Indicates period of greater than 15 months since the last PHA, or if there is no PHA date on file (field blank).

MRC Exempt	Cbt Dfrmnt	Name	Rank	SSN	Age	AOC/MOS	UIC	Location	Compo	PHA Date	Next PHA Due	Physical Exam Date	PULHES Code
					19A				AA	2013/09/25	2014/12/25	2012/02/08	111111
					15T48				AA	2013/11/12	2015/02/12	2009/09/04	212111
					42A				AR	2014/06/16	2015/09/16	2005/02/23	111121
					42A				AR	2013/09/09	2014/12/09	2007/06/11	111111
					UNK				AR	2014/04/08	2015/07/08	2000/01/01	111111
					12A				AR	2011/09/22	2012/12/22	2005/11/23	111111
					92G48				AA	2014/07/15	2015/10/15	2005/07/29	111111
					12B				AR	2012/12/06	2014/03/06	2006/12/20	112211
					19A				AR	2013/07/22	2014/10/22	2006/08/22	111111
					00B				AA	2012/07/27	2015/11/27	2014/08/27	111111
					42A58				AA	2014/08/14	2015/11/14	2004/03/16	111111
					19B				AA	2012/05/01	2013/08/01	2007/03/26	112111
					00B				AA	2013/07/30	2014/10/30	2008/01/11	111111
					UNK				AR	2012/09/11	2015/05/11	2014/02/11	111211
Y					00B				AA	2012/02/28	2013/05/28	2007/09/26	111111
					27A				AA	2014/06/18	2015/09/18	No Record	111111
					56A				AR	2014/05/30	2015/08/30	2009/09/15	111111
					27A				AA	2014/08/19	2015/11/19	2002/06/20	112111
					27A				AA	2014/09/22	2015/12/22	2006/04/01	221111

Figure B-9. PHA report, cont.

(2) Dental Readiness Report.

(a) Pass cursor over “Medical Readiness,” then “Single Medical Readiness Rpts,” then click on “Dental Readiness” (see figure B-10).

MEDPROS UPDATES

Latest Message - 2014/08/13
New Timeline for MEDPROS Updates Fielding!!
 There will be another delay in the fielding of the MEDPROS changes listed below due to an extended testing period for the Deployment Health Assessment changes. The release date will be announced once determined, but cannot be estimated at this time. The following changes in MEDPROS programs are still planned for that implementation:
 * DMDC file with deployment Start/End dates now used for ...

DL2:	Green	100.00 %
DL3:	Green	100.00 %
DL4:	Green	97.30 %
DL5:	Green	100.00 %
DL6:	Green	100.00 %
DL7:	Green	100.00 %
DNA:	Green	100.00 %
DEN:	Green	86.49 %
HIV:	Green	86.49 %
IMM:	Green	94.59 %
PHA:	Green	86.49 %

Soldier Dashboard

Unit Reporting:

- MRC UMR Command Drill Down
- UMR Status Report
- PDHRA Report
- Cdr Profile Report
- Consolidated DLC Report

Figure B-10. Dental Readiness report

(b) At “UIC” type your UIC, and click on “Run Report” (see figure B-11).

Figure B-11. Dental Readiness report, cont.

(c) You will see an alphabetical roster of your unit, showing all Soldiers assigned (see figure B-12). Interpret the annotations as follows:

Green – Indicates that no DRC2 or 3 rating exists, and a period of 0 to 13 months since the last dental exam.

Amber – Indicates a period of greater than 13 months but less than 15 months since the last dental exam.

Red – Indicates a period of greater than 15 months since the last dental exam.

MRC Exempt	Cbt Dfrmnt	DRC	Reason	Date of Next Exam	Panx	Name	SSN	Rank	AOC/MOS	UIC	Station	Compo**
	2		Minor Dental Work Needed	2015/07/03	Y				90A			AR
	1			2014/12/11	Y				42H			AR
	1			2014/12/25	Y				25A			AR
	1			2015/04/16	Y				42H			AR
	1			2015/09/20	Y				13A			AR
	2		Minor Dental Work Needed	2015/09/04	Y				42A			AR
	1			2015/07/01	Y				19A			AA
	1			2015/09/04	Y				15T48			AA
	2		Minor Dental Work Needed	2015/09/10	Y				42A			AR
	2		Minor Dental Work Needed	2015/09/24	Y				42A			AR
	1			2015/06/18	Y				UNK			AR
==>	4		Next Exam Overdue	2013/07/26	Y				12A			AR
	1			2015/04/30	Y				92048			AA
==>	4		Next Exam Overdue	2014/08/08	Y				12B			AR
==>	4		Next Exam Overdue	2014/06/07	Y				19A			AR
	1			2015/11/21	Y				00B			AA
	2		Minor Dental Work Needed	2015/08/08	Y				42A58			AA
	2		Minor Dental Work Needed	2014/12/03	Y				19B			AA
	1			2015/10/28	Y				00B			AA

Figure B-12. Dental Readiness report, cont.

b. View units at all levels of command (shows only Soldiers in “non-available” status).

(1) Pass cursor over “Executive Reports”, then “Medical Readiness”, and click on “MRC UMR Command Drill Down” (see figure B-13).

MEDPROS UPDATES

Latest Message - 2013/07/02
New Shot Protocol for Japanese Encephalitis Vaccine
 As of this afternoon, the JEV Vaccine (CDC Code 134) now requires a total of three vaccinations given at 0, 28 days, and 1 year. Technically the new protocol is a two shot series with a one-time booster given at one year for at risk populations. MEDPROS Immunization Specifications Tables on the Mainframe and #WDE are showing JEV/134 as a three shot series (with notes indicating that shot #3 is actually a one-time booster).

