

**Kansas Army National Guard
Standard Operating Procedure 40-1**

Medical Services

Medical Service Program

**Adjutant General's Department
Headquarters, Kansas Army National Guard
Topeka, Kansas
1 May 2010**

UNCLASSIFIED

Adjutant General's Department
Kansas Army National Guard
Topeka, Kansas 66611-1287

Kansas Army National Guard SOP 40-1
Effective 1 May 2010

* KS SOP 40-1

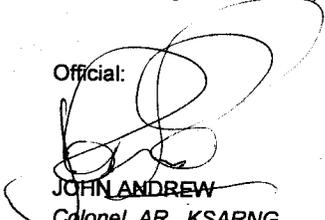
Medical – General

Medical Service Program

By Order of the Adjutant General:

JOHN DAVOREN
Brigadier General, KSARNG
Assistant Adjutant General, KSARNG

Official:


JOHN ANDREW
Colonel, AR, KSARNG
Chief of Staff

mobilization, the proponent may modify chapters and policies contained in this regulation.

Suggested Improvements. The proponent of this publication is the Deputy Chief of Staff for Personnel, Medical Services. Users are invited to send comments and suggested improvements to The Adjutant General's Department, ATTN: NGKS-MDS, 2800 SW Topeka Blvd, Topeka, KS 66611-1287.

Distribution. A

History. This printing establishes a Standard Operating Procedure for the Deputy Chief of Staff for Personnel, Medical Services; Kansas Army National Guard Medical Detachment; and the Office of the State Surgeon.

Summary. This publication establishes policy of The Adjutant General pertaining to Medical aspects and Soldiers of the KSARNG.

Applicability. This regulation applies to The Kansas Army National Guard in MUTA, SUTA, IMA, FTNG, and Title 32 status unless otherwise stated. This regulation does not apply to civilian employees of the Adjutant General's Office. This regulation also applies to candidates for military service. During

Contents (Listed by paragraph and page number)

Chapter 1 - Authorization for Medical Care in a Civilian Facility

Purpose 1-1, *page*
References 1-2, *page*
Responsibilities 1-3, *page*
Emergency Medical Care 1-4, *page*
Non-Emergency Medical Care 1-5, *page*
Subsequent Medical Care 1-6, *page*
Unauthorized Care 1-7, *page*
Request for Medical Treatment 1-8, *page*
Medical Treatment Costs 1-9, *page*
Soldier Awareness 1-10, *page*

Chapter 2 - Line of Duty Determinations

Purpose 2-1, *page*
References 2-2, *page*
Responsibilities 2-3, *page*
Types of Line of Duty Determinations 2-4, *page*
Appeals 2-5, *page*

Chapter 3 - Active Duty Medical Extension (ADME)

Purpose 3-1, *page*
References 3-2, *page*
Active Duty Medical Extension (ADME) Program 3-3, *page*
Requesting ADME 3-4, *page*
Responsibility of ADME Soldiers 3-5, *page*
Guidance Authority 3-6, *page*

Chapter 4 - Incapacitation Pay

Purpose 4-1, *page*
References 4-2, *page*
Responsibilities 4-3, *page*
Duty Status and Entitlement 4-4, *page*
Medical Appointments and Travel Orders 4-5, *page*
Duration of Incapacitation Pay 4-6, *page*
Incapacitation Review 4-7, *page*
Documents to be considered for Incapacitation Requests 4-8, *page*

Chapter 5 - Request for Services,

Purpose 5-1, *page*
References 5-2, *page*
Periodic Health Assessments 5-3, *page*
Annual Dental Examinations 5-4, *page*
Immunizations 5-5, *page*
Army Weight Control Program Requirements 5-6, *page*
Fitness for Duty Evaluations 5-7, *page*

Profiles 5-8, page

Chapter 6 - WTU, MRP, MRPE Programs

Chapter 7 - MRP2/ CBWTU Programs

Chapter 8 - Fitness for Duty Evaluations (FFD)

Purpose 8-1, page

Reference 8-2, page

Fitness for Duty Examination 8-3, page

Military Fitness for Duty 8-4, page

Civilian Fitness for Duty 8-5, page

Chapter 9 - Profiles

Purpose 9-1, page

Reference 9-2, page

Temporary Profiles 9-3, page

Permanent Profile 9-4, page

Chapter 10 - Medical Supply

Purpose 10-1, page

Reference 10-2, page

State Formulary Responsibilities 10-3, page

Chapter 11 - Medical MOS Issues

Purpose 11-1, page

Reference 11-2, page

Responsibility 11-3, page

Criteria 11-4, page

Summary 11-5, page

POC 11-6, page

Chapter 12 - Clinical Quality Management

Purpose 12-1, page

Reference 12-2, page

Scope 12-3, page

Notification of Acceptance of an ICTB by the MTF 12-4, page

Practice without Privileging 12-5, page

Medical Provider Accessions into the Kansas Army National Guard 12-6, page

Education 12-7, page

Credentialing and Privileging Committee 12-8, page

Chapter 13 - Immunizations

Purpose 13-1, page

Reference 13-2, page

Objectives 13-3, page

Medical Logistics 13-4, page

Soldier Education 13-5, page

Storage and Handling 13-6 page

Administering 13-7, *page*
Exemptions 13-8, *page*
Documentation 13-9, *page*

Chapter 14 - Preventive Medicine

General 14-1, *page*
Responsibilities 14-2, *page*
Health Promotion 14-3, *page*
Environmental Health 14-4, *page*
Occupational Health 14-5, *page*

Chapter 15 - Centralized Medical Records and PAD Operations

Purpose and Scope 15-1, *page*
Medical and Dental Record and Document Receipt Activities, 15-2, *page*
Records Request to KSAMD PAD Office 15-3, *page*
Pre SRP Mission 15-4, *page*
SRP Mission Activities 15-5, *page*
Post Mission Activities 15-6, *page*
Quality Control 15-7, *page*
Deployment Medical Records 15-8, *page*

Chapter 16 - Deployments, Soldier Readiness Processing and Medical Readiness

References 16-1, *page*
Purpose 16-2, *page*
General Guidance 16-3, *page*
General Procedures 16-4, *page*
Soldier Readiness Processing 16-5, *page*
Post-Soldier Readiness Processing 16-6, *page*
25 Day Pre-Existing Medical Condition (REFRAD Rule) 16-7, *page*

Chapter 17 - Medical/Personnel Boards

Purpose 17-1, *page*
Reference 17-2, *page*
MOS/Medical Retention Board (MMRB) 17-3, *page*
Medical Evaluation Board (MEB) 17-4, *page*
Physical Evaluation Board (PEB) Non-Duty Related 17-5, *page*
Physical Disability Evaluation System 17-6, *page*

Chapter 18 - Post-Deployment Health Reassessment

Purpose 18-1, *page*
Reference 18-2, *page*
General Guidance 18-3, *page*
Screening Completion 18-4, *page*
Referral Process 18-5, *page*
Line of Duty Investigations 18-6, *page*
Case Management 18-7, *page*
PDHRA Manager 18-8, *page*

Chapter 19 - Aviation Medicine

Chapter 20 - HIV Surveillance Program

Purpose 7-1, *page*

Reference 7-2, *page*

General 7-3, *page*

Positive Results 7-4, *page*

Appendixes

A: Required Publications, *page*

B: Related Publications, *page*

C: Prescribed Forms, *page*

D: Referenced Forms, *page*

Glossary

Chapter 1

Authorization for Medical Care in a Civilian Facility

1-1 Purpose

Provide guidance on how to receive medical care from civilian authorities.

1-2 References

AR 40-501, AR 40-100, AR 40-66

1-3 Responsibilities

As outlined in the guidance below, ultimate responsibility of a Soldier's medical readiness lies with the individual Soldier.

1-4 Emergency Medical Care

The primary concern for our Soldiers is the preservation of life, limb or eyesight. Any Soldier that needs emergency medical care while in any type of duty status should be taken to the nearest emergency room. All emergency room visits will be reported through the chain-of-command to the Deputy Chief of Staff for Personnel - Medical Services as soon as possible, but should be done in less than 48 hours of the care rendered. Pre-authorization must be obtained for any other type of visit. The initial or emergency visit must be within seven days of the injury.

1-5 Non-Emergency Medical Care

If the Soldier is injured or becomes ill during training the medical care received will be reimbursed. However, at no time is elective care for medical and dental issues authorized. All non-emergency medical care should be reported through the chain-of-command to the Deputy Chief of Staff for Personnel - Medical Services as soon as practical and a Line of Duty Investigation (LOD) initiated.

1-6 Subsequent Authorized Medical Care

- a. When the Soldier's home of record is within 50 miles of a military installation, all follow-up care must be completed at the Military Treatment Facility (MTF).
- b. All civilian follow-up care requires pre-authorization. Any civilian care received after the date of the injury is considered by the federal Military Medical Support Office (MMSO) as follow-up care.
- c. The Soldier must get authorization before the visit. Failure to get authorization prior to follow-up medical care will result in denial of the claim and the Soldier being responsible for payment. This determination is made by MMSO, not the Deputy Chief of Staff for Personnel - Medical Services.
- d. Pre-authorization is given by MMSO on the assumption that the LOD finding will be determined to be Line of Duty-YES (in the line of duty).
- e. If the LOD finding is Line of Duty-NO (not in the line of duty) the medical bills will not be paid even though the care was pre-authorized and the Soldier will be held responsible for all payment.

1-7 Unauthorized Care

This includes all routine type care and treatment for conditions that existed prior to duty; examples include dental cleanings, cold and flu like symptoms, or muscle strains/pulls.

1-8 Request for Medical Treatment

- a. To get pre-authorization for any civilian medical care, the unit Readiness NCO must contact the Deputy Chief of Staff for Personnel - Medical Services and submit the following paperwork and information a minimum of three working days before the appointment:

(1) A completed DA Form 2173 (LOD) and DA Form 1379 or the training orders with any amendments that authorized the duty.

(2) The diagnosis and plan for treatment from the initial care, and further follow-up care or treatment if anticipated.

(3) The name of the nearest Medical Treatment Facility (MTF) and the number of miles from the Soldier's home of record to that MTF.

b. After the Deputy Chief of Staff for Personnel - Medical Services receives authorization for the follow-up care, the Soldier's unit will be notified through the Readiness NCO. The unit will then notify the Soldier that going to a civilian provider has been approved for that visit only. Each follow-up visit requires another pre-authorization. In cases of physical therapy, the Soldier may get authorization for a specific number of visits. If it appears the physical therapy treatment will extend beyond the authorized number of visits, the Soldier or the Soldier's unit must contact the Deputy Chief of Staff for Personnel - Medical Services which will call MMSO for an increase in the number of authorized visits.

1-9 Medical Treatment Costs:

a. In order to expedite the billing process, the healthcare provider should bill TRICARE directly. If the healthcare provider bills the unit, the unit will send the bill to the Deputy Chief of Staff for Personnel - Medical Services (NGKS-MDS) and the NGKS-MDS will send the bill to TRICARE. The process is significantly expedited by the healthcare provider's office billing TRICARE directly at the following: West Regions Claims, P O Box 77028, Madison, WI 53707-7028.

b. Inform the provider that the claim should be on a form HCFA 1500 or a form UB 92. Both forms are the civilian standard utilized forms and the provider's office should be familiar with each form. The claim will not be paid if it is on the incorrect form.

c. If the Soldier has received an Explanation of Benefits (EOB) letter from TRICARE denying the claim it is imperative that the Soldier informs his or her unit, and the unit notifies NGKS-MDS as quickly as possible. If the bills are not paid "per DEERS", it is because the LOD has not been completed or MMSO has not received the LOD. Without that information being sent, the bills will remain unpaid. Any delay of notification on the part of the Soldier or unit can significantly delay corrective actions which may result in bills being turned over to a collection agency. Historically, this one step has produced the most complaints from Soldiers related to not having their bills paid in a timely manner.

d. It is normal for TRICARE to only pay a portion of the bill. Hospitals that are TRICARE network providers must accept this as payment in full and are not allowed by federal law to bill the Soldier for the remaining portion of the unpaid bill. Contact the NGKS-MDS office if this occurs. If the Soldier seeks follow-up care from a non-TRICARE provider the Soldier has financial liability for the remaining bill amount. IAW para 1-1 above, emergency care does not have to be from a TRICARE provider.

e. Dental billing:

(1) Claims should be submitted within 90 days from the date of service. Items required for processing a claim:

(a) A completed standard American Dental Association (ADA) Dental Claim Form identifying as appropriate the tooth number or area of the mouth, ADA procedure code, description of procedure, date of service, and itemized cost of each procedure performed by the dental provider.

(b) A completed MMSO Dental Information Sheet, available on the TRICARE website, signed by the Soldier or the designated representative of the Soldier's unit.

(c) Send this information to: The Military Medical Support Office, Attention: Dental Claims, P.O. Box 886999, Great Lakes, Illinois 60088-6999.

f. Pharmacy reimbursement:

(1) Complete a DD Form 2642 (CHAMPUS Claim-patient request for payment) along with paid receipt, or civilian pharmacy invoice to: Express Scripts Incorporated (ESI), P.O. Box 66518, St. Louis, MO

63166-6518. ESI will record the transaction and send the member a denied Explanation of Benefits (EOB) statement or letter. Follow the instructions on the EOB letter.

(2) Mail or Fax the denied EOB letter along with any appropriate eligibility information (DA Form 2173, approval letter, orders) to MMSO at Military Medical Support Office, ATTN: RC Retail Pharmacy Reimbursement, Box 886999, Great Lakes, IL 60088-6999. Or fax a complete package to: 847-688-6137, ATTN: RC Retail Pharmacy Reimbursements.

1-10 Soldier Awareness

It is essential the Soldier is counseled about pre-authorization at the time of injury or as soon thereafter as practical. The reason most bills are not initially paid and LOD bills end up at collection agencies is because the care was not pre-authorized.

Chapter 2

Line of Duty Determinations

2-1 Purpose

To provide guidance to Soldiers, Commanders, and unit full-time personnel in the requirements related to Line of Duty Investigations.

2-2 References

AR 600-8-4 Line of Duty Policy, Procedures, and Investigations

2-3 Responsibilities

a. Soldier responsibilities include:

(1) Immediately notify unit leadership of any injury or illness that occurred in a duty status. Examples include but are not limited to; drill weekend, annual training, FTNG, or state active duty.

(2) Keep the unit leadership informed of any appointments and any changes in appointments so they can be pre-authorized through MMSO.

(3) Provide copies of Explanation of Benefits for all denied claims to the unit leadership.

(4) Appeal any denied claims when warranted by contacting the Deputy Chief of Staff for Personnel - Medical Services, LOD Manager to initiate the process.

b. Unit responsibilities include:

(1) Notify higher headquarters immediately (NLT next working day). Initiate LOD into LOD module of the Medical Operational Data System (MODS) within 7 days of illness/injury.

(2) Insure each Soldier understands his or her responsibility. It is strongly recommended that this be accomplished with a formal counseling statement to insure complete understanding of the process.

(3) Review LODIs for completeness and quality.

(4) Forward complete LODI through the higher headquarters which will then forward to the Deputy Chief of Staff for Personnel - Medical Services in order to arrive within 30 days of the incident or 60 days for Formal LODIs IAW

AR 600-8-4.

(5) Initiate a DA Form 285 Abbreviated Ground Accident Report (AGAR) and attach to LOD uploaded into MODS within 7 days of illness/injury. Send a copy of the AGAR to the State Safety Office.

c. Battalion/Brigade Level Commanders responsibilities include:

(1) Initiating Formal LODIs to include the appointment of the investigating officer.

(2) Review LODIs for quality and completeness.

(3) Forward complete LODI through the chain-of-command to the Deputy Chief of Staff for Personnel - Medical Services so as to arrive within 30 days of the incident or 60 days for Formal LODIs.

- d. The Deputy Chief of Staff for Personnel - Medical Services responsibilities include:
- (1) Reviewing, providing final disposition, and processing Administrative and Informal LODIs.
 - (2) Forwarding Formal LODIs to the JFHQ-SJA for legal review. JFHQ-SJA will review and return the LODI to the NGKS-MDS within 15 days of receipt of the LODI. NGKS-MDS will then forward the LODI to National Guard Bureau for final disposition.
 - (3) Provide periodic updates to the subordinate chain-of-command as to the status of the LODI with the JFHQ-SJA and NGB. Further, NGKS-MDS may report lessons learned or other quality issues to the chain-of-command as indicated for improvement in the LODI process.

2-4 Types of Line of Duty Determinations:

a. Informal LOD:

(1) An informal investigation should be performed in cases where the Soldier's injury or illness is clearly not a result of misconduct or negligence, did not happen under doubtful circumstances, and the documentation clearly defines the nature (who, what, where, why) of the injury or illness. This is the most common type of LODI and considered routine. Informal LODI can only have a finding of "in the line of duty" or LOD-Yes IAW AR 600-8-4, Chapter 2-4 except when provided for in Chapter 4-10, AR 600-8-4.

(2) Processing Informal Investigations: Upon completion of all documents, enter the information in the LOD module of MODS at www.mods.army.mil. Once all the information is complete in the module the unit will forward the LODI through the appropriate chain-of-command to NGKS-MDS with the appropriate attachments, within 30 days of the incident IAW AR 600-8-4, Table 3-1. NGKS-MDS will review the LODI for completeness and perform the following processing:

- (a) If necessary, return the LODI to the initiating unit for correction.
- (b) If the LODI is complete, it is sent to the Deputy State Surgeon (DSS) for approval. The DSS cannot disapprove an informal LODI but may return it to the originating unit to initiate a Formal LODI if warranted.
- (c) Any LODIs not completed within 90 days will be returned to the unit without action and can not be resubmitted without an explanation in block 30 of the DA Form 2173.
- (d) Upon a finding of LOD-Yes for an informal LOD, the NGKS-MDS will provide a scanned copy to G1-PSB for the Soldier's iPERM with a copy maintained in the LOD module and the Soldier's unit through the chain-of-command.

b. Formal LOD:

(1) Formal investigations are different from the informal chiefly because its purpose is to remove doubt from the surrounding circumstances. A Formal LODI is initiated by the chain-of-command where misconduct or negligence is indicated, or where an investigating officer is appointed to conduct an investigation into suspected misconduct or negligence. IAW Chapter 4-10, AR 600-8-4, a formal LOD investigation must be conducted in the following circumstances:

(2) Injury, disease, death, or medical condition that occurs under strange or doubtful circumstances or is apparently due to misconduct or willful negligence. Examples would include but not limited to failure to follow lifting recommendations for heavy items, failure to comply with existing physically limiting profiles or other behavior that would be considered not reasonable or prudent:

- (a) Injury or death involving the abuse of alcohol or other drugs.
- (b) Self-inflicted injuries or possible suicide.
- (c) Injury or death incurred while AWOL.
- (d) Injury or death that occurs while an individual was en route to final acceptance in the Army.
- (e) Death of an ARNG Soldier while participating in authorized training or duty.
- (f) Injury or death of an ARNG Soldier while traveling to or from authorized training or duty.
- (g) When an ARNG Soldier serving on an active duty tour of 30 days or less is disabled due to disease.
- (h) In connection with an appeal from a Soldier that has undergone an investigation by their chain-of-command and received an unfavorable determination related to the abuse of alcohol or other drugs.

Reference AR 600-8-4, para 4-10a.

(i) When requested or directed for other cases by either the chain-of-command or higher headquarters, e.g. KSARNG Commander or Chief of Staff.

(j) NGB requires a formal investigation in cases where doubts may later arise, as with a Motor Vehicle Collision (MVC) to or from drill, and medical conditions that likely existed prior to service (EPTS).

c. Processing Formal Investigations:

(1) Upon completion of all documents in the LOD module of MODS at www.mods.army.mil, the unit will forward the LODI through the chain-of-command to NGKS-MDS with the appropriate attachments, within 60 days of the incident IAW [AR 600-8-4, Table 3-2](#). NGKS-MDS will review the LODI for completeness and perform the following processing:

(2) If necessary, return the LODI to the initiating unit for correction.

(3) If the LODI is complete, NGKS-MDS will forward to the SJA for legal review and to NGKS-MDZ for a medical review, then NGB for approval/ disapproval.

(4) If an LODI is found deficient or to have discrepancies by either the NGKS-MDZ or the SJA, the initiating unit will be notified and will have 90 days to submit corrections. If the LODI is not corrected within 90 days it will be returned through the chain-of-command to the unit without action and can not be resubmitted without an explanation in block 30 of the DA Form 2173.

When the LODI is adjudicated, NGKS-MDS will provide the original LODI to NGKS-PEP for the Soldier's MPRJ, along with a copy maintained in the LOD Module, and the Soldier's unit through the chain-of-command via the LOD Module.

d. LODI while in Title 10 Status

(1) These are typically used to establish a record of injury in case of further aggravation of an injury or potential VA disability. LODIs while in a Title 10 status should be done when the injury or illness may be aggravated in the future. e.g. a Soldier with the common cold does not need an LODI, however, a Soldier that injures their back while doing Physical Training at basic Training or AIT, or injured while deployed, should initiate an LODI. Upon completion, forward the LODI through command channels to the G-1 of the unit's Battalion or higher headquarters with the appropriate attachments, within 10 days of the incident. NGKS-MDS of the KSARNG does not have the authority to initiate Title 10 LODIs so they MUST be initiated by the Title 10 unit. The NGKS-MDS of KSARNG however may review the LODI for completeness and perform the following processing:

(a) If necessary, return the LODI to the initiating unit for correction.

(b) If the LODI is complete, it is sent to the General Court-Marshall Convening Authority to be reviewed for completeness. This must be done by Title 10; Title 32 Soldiers are not authorized to approve these LODs. The presumptive finding of an LODI while in Title 10 status is an LOD-Y or "in line of duty. If there is suspicion of evidence of misconduct or negligence, then a Formal LODI should be initiated IAW with para 2-3, section II above.

(c) The Title 10 G-1 will return the LODI, with a cover letter, to the unit.

The unit will provide the original to NGKS-MDS to be added to the Soldier's MPRJ with a copy scanned into the LOD module, which will then be forwarded to the DSS for administrative closure.

2-5 Appeals

a. A Soldier has the right to appeal Formal LODI findings to NGB within thirty (30) days of the determination. A letter will be attached to the front of the LOD upon its return from NGB explaining the LOD determination and the appeal process.

b. Subsequent to the SJA review, but prior to the NGB determination, the Soldier cannot appeal or respond to any part of the Formal LOD process. If the Soldier obtains documentation of potential mitigating circumstances or medical findings that may potentially impact the LODI process, it may be included in the LODI packet at any time prior to the LODI being forwarded to NGB. Once the packet has been forwarded, additional documentation may only be added per NGB request or in the appeal process.

Chapter 3

Active Duty Medical Extension (ADME)

3-1 Purpose

To provide guidance on the Active Duty Medical Extension (ADME) program.

3-2 References

AR 600-8-4, AR 600-8-10, AR 635-40, Warrior Transition Unit (WTU) – Consolidated Guidance (Administrative), MILPER Message 04-096 and MILPER Message 05-036.