Unit Dashboard

DL1:	Green	100.00%
DL2:	Green	100.00%
DL3:	Green	100.00%
DL4:	Green	94.44%
DL5:	Green	100.00%
DL6:	Green	100.00%
DNA:	Green	100.00%
DEN:	Green	88.89%
HIV:	Green	94.44%
IMM:	Green	88.89%
PHA:	Green	80.56%

Soldier Dashboard

Soldier Lookup:

MRC UMR Command Drill Down

- MR Summary Command Drill Down
- MRC By Location
- MRC State/Location Drill Down
- Medical Readiness Classification (MRC) Status
- Medical Readiness Classification (MRC) Requirements
- PHA Compliance
- DNA Command Drill Down
- HIV Command Drill Down
- Vision Command Drill Down
- Dental Command Drill Down
- Dental RDC Drill Down
- CDR Profile Report
- Consolidated DLC Report

Figure B-13. MRC UMR Command Drill Down selection

(2) Scroll down and click on “W3YTAA” and continue to drill down to your organization (see figure B-14).

Note: Initial entry training student units are filed separately under “[WIETAA IET UNITS](#)”.

MRC Command Drill Down Report

MRC Drill Down Report
by UIC: USAB01
MRC Exemptions Included
TTTS Personnel Included
Report Date: 2013/07/19 2:56 PM, Data as of Date: 2013/07/19
Exceptions not Included

Info Please on How to Request Modifications to the Command Drill Down

UIC	UIC Description	Total Personnel	MR1	MR2	MR3	MR4	MR5	MR6	MR7	MR8	MR9	MR10	MR11	MR12	MR13	MR14	MR15	MR16													
USAB01	USAB01 DRILL DOWN	2,017	288	27	1,395	1,054	30,256	1,424	71,845	3	0.18%	68	2,474	82	4,074	122	6,178	34	1,226	11	0.05%	30	1.05%	1	0.03%	18	1.76%	12	2.47%		
USAB01	USAB01 DRILL DOWN	1,349	88	0	1,249	878	69,926	723	10,025	1	0.00%	122	10,074	122	11,026	70	8,026	26	2,026	2	0.04%	11	0.03%	2	0.15%	5	0.45%	12	2.37%		
USAB01	USAB01 DRILL DOWN	484	44	0	445	387	32,236	340	77,235	0	0.00%	22	6,226	2	0.03%	2	1,726	4	0.026	2	0.45%	2	1.79%	0	0.00%	2	1.79%	22	4.92%	0	0.00%

Figure B-14. MRC Command Drill Down Report

(3) You will see an alphabetical roster of your unit, showing only Soldiers in “non-available” status (see figure B-15). Click on the “last 4” of a Soldier’s SSN to display details of his or her IMR (see figure B-6 above).

Unit Medical Readiness

Report Selection Criteria
Report Criteria Type: UIC
UIC: W4PBAA

Report Filter Criteria
Component: Compo AB (AC, NG, USAR)
Medical Readiness Profile: Readiness
PROFIS: Assigned Personnel
Deficiencies: Deficiencies
Measure Date: 2013/07/23
System Immunization Profile: ROUTINE ADULT
Format by: Name
Data Output by: Data
Incl/Excl WTU: Include
Include MRC Exemptions:
Records Per Page: 1000

Readiness Report for UIC: W4PBAA - The following personnel are in non-available status
Component: Compo AB (AC, NG, USAR), Profile: Readiness, Deficiencies: Deficiencies
Measure Date: 2013/02/21, System Immunization Profile: ROUTINE ADULT, Format: Name, Data Output by: data
WTU Personnel Included, MRC Exemptions Included, Report Date: 2013/02/21 1:09 PM, Data as of Date: 2013/02/21

CDR Exempt	CDR Dfmt	Name	SSN	Rank	Age	Sex	MOS	CMP	AGR	UIC	Location	MRC	DNA	HIV	IJM	IME	DRC3	DRC4	PHA
		SOT/P	37	M	AA	N	W4					38							
		SSG	31	M	AA	N	W4					4							
		CPT	30	M	AA	N	W4					2		2013/02/11					
		MSG	40	M	AA	N	W4					2							
		SOM	43	M	AA	N	W4					38							
		LTC	49	F	AR	Y	W4					38			Tdap				
		COL	44	M	AA	N	W4					4							
		SOT/P	31	M	AA	N	W4					2							
		SFC	39	M	AA	N	W4					2		2012/01/21					
		LTC	52	M	AA	N	W4					2		2012/12/22		HepB			
		LTC	49	M	AA	N	W4					38			Flu, Tdap				
		SFC	37	M	AA	N	W4					2			Tdap				
		SSO	31	M	AA	N	W4					4							

Figure B-15. Unit Medical Readiness Report

**Table B-1
Individual Medical Readiness Classifications**

Medical Readiness (MR) Classification ¹	Deficiencies	Availability ²
MR1 – Meets all medical requirements	None; includes Dental Readiness Class (DRC) 1 (current dental examination, does not require dental treatment or reevaluation) and DRC2 (current dental examination, requires non-urgent dental treatment or reevaluation for oral conditions that are unlikely to result in dental emergencies within 12 months) ³	Available
MR2 – Medically ready within 72 hours (any deficiencies correctable during final Soldier Readiness Program)	<p>No DNA specimen on record</p> <p>No HIV test on record</p> <p>Immunizations⁴ (including tuberculin screening and/or testing) not up to date</p> <p>Individual medical equipment (IME) (2 pairs eyeglasses (2PG), 1 mask insert (1MI), hearing aid with extra battery (HAB), medical warning tag, 1 military combat eye protection insert (MCEP-I)) either not on hand or not marked “NA”</p>	Available
MR3A – Medically ready within 30 days	<p>DRC3 (condition that requires urgent or emergent dental treatment)³</p> <p>Deployment-limiting (DL) code⁵ DL6 – Temporary profile with numerical designator “3” or “4” (T3 or T4)⁶ of less than 31 days</p>	Not available
MR3B – Medical requirements will take more than 30 days to correct	<p>DL1 – Non-deployable (ND) profile code. Soldier has a profile code F, V, or X⁷ (see Soldier’s DA Form 3349, Physical Profile, item 2).</p> <p>DL2 – MOS Administrative Retention Review (MAR2) initiated.⁸ Soldier is in the MAR2 process, but decision has not been reached.</p> <p>DL3 – Medical evaluation board (MEB) initiated.⁹ Soldier is in the medical evaluation board process, but MEB is not completed.</p> <p>DL4 – Temporary profile with numerical designator “3” or “4” (T3 or T4)⁶ of greater than 30 days</p> <p>DL5 – Pregnancy. Soldier has current pregnancy profile in e-Profile and a “Y” (“yes”) entry for pregnancy field in MEDPROS</p> <p>DL7 – Soldier in ND – Physical Evaluation Board (PEB) process, not yet completed – number shown indicates number of days in ND-PEB process (since initial DA 3349 issued)</p>	Not available

Table B-1
Individual Medical Readiness Classifications, continued

Medical Readiness (MR) Classification ¹	Deficiencies	Availability ²
MR4 – The current status is not known	Periodic health assessment (PHA) not current Dental exam not current (DRC4) ³	Available but not deployable*
The Soldier is assigned the 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. Soldiers who have medical issues that will require longer than 72 hours to resolve (MR3A and MR3B) will be reported as not available. ¹⁰		
<p>Notes:</p> <p>1 DA Pam 220-1, table 5–1; AR 40-501, para 11–5; and the Medical Readiness Leader Guide specify medical readiness (MR) categories for use by commanders to determine Soldier availability.</p> <p>2 The term “available” indicates unit resources, to include personnel, that are available within 72 hours to meet operational requirements (see DA Pam 220-1, para 5–4c(1)(a)). Soldiers in medical readiness (MR) classifications MR1 and MR2, and MR4 are considered available. The term “not-available” indicates Soldiers who are not available for medical and/or administrative reasons within 72 hours (see DA Pam 220-1, para 5-4c(4)). Soldiers in MR classifications MR3A and 3B are considered not available.</p> <p>3 See AR 40-35, para 6b.</p> <p>4 During the influenza vaccination season, commanders should track their unit compliance using MEDPROS.</p> <p>5 The DL codes are breakouts of the non-available codes (MR3A and MR3B) that provide commanders with visibility of medical factors contributing to their non-availability. For descriptions, see either “MEDPROS USR Report” (Figure B-5) or “Unit Medical Readiness” report (Figure B-9) and click on “Report Legend”.</p> <p>6 See AR 40-501, table 7–1.</p> <p>7 See AR 40-501, table 7–2.</p> <p>8 See Army Directive 2012-18, 23 Aug 12, at http://www.apd.army.mil/pdf/files/ad2012_18.pdf.</p> <p>9 See AR 635–40, para 4–10.</p> <p>10 Medical Readiness Leader Guide, Office of the Surgeon General (OTSG), 1 Sep 12, pp. 15, 16. Accessible at https://medpros.mods.army.mil/MEDPROSNew/, click on “Sep 12 Updated Medical Readiness Leaders Guide.”</p> <p>* Soldiers who have not completed the formal examinations required by AR 40–501 will be reported as available for commander’s unit status report (CUSR) purposes, however the commander cannot deploy these Soldiers before they have completed the required medical and dental examinations. See DA Pam 220-1, para 5–4c(2).</p>		

c. Individual completion of the PHA. An annual PHA is required for all Army personnel, regardless of component. The objectives of the PHA include reviewing the physical profile; identifying any readiness or deployment-limiting conditions; and to update the IMR status of the Soldier. Full medical or physical examinations are required for procurement (fulfills the requirement for a PHA for one year from the date of the examination); deployment to certain geographical areas; flying duty; Special Forces/Ranger combat divers; specific schools; on separation from the Army, if requested or indicated; on retirement from active service; and for the cardiovascular screening program (at age 40 years and every five years thereafter). See AR 40-501, chapter 8, for requirements.

(1) Individual Soldiers complete the first part of the PHA (self-reported health status) by opening their AKO home page, clicking on “Self Service”, and selecting “My Medical Readiness” or by clicking “My Medical Readiness Status” in the sidebar (see figure B-16).



Figure B-16. AKO home page, “My Medical Readiness” selection

(2) On the next screen, expand “Periodic Health Assessment (PHA)” and click on Periodic Health Assessment link (see figure B-17).