3-3 Active Duty Medical Extension

a. ADME is used to provide medical care to Reserve Component Soldiers injured in the line of duty. The ADME Program is not mandatory and is initiated with a request from the effected Soldier through their chain-of-command to NGKS-MDS. Soldiers eligible for ADME status are those requiring treatment or evaluation over thirty days for an injury, illness, or disease incurred or aggravated in the line of duty (LOD-Y). These Soldiers will be retained in ADME status, if they consent, until their medical condition is resolved or upon completion of the Physical Disability Evaluation System (PDES). Reserve Component Soldiers on active duty for contingency operations are not eligible for the ADME program. Soldiers with significant injuries are required to make serious decisions that will affect their financial, medical and military status. It is strongly recommended that Soldiers be counseled by knowledgeable NCO's or Officers prior to making such an important decision. The staff of the NGKS-MDS section stands ready at any time to assist the chain-of-command or individual Soldier in gaining sufficient knowledge to make an informed decision. Soldiers with Line of Duty Investigation (LODI) injuries or illnesses requiring more than thirty days treatment have the following options:

(1) Consent to remain on active duty. Eligible Soldiers who consent to remain or be placed on active duty will be "attached" to the Army Medical Treatment Facility (MTF)/Warrior Transition Unit (WTU) most appropriate to provide medical care for the Soldier's condition. The MTF attachment may not necessarily be on the Army installation closest to the Soldier's home. The MTF may authorize the Soldier to receive medical care at another medical facility (military or civilian).

(2) Decline ADME. If the Soldier signs an ADME Declination Letter declining ADME to receive medical care, the Soldier is entitled to use the nearest Military MTF for medical treatment associated with the line of duty illness or injury. Soldiers may also apply for incapacitation pay through their unit. However, Soldiers must make a choice between ADME and INCAP status and therefore cannot participate in the ADME program and concurrently receive incapacitation pay.

(3) All Soldiers applying for ADME need to be aware that the application is not a definite placement back on active duty orders. The Office of the Surgeon General (OTSG) reviews the applications and determines the Soldiers eligibility.

(a) Should a Soldier be denied ADME there is no limit to how many times the Soldier may appeal the OTSG decision.

(b) The appealing Soldier must complete the Exception, Appeal, or Resubmission Request for WT-(RC), Form 8 (pg. 127 of "Warrior Transition Unit (WTU)- Consolidated Guidance (Administrative)).

(c) The appealing Soldier must submit a memorandum outlining the decision to appeal the OTSG decision.

(d) All new medical documentation must be submitted with appeal.

3-4 Requesting ADME

a. Forward all requests for ADME to the OTSS office. Examples of all documentation maybe found at the Deputy Chief of Staff website located here: <https://www.armyg1.army.mil/> under the "Warrior

Transition Unit (WTU) – Consolidated Guidance (Administrative)” document is the latest version as of 20 March 2009: The ADME request packet must contain the following documents.

(1) WT-(RC) MRP2/ADME Application Checklist - Form 4 (pg. 123 of “Warrior Transition Unit (WTU- Consolidated Guidance (Administrative))”.

(2.) Unit Cover Letter (example on pg. 123 of “Warrior Transition Unit (WTU- Consolidated Guidance (Administrative))”.

(3) DA Form 4187 requesting ADME status (example on pg. 122 of “Warrior Transition Unit (WTU- Consolidated Guidance (Administrative))”.

(4) Copy of documentation supporting training status (Orders or DA Form 1379).

(5) Attach all issued Physical Profile (DA FORM 3349) completed by military medical authority. This can be obtained through the NGKS-MDS or by the Soldier obtaining a Physical Profile from a MTF.

(6) Approved Line of Duty (DA Form 2173) with endorsement memorandum.

(7) Attending physician statement, which includes the following (to be supplied by the Soldier): The statement obtained by the Soldier must have the following items:

(a) Current diagnosis/diagnoses

(b) ICD-9 codes for each diagnosis or condition

(c) Management plan: detailed treatment plan for each diagnosis, care options, estimated duration and end date.

(d) Prognosis for recovery/return to duty.

(e) Attending physician’s full name, grade, tel. #, email address, address and other contact information

(8) All medical documentation pertaining to Line of Duty injury or illness.

b. Should the Soldier requesting ADME be over the allotted 6 month time frame of applying for ADME, the Soldier is required to complete the following:

(1) Complete the Exception, Appeal or Resubmission Request for WT-(RC), Form 8 (pg. 127 of “Warrior Transition Unit (WTU- Consolidated Guidance (Administrative))”.

(2) Complete a memorandum outlining the reasons why the Soldier did not submitted an ADME application prior to the 6 month limit.

3-5 Responsibility of ADME Soldier

a. One of the most critical aspects of the ADME program is the coordination, cooperation, and communications between the POC’s at the MTF, NGKS-MDS Case Managers, the Soldier’s KSARNG unit, the ADME unit of attachment, and the Soldier. Although it is encouraged to further attach a Soldier to the unit closest to their home of record, the Soldier remains the asset of the MTF and is subject to recall and relocation. ADME Soldiers have the following imperatives:

(1) Report to designated duty unit at the appropriate time.

(2) Know thoroughly his or her chain-of-command to facilitate efficient and effective communications.

(3) Inform their chain-of-command of all scheduled medical appointments/care. It is further recommended that the Soldier report back to the chain-of-command upon completion of any appointments or treatments.

(4) Follow recommended medical regimen/therapy.

(5) Attend all medical appointments. Failure to do so may result in immediate release from active duty.

b. ADME is a program which provides Soldiers with Line of Duty medical issues access to care and benefits not available through the INCAP process. Soldiers are encouraged to thoroughly discuss the benefits of the ADME program with their chain-of-command or the NGKS-MDS prior to declining enrollment in the program. ADME not only continues the medical treatment due the Soldier, but will keep the Soldier on Active Duty, receiving active duty benefits to include leave, housing allowance, and other privileges.

3-6 Guidance Authority

The ADME program is authorized under Department of Defense Instruction (DoDI) 1241.2, 30 May 2001. This procedural guidance will remain in effect until published in Army Regulations. Proponent is

Headquarters Department of the Army (HQDA), Deputy Chief of Staff (DCS), G-1. The ADME Procedural Guidance policy and forms can be obtained from the Army G-1 website at: <https://www.armyg1.army.mil/>

Chapter 4

Incapacitation Pay

4-1 Purpose

The purpose of the Reserve Component Incapacitation Pay System (INCAP) is to compensate, to the extent permitted by law, members of the Reserve Component who are unable to perform military duties within the limits of a profile and/or who can demonstrate a loss in civilian earned income. The loss of income must be related to an injury, illness, or disease incurred or aggravated in the line of duty (LODI) that occurred on Title 32 or Title 10 status. It also provides the required medical and dental care associated with the incapacitation. Soldiers with significant injuries are required to make serious decisions that will affect their financial, medical, and military status. It is strongly recommended that Soldiers be counseled by knowledgeable NCO's or Officers prior to making such an important decision. The staff of the NGKS-MDS section stands ready at any time to assist the chain-of-command or individual Soldier in gaining sufficient knowledge to make an informed decision.

4-2 References

AR 135-381, Incapacitation of Reserve Component Soldiers; DA Pam 135-381.

4-3 Responsibilities

a. The Soldier will:

(1) Sign the Disability Counseling Statement (AGKS Form 6004, Figure 3-1) and comply with the instructions contained therein.

(2) Provide to the unit necessary documentation (DA Form 7574, DA Form 7574-1, DA Form 7574-2) required to process the request for Incapacitation pay. This will include demonstrated loss of civilian income. If a Soldier has no income other than National Guard pay, they cannot claim reimbursement through the INCAP process.

(3) Provide the unit copies of medical documents related to follow-up care.

b. The Unit Commander will:

(1) Ensure through formal counseling that all Soldiers of the unit understand their responsibilities and the benefits to which they are entitled.

(2) Coordinate between the Soldier and higher headquarters to ensure that the Soldier receives the necessary follow-up care.

(3) Request orders for the Soldier on an AGKS Form 310 as needed, for follow-up medical appointments at a Federal or Civilian Facility through NGKS-MDS. Soldiers that require follow-up care must be in a patient status.

(4) Ensure copies of all medical records resulting from follow-up appointments are submitted to NGKS-MDS upon completion of the medical appointment. Failure to do so may terminate incapacitation payments.

(5) Assist the Soldier by providing transportation and/or an escort to the treatment facility for follow-up care. The order of precedence for providing transportation is:

(a) Government Vehicle.

(b) Privately Owned Vehicle (POV), with reimbursement for mileage. Receipts must be submitted for payment.

(c) When no other option is available, commercial transportation may be used. A travel voucher will be submitted for reimbursement.

(6) Ensure that necessary health and comfort items are provided for the Soldier when hospitalized or otherwise confined.

(7) Assist the Soldier in arranging timely medical care and support, including obtaining medical statements that clearly describe the Soldier's condition and prognosis. A "definitive" medical statement is required by the Secretary of the Army. Approval of pay entitlements beyond six months must include the attending physician's diagnosis, prognosis, and the best estimate for date of return to duty.

(8) Promptly request an extension of incapacitation pay benefits four (4) months from the Soldier's date of initial incapacitation. A sample memorandum that lists all necessary enclosures is located at DA Pam 135-381 Figure 3-2.

(9) IAW 40-501, Chapter 7, When the Soldier's incapacitation lasts for over one year, the Soldier should be processed through the Disability Evaluation System (DES) for disability separation or retirement. The NGKS-MDS will initiate DES proceedings after 1 year.

4-4 Duty Status and Entitlement

(a) When coding the DA Form 1379, Code "H" will be used when Soldiers cannot perform their military duties within the confines of a military profile on IDT. Commanders must use their discretion when employing a Soldier within the limits of their profile. Soldiers on INCAP pay status are able to work in a limited duty status on drill weekend and Commanders should be encouraged to actively employ the Soldier in a "light duty" status e.g a Soldier that is a bricklayer in his civilian job may be able to answer the phone in the orderly room or do similar duties on drill weekend. Soldiers who are coded "H" are not entitled to retirement points credit, and may not attend drill. However, these Soldiers may report for HIV testing, to monitor Weight Control Program (WCP) progress, and submit required incapacitation documents, etc.

(b) If a Soldier is injured while traveling directly to IDT, incapacitation status and entitlements begin on that date.

(c) If Soldiers are injured during the training assembly, Soldiers are entitled to that period of IDT pay. Incapacitation pay entitlements begin the day following the injury.

(d) If Soldiers are injured while traveling directly home from an IDT period, entitlements for Incapacitation pay begins the day following the injury.

4-5 Medical Appointments and Travel Orders

a. Injured Soldiers traveling to a Medical Treatment Facility (military or civilian) for care are placed on a Medical Travel Order in "Patient Status". This means that Soldiers are not entitled to military pay and retirement points for the period in patient status. Soldiers who take time off from their civilian employment to attend medical appointments from an injury, illness, or disease incurred in the line of duty may be eligible for reimbursement of lost civilian wages for the time of the appointment only. Typically, a Soldier on INCAP status will not be able to hold civilian employment. Actual expenses incurred will be used to compute the medical travel reimbursement. Appointments for follow-up care are to be made by the unit or higher headquarters. Upon scheduling an appointment, units must notify NGKS-MDS by sending an AGKS Form 310 so that the Medical Travel Order will be processed in a timely manner. The unit will request the order and the order will be executed by the NGKS-MDS. The following information should be provided: who, where, time, date, SSAN, clinic, doctor, purpose, length of stay, type of transportation (Government vehicle or POV or commercial transportation).

b. Government Transportation should be used when possible. Commercial and POV travel are reimbursable by submitting a Travel Voucher (DD Form 1351-2) with supporting receipts within 5 days after completion of the travel through the chain-of-command to USPF&O Travel Pay Section.

4-6 Duration of Incapacitation Pay

a. Soldiers who are receiving incapacitation pay are considered “disabled” for pay purposes until one of the following occurs:

- (1) Returned to military duty by a military physician.
- (2) Discharge (disability, separation, or retirement).
- (3) Reassignment to a compatible MOS.
- (4) Placement on either the Permanent or Temporary Disability Retirement List (PDRL or TDRL).
- (5) Death

b. All cases will be reviewed monthly for entitlement by the NGKS-MDS for a period not to exceed six months.

c. Requests for extension of incapacitation pay beyond six months will be prepared by the unit when the Soldier has 2 months remaining on their current INCAP status. For example: A Soldier has an injury that is going to take 9 to 12 months to heal and becomes incapacitated on 1 May 20XX. The initial INCAP packet will be for 6 months, so the initial INCAP will continue until 1 November 20XX. Since it is already known that the injury will take another 3 to 6 months to heal the next INCAP packet requesting the extension of the INCAP benefits should be at the NGKS-MDS section NLT 1 Sep XX, for forwarding to NGB for approval. By submitting the request in a timely manner, the Soldier’s benefits can continue without unnecessary interruptions.