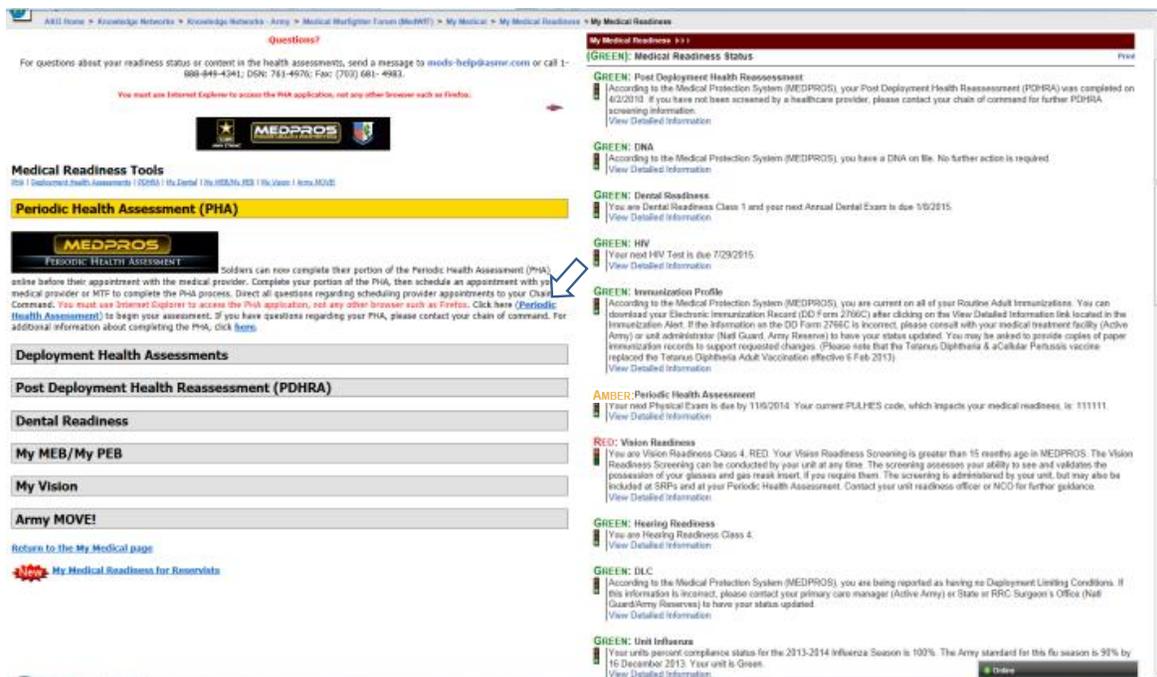


Figure B-17. Periodic Health Assessment (PHA) selection

(3) On the next screen, click on “click here” (see figure B-18).



Figure B-18. New PHA form selection

(4) On the next screen, begin completing the first part of the PHA (see figure B-19), and complete information on each successive tab.

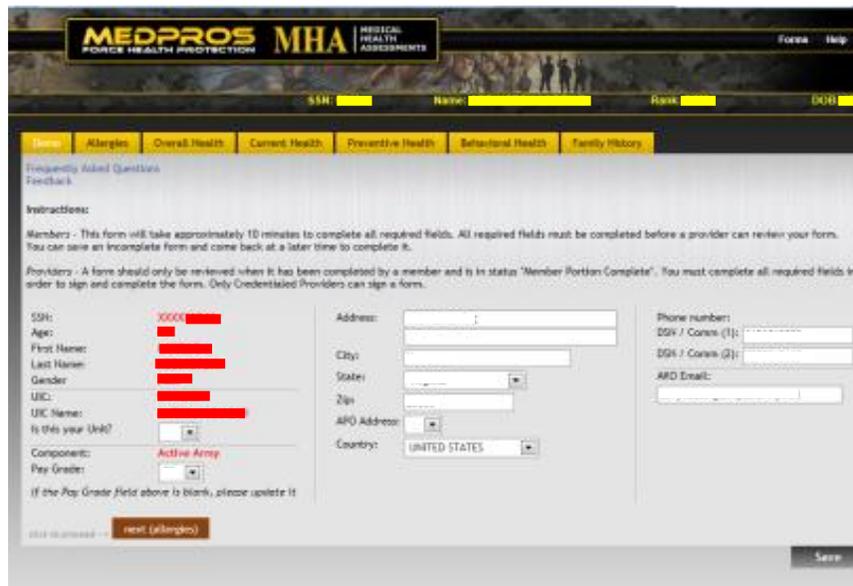


Figure B-19. Initiating first part of the PHA

(3) The Soldier then arranges with the supporting MTF for completion of the last 2 parts of the PHA, namely, review of the Soldier's height and weight, current medical conditions and deployment related health problems, to include screening for traumatic brain injury exposure, allergies, medications, required immunizations, update of medical readiness laboratory tests, and audiology and optometry examination results; and review of the Soldier's statement of health,

completed tests and reports, physical profile, and readiness screening information, and a symptom-focused exam.

B-4. Obtaining PDHRA reports

The PDHRA is the third in a series of three health assessments associated with deployments of 30 days or more (following the pre- and post-deployment health assessments), accomplished 90 to 180 days after redeployment. (See para 3-1b regarding the requirement for PDHRA.) The PDHRA is tracked separately from medical readiness data in MEDPROS. There are two options for viewing PDHRA completion status (either option shows only Soldiers who are on record as having deployed): (1) view Soldiers in a specific UIC; and (2) view units at all levels of command. Both options yield the same “Post Deployment Health Reassessment Report”.

a. View Soldiers in a specific UIC.

(1) Pass cursor over “MHA” [Medical Health Assessments], then “Post Deployment Reassessment,” and click on “PDHRA Report” (see figure B-20).



Figure B-20. PDHRA Report selection

(2) At “UIC” type your UIC, then click on “Run Report” (see figure B-21).