4-7 Incapacitation Review by the Deputy Chief of Staff for Personnel - Medical Services

a. The purpose of the review is to:

- (1) Protect the Soldier’s rights by ensuring that medical benefits and incapacitation pay are provided to Soldiers eligible to receive such benefits under law and as prescribed by DOD and Army Regulations.
- (2) Protect the interests of the Government through controlling costs and eliminating fraud, waste, and abuse by Soldiers receiving unauthorized medical care and improper incapacitation payments.
- (3) Review each incapacitation pay case at least monthly and recommend to NGB that benefits be continued or terminated consistent with entitlement under governing laws and regulations.
- (4) Provide uniformity and consistency in the administration of incapacitation pay.
- (5) Ensure continuity and unanimity of effort among medical personnel, finance offices, commanders, installations and Soldiers.
- (6) Investigate and take appropriate action on requests from Soldiers who believe they have been improperly denied due process.
- (7) Make determinations concerning a Soldier’s loss of nonmilitary compensation.

4-8 Documents to be Considered for Incapacitation Requests

a. Soldiers unable to perform military duties (e.g. unable to attend IDT drill) within the confines of a military profile may be entitled to incapacitation pay equal to military pay and allowances, commiserate to their pay grade and years of service, less the amount of income earned during the incapacitation period. The following documents are required to be considered for review of Incapacitation Payment Requests:

- (1) Line of Duty investigation DD Form 261 (formal) or DA Form 2173 (informal) with final determination.
- (2) Medical records to include the latest medical evaluation from a treatment facility.
- (3) Military Physician’s Statement of Soldier’s Incapacitation/ Fitness for Duty (DA Form 7574-1) must be completed by a military physician, or a civilian MD/DO.
- (4) Incapacitation Pay Monthly Claim Form (DA Form 7574) needs to be completed by the Soldier (Section I), the Employer (Section II) if applicable, and Commander (Section III). One Form needs to be completed for each monthly period, which applies to employed or self employed Soldiers.
- (5) Physical and Functional Assessment completed by a physician before the expiration date on a Soldier’s Temporary Profile. The physician must specifically state physical limitations and a return to duty date.

(6) Soldier's Acknowledgement of Incapacitation Pay Counseling (DA Form 7574-2) needs to be completed by the units Commander or designated representative.

(7) Employer Verification, Section II (DA Form 7574), for employed Soldiers who have earned income during period of incapacitation (this includes vacation or sick pay). Copies of the Soldier's pay stubs must be attached.

(8) Income tax return from the previous year to include Schedule C for self-employed Soldiers, if claiming earned income. This must also include other sources of income not otherwise noted above to include Native American annuities lottery or gambling winnings, rental income, etc.

b. Soldiers who are not incapacitated for military duty but have suffered a loss of nonmilitary income as a result of the injury, illness or disease condition incurred in the line of duty are entitled to the lesser of full military pay and allowances for their grade and years of service or the demonstrated amount of nonmilitary compensation lost. The following documents are required to be considered for incapacitation pay request:

(1) Line of Duty investigation DD Form 261 (formal LOD) or DA Form 2173 (informal LOD) with final determination.

(2) Medical records to include the latest medical evaluation from a treatment facility that demonstrates that the Soldier cannot perform their civilian occupation.

(3) Military Physician's Statement of Soldier's Incapacitation/ Fitness for Duty (DA Form 7574-1) must be completed by a military physician, or a civilian MD/DO.

(4) Physical and Functional Assessment completed by physician before the expiration date on a Soldier's Temporary Profile. The physician must specifically state physical limitations and a return to duty date.

(5) Incapacitation Pay Monthly Claim Form (DA Form 7574) needs to be completed by the Soldier (Section I), the Employer (Section II) if applicable, and Commander (Section III). One Form needs to be completed for each monthly period, which applies to civilian employed or self employed Soldiers.

(6) Employment verification, Section II (DA Form 7574) for employed Soldiers who have lost earned income during the period of incapacitation to include work schedule, hours worked per week and hourly rate.

(7) Soldier's Acknowledgement of Incapacitation Pay Counseling (DA Form 7574-2) needs to be completed by the Soldier's Commander or designated representative.

(8) A copy of earnings statement from employment that covers the dates that incapacitation pay is being requested.

(9) Income tax return from the previous year to include Schedule C for self-employed Soldiers, if claiming loss of nonmilitary earned income. This must also include other sources of income not otherwise noted above to include Native American annuities, lottery or gambling winnings, rental income, etc.

Chapter 5

Request for Services

5-1 Purpose

Provide guidance on the various actions conducted by the KSARNG Medical Detachment for the purpose of improving the overall medical readiness of the KSARNG. The actions include: Periodic Health Assessments (PHA), Periodic Medical Exams when required, Soldier Readiness Processing (SRP), counseling for the Army Weight Control Program (AWCP), Fitness For Duty (FFD)/Profiling, and other activities as required.

5-2 Reference

AR 40-501, AR40-66, DA PAM 600-8-12, AR 600-60 AR 600-9, AR 40-562, Immunizations and Chemoprophylaxis, Personnel Policy Guidance (PPG).

5-3 Periodic Health Assessments

IAW AR 40-501 and ALARACT 217/2006 Transition to Periodic Health Assessment 1 NOV 06, effective 1 November 2006, the Army requirement for a periodic (5 year) physical was replaced by an annual Periodic Health Assessment (PHA). The PHA focus is on individual medical readiness and prevention. Army requirements for other physicals (retirement, special schools and aviation) will remain unchanged. The requirement for over 40 cardiovascular screening will not change. Effective 1 July 2009, the Periodic Health Assessment will be completed electronically through the ePHA module at www.mods.army.mil or through the individual Soldiers' AKO at www.us.army.mil. The Periodic Health Assessment can be accessed by working through the 'my medical' portion of AKO and by following the instructions listed.

a. All members of the Kansas Army National Guard are required to undergo a Periodic Health Assessment (PHA) annually.

(1) General officers will undergo a physical examination every two years with the PHA done in the alternate years in place of the previous Annual Medical Certificate (AMC). General Officer physicals must be scheduled and accomplished at a MTF.

(2) All Soldiers, other than General Officers, in non-flight status personnel units will undergo a Periodic Health examination every year regardless of rank or age. Units are responsible for requesting examinations 90 days prior to the expiration date of the Soldier's last PHA by contacting the KSARNG Medical Detachment Readiness NCO.

(3) Soldiers in flight status personnel units over age 40 will undergo a medical examination every two years. Soldiers under age 40 in flight status personnel units (but not on flight status) will undergo a medical examination every five years. Soldiers in flight status personnel units will undergo a PHA annually in the years they do not receive full flight physicals. Units are responsible for requesting examinations 90 days prior to the expiration date of the Soldier's last physical or PHA by contacting the KSARNG Medical Detachment Readiness NCO.

(4) Flight status personnel will undergo a medical examination annually IAW Chapter 4, AR 40-501. Flight status personnel failing to complete their physical during their birth quarter will be grounded until requirements are met.

(5) Soldiers in good standing with the KSARNG are entitled to 2 weeks Annual Training and 48 UTAs each year. Failure to maintain the PHA or Physical Exam requirements will render the Soldier NOT in good standing with requirements and said Soldier will not attend AT, IDT, ADT, FTNG, or any school status until the proper health examination is completed.

b. PHA and Physical examinations must be obtained from the following sources in the order of precedence as listed:

(1) KSARNG Medical Detachment (AGR, Tech, Traditional Guardsmen).

(2) MTF (AGR/ General Officers).

(3) MEPS (Soldiers enlisting or commissioning).

c. Units are authorized direct coordination with the KSARNG Medical Detachment or may request through their MSCs.

d. Completed documentation for all PHA/physical examinations, regardless of source used, must be submitted to the KSARNG Medical Detachment, ATTN: Patient Admin Office (NGKS-KMD-PAD), KSARNG Medical Detachment, 18200 W 87th Street Parkway, Lenexa, KS 66219-9748.

e. MEDPROS (read access). Full-time unit personnel are directed to utilize MEDPROS to assist in tracking Soldier's medical issues. Use this tool to assist in tracking and scheduling PHAs for your unit.

f. A Letter of Instruction (LOI) is sent to all units who have requested PHA/physicals by the KSARNGMD. It is the requesting unit's responsibility to brief the following information to their Soldiers in preparation of a PHA mission:

(1) Over 40 identified as needing laboratory work for physicals and PHA's (labwork required every 5 years). Soldiers 40 years old or over must not consume any food or beverage (except black coffee or water) twelve hours prior to their appointment. Soldiers are encouraged to drink water to avoid dehydration. This will also aid in obtaining an accurate urinalysis.

(2) Periodic Health Assessment – Soldiers under 40 years old are not required to fast. Soldiers are encouraged to drink water to avoid dehydration. This will also aid in obtaining an accurate urinalysis.

(3) Soldiers who wear corrective lenses must bring them to the appointment.

(4) Soldiers who wear contact lenses must leave them out and not use them for a minimum of twelve hours or longer prior to the examination.

(5) Female Soldiers will receive a pap smear, pelvic exam, and breast examination at the time of their PHA, or they may choose to have it done by their personal physician at their own cost. If the Soldier completes the test on her own, a copy of the results must be presented at the time of their physical or PHA examination. If a copy of the results is not provided at the time of the PHA, another pap smear, pelvic exam, and breast examination will be required. A current pap smear and breast examination must be no more than 6 months prior to the completion of a PHA.

g. Incomplete PHA/physicals – The KSARNG Medical Detachment, PAD section, will mail a letter with a suspense date, to the Soldier (Patient) and the Soldier's unit assigned indicating what is either missing or needs follow-up from the Soldier's physical or PHA.

5-4 Soldier Readiness Processing (SRP)

The SRP process includes all aspects of the PHA (section 5-3 above) but is the medical process undertaken for mobilizing Soldier. For specific information regarding the Soldier Readiness Process, please see Chapter 16, SRP/ Mobilization.

5-5 Annual Dental Examinations

a. All Soldiers in the KSARNG are required to undergo a complete Dental Examination each year. This exam will include bitewing X-rays and panoramic X-rays. Units requesting dental examinations, will coordinate with the KSAMD for services.

b. Soldiers can meet the requirement for annual examinations and bitewings by the following methods.

(1) Soldiers may take a DD Form 2813 to their local dentist, and have their dentist complete the form during the Soldiers' semi-annual dental exam, and have the dentist provide a copy of their bitewings at the Soldier's expense. Soldiers can forward the completed X-rays and documentation to their unit for forwarding to the KSARNGMD for DENCLASS entry and inclusion into their dental record. Soldiers must have a digital copy of their bitewing X-rays as well as a digital panoramic X-ray uploaded into the DENCLASS digital dental tracking system. If the X-rays provided by their dentist do not meet the requirements for uploading into the system (digital JPEG), they will need to have digital X-rays taken and uploaded at a KSARNG Medical Detachment PHA, SRP, or twice monthly walkthrough mission.

(2) Units can schedule a dental readiness event at the Smoky Hill Joint Forces Medical Center, Salina, Kansas (co-located with the GPJTC) during unit training at GPJTC.

(3) Units can schedule and send Soldiers to medical readiness missions sponsored by the KSARNGMD to complete the dental examination and bitewings.

5-6 Immunizations: (See Chapter 13 for detailed guidance)

a. Units requesting immunizations will coordinate with the KSARNGMD for services.

b. Soldiers can meet the requirement for annual immunizations by the following methods.