The screenshot shows the MEDPROS web application interface for generating a Post Deployment Health Reassessment Report. The top navigation bar includes the MEDPROS logo and links for Home, Medical Readiness, Immunizations, MHA, MRC Alerts, Referral Reports, Executive Reports, and Help/Logout. The main header is 'Post Deployment Health Reassessment Report'. Below this, there are two main sections: 'Report Selection Criteria' and 'Report Filter Criteria'. In the 'Report Selection Criteria' section, 'Report Criteria Type' is set to 'UIC' and 'UIC' is set to 'W'. In the 'Report Filter Criteria' section, 'Component' is set to 'Compo All (AC, NG, USAR)', 'Combat Zone' is 'Deployed to a Combat Zone', 'Timeframe' is 'All', 'Status' is 'All', 'Frequent Deployers' is 'All', and 'Completed Days Range' is 'All'. There are also input fields for 'Start Date' and 'End Date', a 'Format' dropdown set to 'Name', and 'Records Per Page' set to '1000'. A 'Run Report' button is located at the bottom right of the filter criteria section.

Figure B-21. PDHRA Report selection, continued

(3) You will see an alphabetical roster of your unit, showing only Soldiers who are on record as having deployed (see figure B-22). Interpret the annotations in the “Status” column as follows:

Green – Soldier is in pre-“window” period (less than 90 days; window is approaching)

Amber – Soldier is within 90-180 day window; PDHRA completion is required

Red – Soldier is past 180-day window; PDHRA completion is required

Completed (red font) – Soldier completed PDHRA after 180-day window; no action required

Completed (green font) – Soldier completed PDHRA within 180-day window; no action required

UIC	UIC Description	Assigned	Commander's Exemptions	Commander's Adj. Strength	Required	Total Army Aggregate Completion	Total Army Aggregate Completion %	Total Remaining PDHRAs	Total PDHRAs Completed (Tier 1)	Total Tier 2 Required	Total PDHRAs Completed (Tier 2)	Not Completed Green (0-89)	Not Completed Amber (90-180)	Not Completed Red (181+)	Total Not Completed	Total Completed (0-89)	Total Completed Green (90-180)	Total Completed Red (181+)	
W00PAA	IMMEDIATE OFC	1,060	1	1,058	583	557	93.1%	41	563	557	45	6	0	41	41	29	503	238	
W3KFAA	HQ USARMY CRM INVS CMD	2,017	21	1,996	1,229	1,197	97.4%	32	1,213	1,195	97	18	55	2	32	34	58	712	425
W3P2AA	USA E&L US SO CMD	1,249	0	1,249	769	736	92.1%	43	734	724	49	10	10	12	43	75	29	346	329
W3P2AA	US ARMY TEST AND EVAL CMD	454	8	446	350	351	98.0%	7	348	345	30	3	1	6	7	13	15	201	129
W3P2AA	US ARMY MEDCOM	33,979	1,429	32,550	15,776	15,606	98.9%	170	15,742	15,572	1,092	171	104	38	170	208	722	10,570	4,276
W3P2AA	HQ USA FORSCOM	284,593	2,300	282,293	142,325	139,404	98.0%	2,921	136,954	136,395	2,229	455	2,715	3,053	2,921	5,974	6,010	100,252	30,059
W3Y7AA	HQ USA TRADOC CMD	79,432	534	78,898	35,939	35,201	98.0%	733	35,324	35,052	1,653	272	137	149	738	897	1,633	23,244	10,175
W4SVPF	USASOC	30,967	526	30,441	16,080	15,224	94.7%	856	15,151	15,079	293	72	2,099	218	856	1,074	1,276	8,963	4,767
W4HRAA	MEDCOM HHC	6,654	68	6,586	3,413	3,394	99.4%	19	3,429	3,398	156	42	40	8	19	27	169	2,214	1,003
W4T5AA	SPACE & WSL DEF CMD	1,171	14	1,157	843	830	97.5%	13	823	818	38	5	8	13	13	26	30	319	168
W4SDDA	USAF INSTILLATION MOT CMD	4,570	19	4,551	2,853	2,750	95.4%	133	2,753	2,721	144	32	13	29	133	162	126	1,820	775
W4T0AA	0003 HQ HHC 3RD ARMY	2,343	6	2,337	1,649	1,619	98.2%	30	1,627	1,615	84	12	50	6	30	26	96	925	592
W4T1FF	0007 HQ A HQ USARMC TA	23,270	255	23,023	13,675	13,392	97.9%	283	11,913	11,876	220	37	578	1,527	283	1,810	499	8,777	2,589
W4T5FF	0000 HQ HQ USARFSETAF	371	6	365	284	282	95.9%	12	284	280	14	4	5	2	12	14	22	149	110

Figure B-24. PDHRA Command Drill Down selection, continued

c. Individual completion of the PDHRA.

(a) Individual Soldiers complete their PDHRAs by opening their AKO home page, clicking on “Self Service”, and selecting “My Medical Readiness” or by clicking “My Medical Readiness Status” in the sidebar (see figure B-25).

Figure B-25. AKO home page, “My Medical Readiness” selection

(b) On the next screen, expand “Post Deployment Health Reassessment (PDHRA)” and click on “here” link (see figure B-26).

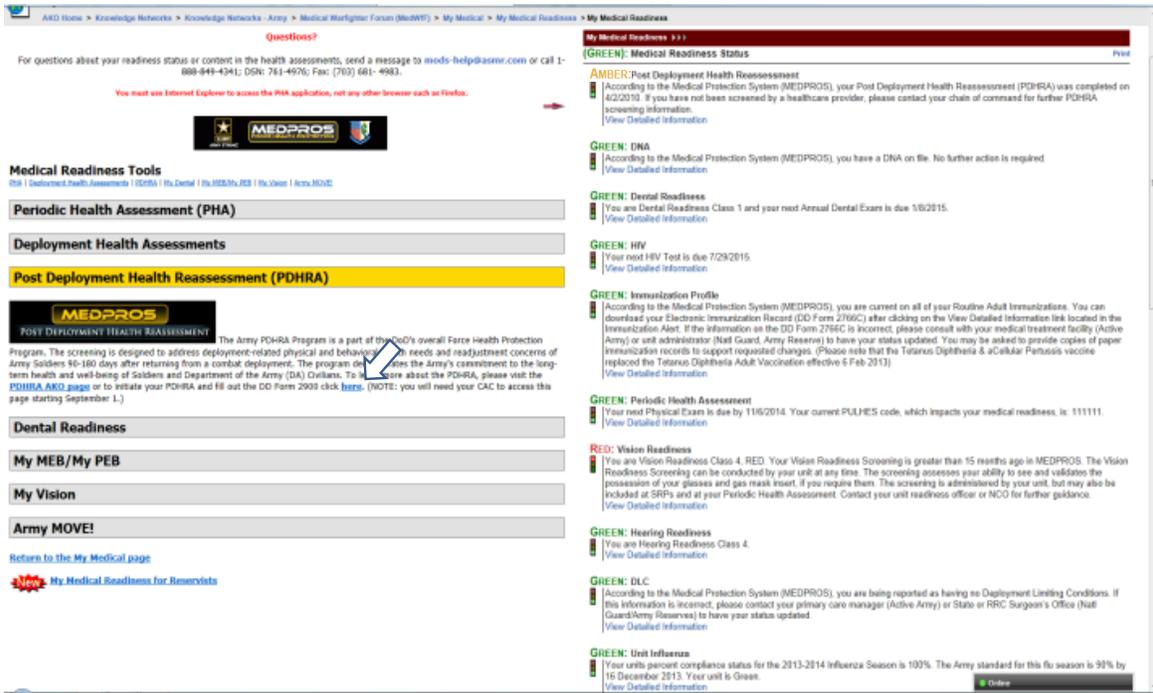


Figure B-26. PDHRA selection

(c) On the next screen, select the Post Deployment Health Reassessment tab (see figure B-27), click on “Start New Survey”, complete the Soldier’s portion of the PDHRA, and make an appointment with a health care provider to complete the PDHRA.



Figure B-27. Initiating PDHRA

Appendix C Accessing and reading e-Profiles

C-1. Description

e-Profile is a software application within MODS that allows tracking of Soldiers who have temporary or permanent medical conditions that may render them not medically ready to deploy. The e-Profile system creates, routes, and stores all DA Form 3349s (Physical Profile). It allows commanders and designated MEDPROS read-access personnel immediate visibility of Soldiers' profiles.

C-2. Roles

Army policy provides for the following with regard to access to e-Profile:

- a. Commanders, in order to ensure their Soldiers are receiving timely medical care for their conditions, or progressing in a medical board process if applicable.
- b. Career Counselors, in order to facilitate their roles in the MAR2 process (see para 2-2d above). See para C-2h below for instructions.
- c. Individuals appointed by the commander as administrators, managers, or clerks can view details of individual profiles, and status of board actions, on behalf of the commander.

Note: The roles for e-Profile are not specifically prescribed by Army policy (as are the roles for MEDPROS), however their descriptions within e-Profile guides align with those for MEDPROS.

C-3. Access and navigation

- a. Go to <http://www.mods.army.mil/> and click on "e-PROFILE" in menu at left (see figure C-1).



Figure C-1. MODS homepage

b. At the next screen, select "What is e-Profile?" (see figure C-2).



Figure C-2. e-Profile homepage

c. On the "About e-Profile" screen, select "For details on the e-Profile Application Roles and Permission, click here" (see figure C-3).

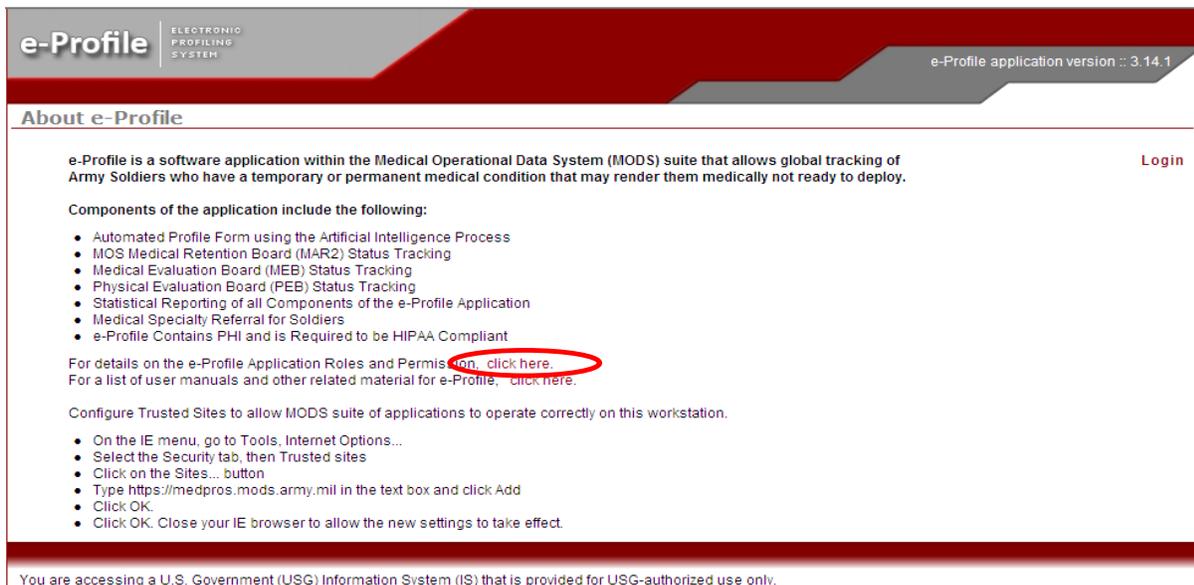


Figure C-3. "About e-Profile" page

d. Under "Roles and Permissions" and "Permissions by Organization, User Type:", select "Army" (see figure C-4).