(1) Soldiers can have immunizations completed by their civilian medical provider. Soldiers will provide documentation of completed immunizations to their units. Units will forward the complete documentation to the KSARNGMD for review, MEDPROS entry, and inclusion into their medical record at the Soldier's expense.

(2) Units can schedule an immunization event at the Smoky Hill Joint Forces Medical Center, Salina, Kansas (co-located with the GPJTC) during unit training at GPJTC.

(3) Units can schedule and send Soldiers to medical readiness missions sponsored by the KSARNGMD to complete required immunizations.

(4) Units can schedule a mobile immunization mission at their unit for a minimum of 60 Soldiers at a site. The KSARNGMD will provide immunizations at the units training site or armory.

(5) Units with providers trained in immunization administration and a plan to immunize, record in the Soldiers' medical record, and update MEDPROS may immunize their Soldiers. Unit Providers should coordinate a plan to the NGKS-MDS meeting all the requirements of immunizations.

c. Pregnancy concerns:

(1) A pregnancy-screening test is not routinely required prior to administering vaccines or toxoids, including live virus vaccines, to females of childbearing age. The following precautions will be taken to avoid unintentional immunizations during pregnancy. Ask if pregnant. If the answer is "yes" or "maybe" exclude from immunization. If the answer is "no" immunize. If a live virus is administered, counsel the individual to avoid becoming pregnant for three months and document in the SF 600.

(2) Current Army policy states that pregnant Soldiers are not deployable. Because of the increased risk of fetal complications from malaria and malaria prophylaxis, pregnant Soldiers may not volunteer to train in malaria areas.

5-7 Army Weight Control Program Requirements

a. The Purpose is to establish healthcare procedures for Soldiers on the Army Weight Control Program (AWCP). The proponent for this policy is the State Surgeon (NGKS-MDZ)

b. The KSARNG Medical Detachment is responsible for all activities outlined in AR 600-9, Ch 2-15. Units with an assigned healthcare professional may complete requirements outlined in AR 600-9, Ch 2-15.

c. Commanders who have Soldiers in the AWCP will schedule required services as outlined in KS SOP 40-1 Ch 5. When requesting services with the KSARNGMD, indicate the Soldier is in the AWCP. Services may be scheduled regardless of when the Soldier is due for medical readiness as outlined in MEDPROS.

5-8 Fitness for Duty Determination

Soldier Fitness for duty determination will be managed through the Deputy Chief of Staff for Personnel - Medical Services, (NGKS-MDS-CM) Case management department. Please refer to Chapter 8, Fitness for Duty for specific guidance.

5-9 Profiles

Profiles must be entered in the eProfile module within the Medical Operational Data System (MODS) at www.mods.army.mil in order to be valid. KSARNG Medical Providers must request access to this module and be approved through the Deputy Chief of Staff for Personnel - Medical Services in order to write profiles. Please see Chapter 9 for specific guidance.

Chapter 6.

Warrior Transition Unit (WTU), Medical Retention Processing (MRP) and Medical Retention Processing Evaluation (MRPE)

6-1. Purpose

To provide guidance on the Warrior Transition Unit (WTU) Medical Retention Processing (MRP) and Medical Retention Processing Evaluation (MRPE)

6-2. References

AR 600-8-4 AR 600-8-10, AR 635-40, Warrior Transition Unit (WTU) – Consolidated Guidance (Administrative), MILPER Message 04-096 and MILPER Message 05-036

6-3. Warrior Transition Unit (WTU)

WTU Soldiers are mobilized Reserve Component (RC) Soldiers on active duty with medical conditions incurred in the line of duty that render them non-deployable because they are unable to perform their military duties.

a. There are two situations in which a Soldier may be retained in a “WTU” status:

(1) Mobilized RC Soldiers on Title 10 Orders who were unable to deploy with their units due to an identified medical condition after the completion of the Soldier Readiness Process (SRP) at the Mobilization site and were not REFRAD within 30 days of mobilization. These Soldiers will remain on active duty awaiting medical administrative disposition.

(2) Demobilizing RC Soldiers who sustain injury, disease, or aggravated conditions that existed prior to deployment that require medical/administrative resolution before release from active duty (REFRAD)/demobilization.

6-4. Medical Retention Processing (MRP)

WTU Soldiers mobilized IAW 10 U.S.C §12302 in support of the Global War on Terrorism (GWOT). All RC Soldiers with medical conditions that require more than 60 days for resolution will be asked to volunteer transition to a Medical Retention Processing (MRP). Soldiers with significant injuries are required to make serious decisions that will affect their financial, medical, and military status. It is strongly recommended that Soldiers be counseled by knowledgeable NCO's or Officers prior to making such an important decision. The staff of the Deputy Chief of Staff for Personnel - Medical Services stands ready at any time to assist the chain-of-command or individual Soldier in gaining sufficient knowledge to make an informed decision. Soldiers who do not volunteer will be released from active duty and counseled on follow-up medical entitlements such as VA hospitals, MRP2, and MRPE.

6-5. Medical Readiness Processing Evaluation (MRPE)

All RC Soldiers with medical conditions that require more than 30 days for resolution will be asked to volunteer transition to a Medical Retention Processing Evaluation (MRPE). This program places RC Soldiers in an “evaluation” status within a WTU for 30 days of evaluation and treatment. If a Soldier is REFRADed during demobilization and while on Terminal Leave status has a Line of Duty injury or illness that prevents the Soldier from returning to duty the NGKS-MDS, the Soldiers unit, and the demobilization site will work towards placing the Soldier in an MRPE status. Soldiers are strongly encouraged to communicate with their home unit about medical issues prior to coming completely off orders. The process for MRPE is much simpler for all members involved in the process than the Soldier applying for MRP2 once the Soldier is completely off orders.

6-6. Guidance Authority

The WTU and MRPE program is authorized under Department of Defense Instruction (DoDI) 1241.2, 30 May 2001. This procedural guidance will remain in effect until published in Army Regulations. Proponent

is Headquarters Department of the Army (HQDA), Deputy Chief of Staff (DCS), G-1. The WTU and MRPE Procedural Guidance policy and forms can be obtained from the Army G-1 website at: <https://www.armyg1.army.mil/>.

Chapter 7

Medical Retention Processing 2 (MRP2) and Community Based Warrior Transition Unit (CB-WTU)

7-1. Purpose

To provide guidance on the Medical Retention Processing 2 (MRP2) and the Community Based Warrior Transition Unit programs.

7-2. References

AR 600-8-4, AR 600-8-10, AR 635-40, Warrior Transition Unit (WTU) – Consolidated Guidance (Administrative), MILPER Message 04-096 and MILPER Message 05-036.

7-3. Medical Retention Processing 2 (MRP2) Program

a. MRP2 is used to provide medical care to Reserve Component Soldiers injured in the Line of Duty. The MRP2 Program is not mandatory and is initiated with a request from the effected Soldier through their chain-of-command to NGKS-MDS-CM. Soldiers eligible for MRP2 status are those requiring treatment or evaluation over thirty days for an injury, illness, or disease incurred or aggravated in the line of duty (LOD-Y) and who have been REFRAD from their designated demobilization site. Soldiers that are REFRAD have six months from the REFRAD date to make the application deadline for this program. The MRP2 process was designed to assist those Soldiers in the early phases of the GWOT that were deployed and improperly REFRAD prior to medical issues being resolved. These Soldiers will be placed in WTU status, if they consent, until their medical condition is resolved or upon completion of the Physical Disability Evaluation System (PDES). Soldiers with significant injuries are required to make serious decisions that will affect their financial, medical and military status. It is strongly recommended that Soldiers be counseled by knowledgeable NCO's or Officers prior to making such an important decision. The staff of the NGKS-MDS section stands ready at any time to assist the chain-of-command or individual Soldier in gaining sufficient knowledge to make an informed decision.

b. Soldiers with Line of Duty Investigation (LODI) injuries or illnesses requiring more than thirty days treatment have the following options:

(1) Consent to reinstate active duty orders. Eligible Soldiers who consent to MRP2 will be "attached" to the Army Medical Treatment Facility (MTF)/Warrior Transition Unit (WTU) most appropriate to provide medical care for the Soldier's condition. The MTF attachment may not necessarily be on the Army installation closest to the Soldier's home. The MTF may authorize the Soldier to receive medical care at another medical facility (military or civilian).

(2) All Soldiers applying for MRP2 need to be aware that the application is not a definite placement back on active duty orders. The Office of the Surgeon General (OTSG) reviews the applications and determines the Soldiers eligibility.

(a) Should a Soldier be denied MRP2 there is no limit to how many times the Soldier may appeal the OTSG decision.

(b) The appealing Soldier must complete the Exception, Appeal, or Resubmission Request for WT-(RC), Form 8 (pg. 127 of "Warrior Transition Unit (WTU) - Consolidated Guidance (Administrative)).

(c) The appealing Soldier must submit a memorandum outlining the decision to appeal the OTSG decision.

(d) All new medical documentation must be submitted with the appeal.

7-4. Requesting MRP2

a. Forward all requests for MRP2 to the NGKS-MDS-CM office. Examples of all documentation maybe found at the Deputy Chief of Staff website located here: <https://www.armyg1.army.mil/> under the “Warrior Transition Unit (WTU) – Consolidated Guidance (Administrative)” document is the latest version as of 20 March 2009: The MRP2 request packet must contain the following documents.

(1) WT-(RC) MRP2/ADME Application Checklist - Form 4 (pg. 123 of “Warrior Transition Unit (WTU- Consolidated Guidance (Administrative))”.

(2) Unit Cover Letter (example on pg. 123 of “Warrior Transition Unit (WTU- Consolidated Guidance (Administrative))”.

(3) DA Form 4187 requesting MRP2 status (example on pg. 122 of “Warrior Transition Unit (WTU- Consolidated Guidance (Administrative))”.

(4) Copy of documentation supporting training status (Orders or DA Form 1379).

(5) Attach all issued Physical Profile (DA FORM 3349) completed by military medical authority. This can be obtained through the NGKS-MDS-CM or by the Soldier obtaining a Physical Profile from a MTF.

(6) Approved Line of Duty (DA Form 2173) with endorsement memorandum.

(7) Attending physician statement, (to be supplied by Soldier): The statement obtained by the Soldier must have the following items:

(a) Current diagnosis/diagnoses

(b) ICD-9 codes for each diagnosis or condition

(c) Management plan: detailed treatment plan for each diagnosis, care options, estimated duration and end date.

(d) Prognosis for recovery/return to duty.

(e) Attending physician’s full name, grade, tel. #, email address, address and other contact information

(8) All medical documentation pertaining to Line of Duty injury or illness.

b. Should the Soldier requesting MRP2 be over the allotted 6 month timeframe of applying for MRP2, the Soldier is required to complete the following:

(1) Complete the Exception, Appeal, or Resubmission Request for WT-(RC), Form 8 (pg. 127 of “Warrior Transition Unit (WTU- Consolidated Guidance (Administrative))”.

(2) Complete a memorandum outlining the reasons why the Soldier did not submit an MRP2 application prior to the 6 month limit.

7-5. Responsibility of the MRP2 Soldier

a. One of the most critical aspects of the MRP2 program is the coordination, cooperation, and communications between the POC’s at the MTF, NGKS-MDS-CM, the Soldier’s KSARNG unit, the WTU of attachment, and the Soldier. Although it is encouraged to further attach a Soldier to the unit closest to their home of record, the Soldier remains the asset of the MTF and is subject to recall and relocation. MRP2 Soldiers have the following imperatives:

(1) Report to designated duty unit at the appropriate time.

(2) Know thoroughly his or her chain-of-command to facilitate efficient and effective communications.

(3) Inform their chain-of-command of all scheduled medical appointments/care. It is further recommended that the Soldier report back to the chain-of-command upon completion of any appointments or treatments.

(4) Follow recommended medical regimen/therapy.