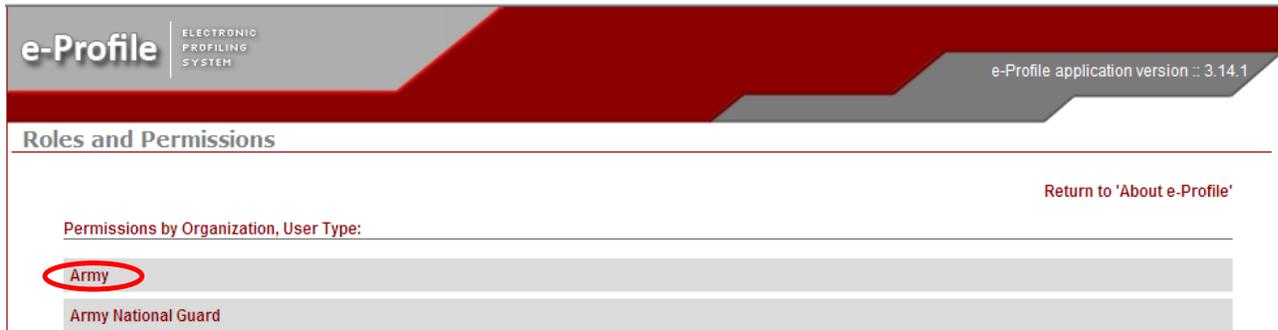


Figure C-4. “Roles and Permissions” page

e. The registrant will identify his or her role, i.e., “unit administrator” (at brigade and above), “unit manager” (at battalion and below), or “company commander clerk” (at all levels) (see para C-2c above and figure C-5 below).

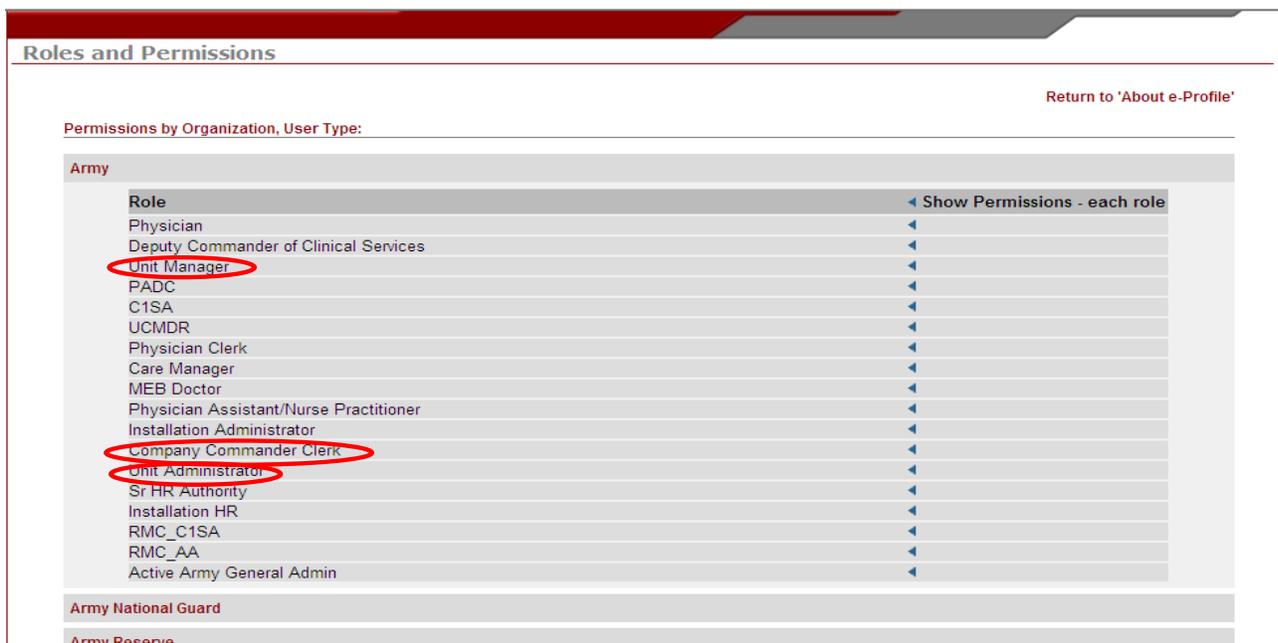


Figure C-5. “Roles and Permissions” page, expanded

f. Return to the e-Profile homepage (see figure C-2 above), and select "Register for e-Profile". An application registration page should appear as shown in figure C-6.

Figure C-6. Application Registration page

g. Complete the application registration and submit. Once accessed, your screen should appear as shown below (figure C-7).

Figure C-7. Welcome page

h. Click on “help center” button in upper right screen, then either “Administrator User Guide”, “Commander User Guide”, or “MAR2 User Guide” as applicable.