(5) Attend all medical appointments. Failure to do so may result in immediate release from active duty.

b. MRP2 is a program which provides Soldiers with Line of Duty medical issues access to care and benefits not available through the INCAP process. Soldiers are encouraged to thoroughly discuss the benefits of the MRP2 program with their Chain-of-command or the NGKS-MDS-CM prior to declining enrollment in the program. MRP2 not only continues the medical treatment due the Soldier, but will keep the Soldier on Active Duty, receiving active duty benefits to include leave, housing allowance, and other active duty privileges.

7-6. Guidance Authority

The MRP2 program is authorized under Department of Defense Instruction (DoDI) 1241.2, 30 May 2001. This procedural guidance will remain in effect until published in Army Regulations. Proponent is Headquarters Department of the Army (HQDA), Deputy Chief of Staff (DCS), G-1. The MRP2 Procedural Guidance policy and forms can be obtained from the Army G-1 website at: <https://www.armyg1.army.mil/>.

7-7. Community Based Warrior Transition Unit (CB-WTU)

a. The purpose of the CB-WTU is to reduce the WTU population at the mobilization stations and get the Soldiers home as soon as possible. The CB-WTU Program allows recuperating Soldiers, who were injured while on active duty, to live at home and to utilize medical assets where they live while the Soldier remains on active duty. Soldiers with significant injuries are required to make serious decisions that will affect their financial, medical and military status. It is strongly recommended that Soldiers be counseled by knowledgeable NCO's or Officers prior to making such an important decision. The staff of the Deputy Chief of Staff for Personnel - Medical Services stands ready at any time to assist the chain-of-command or individual Soldier in gaining sufficient knowledge to make an informed decision.

b. The mobilization station determines eligibility of candidates for the program.

c. It is the Soldiers responsibility to discuss placement within a CB-WTU with their WTU nurse case manager, as the decision to place the Soldier on CB-WTU status remains completely with the active component.

d. Once a Soldier accepts the CB-WTU option they will:

(1) Convert from 10 U.S.C. § 12302 mobilization status to 10 U.S.C §12301(d) medical retention processing (MRP) status.

(2) CB-WTU Soldier selection criteria. In order to be eligible for selection into the CBHCO program, WTU Soldiers must meet all of the following criteria:

(a) Unable to perform normal military duties in their MOS/AOC as determined by a military medical authority.

(b) Unable to return to duty (as described above) within 60 days.

(c) Unencumbered by legal or administrative action or holds, including Soldiers who are flagged for adverse action.

(d) Reside in a State/Area participating in the CB-WTU program exclusive of transient housing; residence must accommodate functional limitations and have a street address and a phone number. KSARNG volunteering for the CB-WTU program will be assigned to CB-WTU Utah headquartered in Salt Lake City, UT.

(e) Volunteer to remain or extend on active duty while undergoing medical treatment and adjudication of unresolved medical condition (the mobilization station determines whether the Soldier remains at the mobilization station or is transferred to the CB-WTU Program).

(f) Meet medical criteria for inclusion, including a preliminary diagnosis and care plan that can be supported by the CB-WTU and confirmation that appropriate medical care is available within commuting distance from residence, normally within 50 miles of the Soldier's residence.

(g) Access to transportation to travel to and from medical appointments, as well as designated place of duty.

(h) Availability of appropriate duties at an appropriate work site or place of duty within the limits of physical profile and within commuting distance from residence, normally within 50 miles of residence.

e. The following types of medical conditions should not be referred to the CB-WTU:

(1) Soldiers with multiple and/or complex diagnoses (as determined by the attending physician at the mobilization station).

(2) Soldiers whose medical problems involve issues not commonly treated by civilian practitioners.

These include, but are not limited to:

(a) Exposure to depleted uranium.

(b) Exposure to chemical, biological, radiological, or nuclear agents.

- (c) Confirmed or working diagnosis of leishmaniasis.
- (d) Soldiers requiring maxillofacial reconstruction.
- (e) Soldiers who are already engaged in MEB or PEB proceedings.

Chapter 8

Fitness for Duty Evaluations (FFD)

8-1. Purpose

The Fitness for Duty process provides for a clear and orderly mechanism to allow the KSARNG Medical Command to inform Commanders of a Soldier's medical readiness.

8-2. Reference

AR 40-501

8-3. Fitness for Duty Examination

A Fitness for Duty examination will determine the Soldier's physical and mental health limitations. This determination will generate a Physical Profile (DA Form 3349). Reference: AR 40-501 Standards of Medical Fitness. A Fitness for Duty can be requested for the following:

- a. Command directed due to Soldier's non-performance, for example, routinely missing APFT events or Soldier not participating in training due to medical reasons without proper documentation from a military physician.
- b. Kansas Army National Guard Medical Detachment or the NGKS-MDS-CM can request one based on a PHA, Physical, or SRP.
- c. An injury that occurred in the line of duty (LOD-Y) that caused permanent disability, but is not immediately disqualifying IAW AR 40-501 Chapter 3.

8-4. Military Fitness for Duty – Physical Health

A Military Fitness for Duty (FFD) examination can be done by request of the Soldier's Commanding Officer IAW 40-501 Chapter 10. This is a fitness evaluation done by the active duty component for Soldiers who may have a limiting condition due to a line of duty (LOD) injury or illness (see 8-6 for guidance on limiting conditions that are not LOD). Commanders will send a memorandum to NGKS-MDS-CM requesting a FFD at the closest Active Duty MTF and the completed Composite Healthcare System (the Army's medical computer system) Information sheet (Figure 8-1).

- a. Soldiers who live within a 50 mile radius of an Active Duty MTF and have a LOD injury or illness, must be evaluated and treated at that MTF.
- b. Soldiers given a Permanent Profile by the NGKS-MDS based on a civilian provider's assessment, who disagree with the Permanent Profile findings, may request a FFD evaluation by an Active Duty MTF, if they have a LOD injury or illness.
- c. Soldiers with LOD injuries may be referred to an Active Duty MTF for a FFD evaluation as directed by the NGKS-MDS.
- d. Soldiers must provide any military or civilian medical documents not already on file with the NGKS-MDS, prior to their appointment being scheduled.
- e. Soldiers on ADOS orders who live within a 50 mile radius of a MTF must be seen at that MTF. Soldiers on ADOS orders living outside the 50 mile radius are authorized MTF care if they choose not to use a civilian Tri-care approved provider within their community.
- f. FFD for AGR Soldiers must be completed by an Active Duty MTF. The NGKS-MDS may provide temporary profiles only. In order to have a Permanent Profile completed or a Board process started, the MTF must be utilized. HRO HSS is the POC for oversight of this program.

8-5. Military Fitness for Duty – Mental Health

A Military Mental Health Assessment will be completed in accordance with DoD Directive 6490.1, "Mental Health Evaluations of Members of the Armed Forces," October 1, 1997.

- a. Prior to referral for a routine (non-emergency) mental health evaluation, the commanding officer first shall consult with a Military Mental Health Provider. The commanding officer will contact the NGKS-MDS regarding contact information for available providers. Soldiers are not required to have a Mental Health related LOD in order for their commanders to request this type of appointment. Active Duty MTFs will provide this service on a case by case basis.
- b. Mental Health FFD for AGR Soldiers must be referred to an Active Duty MTF. The NGKS-MDS may provide temporary profiles only. In order to have a Permanent Profile completed or a Board process started, the MTF must be utilized. HRO HSS is the POC for oversight of this program.

8-6. Emergency Mental Health Assessments (LOD or on Duty Status)

Emergency referrals are not to be confused with Fitness for Duty. The commanding officer shall refer a Service member for an emergency mental health evaluation as soon as practical whenever a Service member, by action or words, threatens violence, intends or is likely to cause serious injury to himself or herself, or others; and when the facts and circumstances indicate that the Service member's intent is to cause such injury is likely and when the commanding officer believes that the Service member may be suffering from a severe mental disorder.

- a. Soldiers should be referred to the nearest hospital or mental health facility possible. Soldiers eligible for VA services may utilize these services. In order to refer to an Active Duty MTF for this type of evaluation, Soldiers must have a mental health related LOD (such as for PTSD) or be on current Active Duty orders. If time allows, contact the NGKS-MDS for further guidance.
- b. Prior to transporting a Soldier for an emergency mental health evaluation, or shortly thereafter, if time and the nature of the emergency does not permit, the commanding officer shall consult with a mental healthcare provider or other healthcare provider if a mental healthcare provider is not available, at the MTF where the Soldier is transported. The purpose of this is to communicate the circumstances and observations about the Soldier that led the commanding officer to believe that the Soldier's behavior constituted an emergency.
- c. The commanding officer shall take precautions to ensure the safety of the Soldier and others, pending arrangements for and during transportation to the evaluation. The Soldier should be escorted by at least one other Soldier, not including a driver. Two escorts, not including the driver, are required if the Soldier is considered to be a serious threat to self or others.
- d. The commanding officer will contact the NGKS-MDS as soon as practical to notify them of this situation.

8-7. Civilian Fitness for Duty – Physical Health

This is a Physical and Functional Assessment done by the Soldier's personal physician at the Soldier's own expense. AR 40-501, 10-13. The NGKS-MDS will then make the determination of Fitness for Duty and complete any profile that may be required. The Soldier's responsibility includes the following:

- a. The Soldier will take the Physical and Functional Assessment Form (Figure 8-2) and have it filled out by his/her personal physician. The form may then be sent through the unit to NGKS-MDS-CM for review. Soldiers may opt to send the information directly to the NGKS-MDS-CM due to the sensitivity of the information that may be contained. Soldiers will need to complete a DD Form 2870 (Release of Information) and give it to their civilian provider so that their medical records may be sent to the NGKS-MDS-CM for review. Medical documentation must be current within the last 6 months. The NGKS-MDS cannot request Soldier medical records due to HIPPA requirements.

b. Only a licensed Health Care Provider (HCP) may do a Physical and Functional Exam. Chiropractors are not recognized by National Guard Bureau or the Army, and will not be utilized.

c. The following information must be included on the Physical and Functional Form: Date, Soldier's Name, Soldier's Social Security Number, Unit, Guard Status, Diagnosis or Medical Condition, Limitations, Physician's Printed Name, HCP's Signature, HCP's Credentials (MD, NP, or PA).

8-8. Civilian Fitness for Duty – Mental Health

This is a Psychiatric and Mental Health Assessment done by the Soldier's personal physician at the Soldier's own expense. AR 40-501, 10-13. The NGKS-MDS will then make the determination of Fitness for Duty and complete any profile that may be required. The Soldier's responsibility includes the following:

a. Routine (non-emergency) evaluations will require the Soldier take the Psychiatric and Mental Health Assessment Form (Figure 8-3) to his/her personal physician for completion. The form may then be sent through the unit to NGKS-MDS for review. Soldiers may opt to send the information directly to the NGKS-MDS due to the sensitivity of the information that may be contained. Soldier's will need to complete a DD Form 2870 (Release of Information) and give it to their civilian provider so that their medical records may be sent to the NGKS-MDS for review. Medical documentation must be current within the last 6 months. The NGKS-MDS cannot request Soldier medical records due to HIPPA requirements.

b. Only a licensed Health Care Provider (HCP) may do a Psychiatric and Mental Health Exam. Primary Care providers may complete this assessment, but the NGKS-MDS may require the Soldier to be referred to a Psychiatrist, if deemed necessary.

c. The following information must be included on the Psychiatric and Mental Health Assessment form: Date, Soldier's Name, Soldier's Social Security Number, Unit, Guard Status, Diagnosis or Mental Health Condition, Limitations, Physician's Printed Name, HCP's Signature, HCP's Credentials (MD, NP, or PA).

d. The NGKS-MDS has discretion to refer the Soldier to an Active Duty MTF for further evaluation if the Soldier has a LOD related diagnosis and the NGKS-MDS feels it is warranted.