Figure C-8. Help Center

Glossary

Section I Abbreviations

1MI	1 mask insert
2PG	2 pairs eyeglasses
AIT	advanced individual training
DL	deployment-limiting (see table E-1)
DNA	deoxyribonucleic acid
DRC	dental readiness classification (see table E-1)
HAB	hearing aid with extra battery
HIV	human immunodeficiency virus
IME	Individual medical equipment
IMR	Individual medical readiness
MCEP-I	military combat eye protection insert
MEDPROS	Medical Protection System
MODS	Medical Occupational Data System
MTF	medical treatment facility
PHA	periodic health assessment
PDHRA	Post-Deployment Health Reassessment
MAR2	MOS Administrative Retention Review
RHRP	Reserve Health Readiness Program
STO	split-training option

Section II Terms

AAA-162

Unit Personnel Accountability Report

Available

In the context of unit status reporting, indicates those unit resources, to include subordinate elements, personnel and equipment, that currently are possessed or controlled by the reporting unit or, when applicable, are available to it within 72 hours that, in accordance with the relevant criteria, are qualified, ready and/or available to the unit to meet operational requirements.

Deoxyribonucleic acid (DNA)

Molecule in the nucleus of tissue and blood cells that encodes and transmits genetic information, unique to an individual; a bloodstain card is prepared once for each Service member and filed at an Armed Forces repository for the purpose of later matching to DNA from remains, if necessary, for identification. The requirement for DNA specimen collection is established in DoDI 5154.30.

Deployable

Able to deploy to a specific area of operation as an individual or as part of a unit.

Human immunodeficiency virus

The cause of acquired immunodeficiency syndrome (AIDS), a condition in which progressive failure of the immune system allows for life-threatening infections and cancers. The Army's policy concerning identification, surveillance, and administration of personnel infected with HIV is established in AR 600-110.

Individual medical equipment (IME)

2 pairs eyeglasses (2PG), 1 mask insert (1MI), hearing aid with extra battery (HAB), medical warning tag, 1 military combat eye protection insert (MCEP-I).

Individual medical readiness (IMR)

Elements of IMR are the following: Periodic health assessment; deployment-limiting medical conditions; dental readiness; immunizations; DNA specimen; current HIV test; hearing readiness; vision readiness; and pregnancy.

Medical evaluation board

A component of the Physical Disability Evaluation System (PDES); the board is comprised of two or more physician members (including a dentist or a psychiatrist, as indicated), convened to document a Soldier's medical status and duty limitations insofar as duty is affected by the Soldier's status. The board is comprised of two or more physician members (including a dentist or a psychiatrist, as indicated). A decision is made as to the Soldier's medical qualification for retention based on the criteria in AR 40-501, chapter 3. If the medical evaluation board determines the Soldier does not meet retention standards, the board will recommend referral of the Soldier to a physical evaluation board.

Medical Occupational Data System (MODS)

The authoritative database for the medical readiness information of Army personnel. NetUSR imports the medical readiness codes for individual Soldiers from MODS.

Medical Protection System (MEDPROS)

The database of record for all medical readiness data elements. The Web module to MODS and the primary tool to record, track, and report the medical readiness for Soldiers and units.

Medical treatment facility

A facility established for the purpose of furnishing medical and/or dental care to eligible individuals.

Medically ready

Soldiers classified as either MR1 or MR2 in MEDPROS.

MOS Administrative Retention Review (MAR2)

A component of the Physical Disability Evaluation System (PDES); an administrative process for Soldiers who meet the medical retention standards of AR 40-501, chapter 3, but who nonetheless may not be able to satisfactorily perform the duties of their primary MOS (PMOS) in a worldwide field environment because of medical limitations. The MAR2 process is used to determine whether a Soldier will be retained in his/her PMOS or reclassified into another PMOS. Soldiers who do not meet PMOS standards and who do not qualify for reclassification will be referred to the disability evaluation system (DES).

Physical Evaluation Board

A component of the Physical Disability Evaluation System (PDES); the board is composed of a Presiding Officer, Personnel Management Officer, and Medical Member, established to evaluate all cases of physical disability equitably for the Soldier and the Army. The physical evaluation board investigates the nature, cause, degree of severity, and probable permanency of the disability of Soldiers whose cases are referred to the board; evaluates the physical condition of the Soldier against the physical requirements of the Soldier's particular office, grade, rank, or rating; provides a full and fair hearing for the Soldier as required by under Title 10, United States, Section 1214, (10 USC 1214); and makes findings and recommendations required by law to establish the eligibility of a Soldier to be separated or retired because of physical disability (10 USC 61).

Reserve Health Readiness Program (RHRP)

A program managed by the Office of the Assistant Secretary of Defense, Health Affairs (OASD (HA)) to provide medical and dental readiness-related services to Reserve Component (RC) forces. RHRP provides PHA, PDHRA, and IMR services are for Active Duty service members by in-clinic appointment and at group events.

TRICARE

The Department of Defense's worldwide health care program available to eligible beneficiaries from the uniformed services. Eligibility for TRICARE is determined by information in the Defense Enrollment Eligibility Reporting System (DEERS).

TRICARE Prime

A TRICARE program that is similar to a managed care or health maintenance organization option, available to Active duty service members (ADSM), active duty family members, surviving spouses (during the first three years), and surviving dependent children, in specific geographic areas. Enrollment is required, however there are no enrollment costs for ADSMs.

TRICARE Prime Remote

A TRICARE program that is available to active duty service members (and their families) in designated remote locations in the United States (usually 50 miles or an hour drive time from a military hospital or clinic). Eligibility is determined by the service members' home and work ZIP codes.