8-9. Emergency Mental Health Assessments (Non-LOD or not on Duty Status)

Emergency referrals are not to be confused with Fitness for Duty. Referral of a Soldier for an emergency mental health evaluation will be initiated as soon as practical whenever a Soldier, by action or words, threatens violence, intends or is likely to cause serious injury to himself or herself, or others and when the facts and circumstances indicate that the Soldier's intent is to cause such injury is likely and when the commanding officer or KSARNG medical provider believes that the Soldier may be suffering from a severe mental disorder. In this circumstance the Soldier may be at home, therefore family members may be the ones to initiate a call to the Command for assistance.

a. Prior to transporting a Soldier for an emergency mental health evaluation, or shortly thereafter, if time and the nature of the emergency does not permit, the commanding officer shall consult with a mental healthcare provider or other healthcare provider if a mental healthcare provider is not available, at the civilian facility where the Soldier is transported. The purpose of this is to communicate the circumstances and observations about the Soldier that led the commanding officer, KSARNG Medical Provider, or family member to believe that the Soldier's behavior constituted an emergency.

b. Soldiers may be transported to the closest VA facility for evaluation, if the Soldier is eligible for VA services. If the Soldier is not eligible for VA services, the closest hospital or mental health facility should be utilized. Commanders should be prepared to assist families of Soldiers asking for assistance in transportation, if requested.

c. The commanding officer shall take precautions to ensure the safety of the Soldier and others, pending arrangements for and during transportation to the evaluation.

d. The commanding officer will contact the NGKS-MDS as soon a practical to notify them of this situation.

Figure 8-1 CHCS Form

CHCS Information
(For Fitness for Duty Evaluations and LODI-Related Medical Care)

Name _____ SSN: _____

Date of Birth: _____ Rank: _____ Sex: _____

Ethnic origin: _____ Race: _____

Home address: _____

Home Phone: _____

Work Phone: _____

Unit: _____

Unit Address: _____

PEBD: _____

Time in Service: _____ MOS: _____

Flying Status: _____ N/A _____

Type of Appointment Requested: _____

Diagnosis: _____

Figure 8-2 Physical and Functional Assessment

Physical and Functional Assessment

(TO BE COMPLETED BY SOLDIER)

Soldier's Name: _____ Social Security #: _____

Unit/Unit POC _____

What is your National Guard status: (Circle One) Traditional AGR ADOS Technician

Is this a Line of Duty (LOD) injury? YES NO

(TO BE COMPLETED BY LICENCED MEDICAL PROFESSIONAL)

Date of visit: _____

Diagnosis or Medical Condition:

Scheduled Medications:

DO YOU EXPECT THIS CONDITION AND/OR TREATMENT OF THIS CONDITION TO LAST IN EXCESS OF 12 MONTHS? **YES** **NO**

IF **NO**, HOW MANY WEEKS DURATION DO YOU ANTICIPATE?

**** Army National Guard Soldiers do not have the benefit of seeking medical care at Active Duty Medical Treatment Facilities, therefore, the Kansas Army National Guard, Deputy Chief of Staff for Personnel - Medical Services, is asking for your assistance in completing this form based on your diagnosis and treatments. Neither will you, as a medical professional nor your office, be held liable for any outcome based on this assessment. This document and other medical records received from this Soldier will be used as a tool by the Army National Guard Medical Team, to help determine if this Soldier meets the standards required to participate in military activities, including possible deployments outside of the United States of America.

***PLEASE INDICATE TIME FRAME BELOW AS (# OF DAYS, # OF WEEKS, # OF MONTHS)**

IS THIS SOLDIER ABLE TO SAFELY CARRY AND FIRE HIS/HER INDIVIDUAL ASSIGNED WEAPON?
YES **NO**

IF **NO**, WILL HE/SHE EVER BE ABLE TO? **YES** **NO** IF SO WHEN WOULD YOU EXPECT?

IS THIS SOLDIER ABLE TO MOVE WITH A FIGHTING LOAD AT LEAST 2 MILES (48 LBS, INCLUDES HELMET, BOOTS, UNIFORM, EQUIPMENT, WEAPON, PROTECTIVE MASK, PACK, ETC.)?
YES NO

IF NO, WILL HE/SHE EVER BE ABLE TO? YES NO IF SO WHEN WOULD YOU EXPECT?

IS THIS SOLDIER ABLE TO WEAR PROTECTIVE MASK AND ALL CHEMICAL DEFENSE EQUIPMENT ? **YES NO**

IF NO, WILL HE/SHE EVER BE ABLE TO? YES NO IF SO WHEN WOULD YOU EXPECT?

IS THIS SOLDIER ABLE TO CONSTRUCT AN INDIVIDUAL FIGHTING POSITION (DIG, FILL, & LIFT SAND BAG, ETC.) ? **YES NO**

IF NO, WILL HE/SHE EVER BE ABLE TO? YES NO IF SO WHEN WOULD YOU EXPECT?

IS THIS SOLDIER ABLE TO DO 3-5 SECOND RUSHES UNDER DIRECT AND INDIRECT FIRE (THIS REQUIRES DIRECT IMPACT ON KNEES AS THEY HIT A LANDING POSITION)? **YES NO**

IF NO, WILL HE/SHE EVER BE ABLE TO? YES NO IF SO WHEN WOULD YOU EXPECT?

DO YOU FEEL THE SOLDIER IS HEALTHY, WITHOUT ANY MEDICAL CONDITONS THAT PREVENTS DEPLOYMENT IN AN AUSTERE ENVIRONMENT WHERE THERE MAY BE LIMITED PHARMACEUTICAL SUPPORT OR MEDICAL CARE ? THE SOLDIER MUST BE ABLE TO PERFORM ALL OF THE ABOVE FUNCTIONS IN ORDER TO DEPLOY. **YES NO**

IF NO, WILL HE/SHE EVER BE ABLE TO? YES NO IF SO WHEN WOULD YOU EXPECT?

IS THIS SOLDIER ABLE TO RUN 2 MILES IN A TIMED EVENT? **YES NO**

IF NO, WILL HE/SHE EVER BE ABLE TO? YES NO IF SO WHEN WOULD YOU EXPECT?

IS THIS SOLDIER ABLE TO WALK 2.5 MILES IN A TIMED EVENT? **YES NO**

IF NO, WILL HE/SHE EVER BE ABLE TO? YES NO IF SO WHEN WOULD YOU EXPECT?

IS THIS SOLDIER ABLE TO SWIM 800 YARDS IN A TIMED EVENT? **YES NO**

IF NO, WILL HE/SHE EVER BE ABLE TO? YES NO IF SO WHEN WOULD YOU EXPECT?

IS THIS SOLDIER ABLE TO BICYCLE ON A STATIONARY BIKE FOR 6.2 MILES IN A TIMED EVENT?

YES NO

IF NO, WILL HE/SHE EVER BE ABLE TO? YES NO IF SO WHEN WOULD YOU EXPECT?

IS THIS SOLDIER ABLE TO DO UPPER BODY STRENGTH TRAINING TO INCLUDE MILITARY STYLE PUSH-UPS? **YES NO**

IF NO, WILL HE/SHE EVER BE ABLE TO? YES NO IF SO WHEN WOULD YOU EXPECT?

IS THIS SOLDIER ABLE TO DO LOWER BODY STRENGTH TRAINING TO INCLUDE MILITARY STYLE SIT SIT-UPS **YES NO**

IF NO, WILL HE/SHE EVER BE ABLE TO? YES NO IF SO WHEN WOULD YOU EXPECT?

IS THIS SOLDIER ABLE TO LIFT AND CARRY 80 POUNDS OR MORE? **YES NO**

IF NO, WHAT IS THE MAXIMUM AMOUNT OF WEIGHT YOU WOULD RECOMMEND? (circle one)

10 lbs 20 lbs 30 lbs 40 lbs 50 lbs 60 lbs 70 lbs

Signature of Physician: _____

Printed name of Physician: _____

Office Address and Phone Number: _____

Please attach dictation reports. Soldier is to bring and sign DD Form 2870 – Authorization for Disclosure of Medical or Dental Information.

If you have any questions contact the Medical Case Manager at 785-274-1072. Please fax this form and any other necessary medical documents to 785-274-1685. Thank you for taking the time to help the Kansas Army National Guard.

7. Do you feel this Soldiers is able to carry and fire his individual assigned weapon in a safe and responsible manner, without negative consequences? YES NO

PLEASE CONTINUE ON OTHER SIDE.....(OVER)

8. Has this individual re-experienced an event in one or more of the following ways:

- a. recurrent and intrusive distressing recollections of events, including images, thoughts, or perceptions? YES NO
- b. recurrent distressing dreams of an event? YES NO
- c. acting or feeling as if the traumatic event were reoccurring (reliving the experience, delusions, hallucination or dissociative flashbacks)? YES NO
- d. intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event? YES NO
- e. physiologic reactivity on exposure to internal or external cues that resemble an aspect of the traumatic event? YES NO

9. Does the individual persistently avoid stimuli associated with the trauma, reducing general responsiveness (not present before the trauma) as indicated by three or more of the following:

- a. efforts to avoid thoughts, feelings, or conversations associated with the trauma? YES NO
- b. efforts to avoid activities, places or people that will arouse recollections of the trauma? YES NO
- c. inability to recall an important aspect of the trauma? YES NO
- d. markedly diminished interest or participation in significant activities? YES NO
- e. feeling of detachment or estrangement from others? YES NO
- f. restricted range of affect (e.g., unable to have loving feelings)? YES NO
- g. sense of a foreshortened future (e.g., does not expect to have a career, marriage, children or a normal life span)? YES NO

10. Does the individual have persistent symptoms of increased arousal (not present before the trauma), as indicated by two or more of the following:

- a. difficulty falling or staying asleep? YES NO
- b. irritability or outbursts of anger? YES NO
- c. difficulty concentrating? YES NO
- d. hyper vigilance? YES NO
- e. exaggerated startle response? YES NO

11. In your opinion, do you expect any of the above conditions and/or treatment of these conditions to last in excess of 12 months? YES NO
If **NO**, how many weeks/months do you anticipate? _____

Signature of Physician/Psychiatrist: _____
Printed Name of Physician/Psychiatrist: _____
Office Address and Phone Number: _____

Please attach dictation reports. Soldier is to bring and sign DD Form 2870 – Authorization for Disclosure of Medical or Dental Information.

If you have any questions contact the Medical Case Manager 785-274-1072. Please fax this form and any other necessary medical documents to 785-274-1685. Thank you for taking the time to help the Kansas Army National Guard.

Chapter 9 Profiles

9-1. Purpose

To provide Commanders and Soldiers with a report of physical limitations for identified medical or mental health concerns. Profiles should be referred in order to prevent further injury and still utilize the Soldier to the utmost of their physical abilities.

9-2. Reference

AR 40-501, Standards of Medical Fitness.

9-3. Temporary Profiles

A temporary profile is given if the condition is considered temporary, the correction or treatment of the condition is medically advisable, and correction usually will result in a higher physical capacity. Soldiers on active duty and RC Soldiers not on active duty with a temporary profile will be medically evaluated at least once every 3 months at which time the profile may be extended by the profiling officer.

a. The profiling officer must review previous profiles before making a decision to extend a temporary profile. Any extension of a temporary profile must be recorded on DA Form 3349 and if renewed, item 9 on the DA Form 3349 must contain the following statement: "This temporary profile is an extension of a temporary profile first issued on (date)."

b. Temporary profiles should specify an expiration date. If no date is specified, the profile will automatically expire at the end of 30 days from issuance of the profile. In no case will Soldiers carry a temporary profile that has been extended for more than 12 months. If a profile is needed beyond the 12 months, the temporary profile should be changed to a permanent profile.

(1) Temporary profiles may be issued at the request of the following: Commander, Soldier, during a PHA if a medical condition warrants, further evaluation by the Soldier's Primary Care Provider and/or as a result of a cardiovascular screening failure. In most cases, the Soldier will not have a personal appointment with a military physician.

(2) When unit commanders request a temporary profile, the following information must be approved in order for the military physicians to make an informed decision:

(a) Memorandum through the chain-of-command to the State Surgeon from the unit commander or designated representative requesting a temporary profile.

(b) Medical documentation from the Soldier's private physician obtained at no cost to the government that indicates the diagnosis, physical limitations, and an estimated time of recovery. The Soldier may use the Physical and Functional Assessment or the Psychiatric/Mental Health form found in Figure 8-2 and 8-3 above.

(c) The letter must state when the Soldier is scheduled to take his or her next APFT.

c. When a Soldier reports an injury immediately prior to the administration of an APFT the commander will not force the Soldier to complete an APFT at that time; however, the Commander will have the Soldier provide medical documentation during the next scheduled training period to substantiate the claim of injury. If the Soldier fails to present appropriate documentation within the established timeframe, the commander may then direct the Soldier to take the APFT or initiate appropriate administrative action for failure to complete the APFT.

d. All profiles will be input into the e-profile (MND) module of MODS located at www.mods.army.mil. The DA Form 3349 will state the length of the profile and limitations imposed upon the Soldier. Commanders and Unit Readiness NCOs should request and gain access to this module in order to obtain a copy of the Soldier's profile and provide a copy to the Soldier. Temporary profiles will not be reflected in MEDPROS, except for the designation of a RED status under Non-deployable Med Profile.

e. It is imperative the Commander ensures that the temporary profile is followed in its entirety. Under no circumstances will Soldiers be required or allowed to perform duties that exceed the physical or duty status limitations established by the temporary profile. Soldiers on temporary profiles are not authorized to participate in unit physical conditioning exercises. Soldiers on temporary profiles will be considered Medically Non-deployable. Soldiers on temporary profiles may not be eligible to attend certain military schools and may have limitations that exclude them from attending annual training (see AR 40-501 chapter 10-27).

f. Prior to the end of the temporary profile period, the commander must determine if the Soldier will need an extension of the temporary profile. If the Soldier's condition has been resolved, the Soldier may resume full military duties at the end of the profile period. Commanders may accept a statement from the Soldier's personal physician indicating the condition is resolved. A request for closure of temporary profile (closure of the Soldier's medical case) along with the above-mentioned documents will be provided to the NGKS-MDS-CM. Once this information is obtained, the NGKS-MDS-CM will close the Soldiers case in the e-profile (MND) module and the Soldier will be placed back into a Deployable status in MEDPROS. The medical documentation will then be forwarded to the KSARNGMD to be filed in the Soldier's military medical record. The Soldier may resume all duties or training. The APFT will be administered under the following guidelines:

(1) The Soldier has twice the length of the profile period not to exceed ninety (90) days in which to prepare for the APFT. For example, a Soldier who was on a temporary medical profile for 30 days has 60 days from the expiration of the profile to prepare for the APFT. Commanders must determine when an APFT is to be administered after the Soldier has been given the appropriate time to prepare for the test.

(2) Soldiers who have been on a temporary profile as a result of a cardiovascular screening failure have 90 days from notification of cardiovascular screening clearance to prepare for the APFT. Commanders must determine when an APFT is to be taken after the Soldier has been given adequate time to prepare for the test.

g. If the Soldier's medical condition has not been resolved as evidence by additional medical documentation, the commander must request extension of the temporary profile prior to its expiration. The request should be forwarded through channels to NGKS-MDS-CM. The commander must include the information requested in Paragraph 9-3 (b), 1, 2, and 3 (above). Temporary profiles will not exceed one year for the same medical condition.

9-4. Permanent Profile

a. A permanent profile is given if the condition will last more than 12 months. This profile is re-evaluated automatically at the Soldiers periodic health assessment every year or when there is a change in medical status. The commander can also request that the Soldier profile be re-evaluated based on duty performance. For the profile to be reviewed, the Soldier will have to provide a current (within 6 months) Physical and Functional Assessment. All profiles will be documented in the eProfile (MND) module of MODS located at www.mods.army.mil. Permanent Profile PULHES codes will be reflected in MEDPROS.

b. If the profile is permanent the profiling officer must assess if the Soldier meets retention standards IAW AR 40-501 Chapter 3. Those Soldiers with a permanent profile that was a result of an injury incurred in the line of duty (LOD-Y) or those on active duty, who do not meet retention standards, must be referred to an MEB as per chapter 3. For a non-duty related injury, see AR 40-501, Chapter 10-25. Those KSARNG Soldiers who meet retention standards but have at least a 3 or 4 PULHES serial will be referred to a Medical MOS Retention Board (MMRB) in accordance with [AR 600-60](#), unless waived by the MMRB convening authority. Soldiers who are pending a MEB, PEB, or MMRB will be identified in MEDPROS with the designation of a RED status under Non-Deployable Medical Profile.

c. AGR Soldiers must have permanent profiles completed by an Active Duty MTF. POC for this action is the NGKS-HRO HSS. Hearing profiles may be an exception to this policy.

Chapter 10 Medical Supply

10-1 Purpose

Provide clear guidance on the ordering and issuing of all medial (Class VIII) supplies.

10-2 Reference

SB 8-75-S10

10-3 State Formulary Responsibilities

a. The KSARNG Medical Detachment annually will:

(1) Review all stock numbers, write the formulary, obtain all required signatures, and submit to USP&FO to be published prior to the end of the current fiscal year.

(2) Approve all requests for Class VIII from units before orders are submitted to USP&FO for processing and distribution to units.

b. USP&FO will:

(1) Review the formulary for stock number changes and discontinued items from IACH (Irwin Army Community Hospital), Fort Riley, KS.

(2) Attach Supply and Services Memo (S & S) with instructions and forward to all units.

(3) Once a request is approved by the KSARNG Medical Detachment and submitted, place the order through the Standard Army Retail Supply System (SARSS) and IACH Medical Supply Office: DSN 856-7442.

c. KSARNG Units will:

(1) Maintain a unit formulary IAW SB 8-75-S10, paragraph 4-4. This includes formulary for the 73rd Civil Support Team.

(2) Submit formulary requests to the KSARNG Medical Detachment Medical Logistics NCOIC 90 days prior to the Annual Training period commences per instructions provided by USP&FO.

(a) Utilizing DA Form 3161, ensure that line 3 has "USP&FO- Topeka, KS." annotated, line 5 is the requesting units DODAAC, line 8 will be the name of the requesting unit, line 9 indicates the AT dates to and from, line 9a states the number of Soldiers projected to be supported during the AT period, line 10 will display the highest level of medical personnel supporting the unit during the AT period (MD, PA, ARNP, Medic, etc.), and line 12j will have each individual document number next to each line item requested. See attachment 2-a.

(3) Pick up all requested Class VIII items at the USP&FO warehouse after notification that they are available.

(4) Turn in all usage reports after completion of AT and unused medical supplies IAW the S & S policy memo from USP&FO.

(a) Turn in any unused (unopened with seal intact) Class VIII items to the KSARNG Medical Detachment on a DA Form 3161, after coordination with the KSARNG Medical Logistics NCOIC.

(b) Turn in any used (opened and partially used) Class VIII items to the lead Materials Handler at the USP&FO warehouse on a DA Form 3161, with the price of each line item number annotated appropriately and each item affixed with an individual document number. See attachment 4-a.

(5) Unit medical personnel that would like additions to the formulary should submit a letter of request addressed to the State Surgeon through the KSARNG Medical Detachment Medical Logistics NCOIC at least 120 days prior to the AT period.

(6) Units will submit orders for resupply of Combat Lifesaver (CLS) bags, Medical Equipment Sets (MES), and Medic Aid Bags IAW their Battalion or MSC and USP&FO policy.

(7) Immunizations. All immunizations will routinely be given by the KSARNG Medical Detachment. Units with organic medical providers (PA or Physician) desiring to complete their own immunizations mission will submit to the NGKS-MDS prior to the planned immunization mission a memorandum outlining the plan to meet all of the requirements outlined in Chapter 5-6 of this SOP.

10-4 Sharps Container Turn-in

Units will turn in any filled sharps containers by:

- a. Utilizing a DA Form 3161, Request for Issue or Turn in.
- b. Close and lock the container along with placing tape in an "X" pattern across the opening of the locked container.
- c. Label the container with permanent marker to include: date closed, unit, and individuals name and rank that closed and locked the container.
- d. Transport the full, locked, and labeled container to the KSARNG Medical Detachment for turn in to the Supply NCOIC.
- e. New Sharps containers are ordered through unit supply, not KSARNG Medical Detachment.

Chapter 11

Medical MOS Issues (68W)

11-1. Purpose

To provide Commanders that have 68W (Medics) assigned to their unit a resource for the sustainment of their medics and to assist in their understanding the importance of achieving the requirements to maintain their certification.

11-2. Reference

MEDCOM Cir 40-14 , <http://www.cs.amedd.army.mil/68w/>.

11-3. Responsibility

Through joint effort of the 68W and the unit training NCO, certification must be maintained with all continuing education unit (CEU) requirements to stay MOS qualified. This is facilitated through courses offered by the KSRTI, online courses, and training held and verified at the Soldiers unit. All CEU's must be entered into the 68W module in the Medical Operational Data System (MODS) at www.mods.army.mil . Training NCO's that do not have access to MODS 68W module must request access through the module, approved by the Assistant Deputy State Surgeon (NGKS-MDS-X).

11-4. Criteria

- a. All Soldiers must biannually 'reregister' with the National Registry (NREMT) to maintain their 68W MOS qualification. Maintaining NREMT registration is a requirement to hold the 68W MOS and ensures our Medics continue to meet the highest of national standards.
- b. Biannual (Every 2 years, March 31st deadline) NREMT requirements to recertify include:
 - (1) Current certification in Cardiopulmonary Resuscitation (CPR).
 - (2) A formal 24 hr refresher course is offered through Video teletraining (VTT) at the Army Medical Department Center & School (AMEDDC&S), numerous other Army EMS Training Sites worldwide, and (KSRTI) is available in order to complete the refresher course portion of the 72 hour continuing education (CE) requirement. In order to be able to take the 24 hr refresher training through VTT, it is necessary to register (VTT is: VTT@AMEDD.ARMY.MIL or work: 210-221-8135, FAX: 210-221-8263).
 - (3) 48 hours of additional CE credit, which can be gained through use of TC 8-800, MEDIC, and Tables I-VII. Continuing education is available through numerous sources (resident and non-resident) and includes all Military Medical training. The majority of training is conducted at unit level at home station.

Soldiers can also earn continuing education credit by participating in unit medical training (for example, SGTs time training for medical tasks/subjects) and/or Expert Field Medical Badge (EFMB) train-up, which is equivalent to 24 hours of CEU credit

(4) Validation of table VIII, Medical Education and Demonstration of Individual Competence (MEDIC) TC8-800.

(5) All CEU's (72 total) and table VIII validation must be entered into the MODs 68W module. Once all CEU's are complete and entered into MODS, reregistration with NREMT will be automatically authorized and the Soldier can update their registration at www.nremt.org. By using MODS as validation of skills and CEU's, the registration fee associated with reregistration is automatically paid by US ARMY EMS.

11-5. Deployed Soldiers

Effective 1 October 2009, the 90 day NREMT Re-registration extension policy for deployed Soldiers terminated. Due to the maturity of the theatre of operation and the online re-registration initiative, Soldiers deploying after 1 January 2010 no longer have 90 days upon returning from deployment to accomplish the re-registration process. Deployed Soldiers can accomplish the re-registration process by doing the online re-registration process or mail in re-registration application with supporting documents directly to NREMT prior to the 31 March deadline date. Soldiers that allow their NREMT to expire are deemed not MOS qualified and are subject to reclass/involuntary separation as per AR 40-68 Chapter 4-3, paragraph 2(b).

11-6. Summary

All 68W's must be responsible to maintain their NREMT & BLS certification and validation of MEDIC (TC8-800) table VIII in order to remain qualified in their MOS. They must complete 72 hours of CEU's biannually and have their CEU's, certifications and validations entered into the MODS 68W module. They must reregister on the NREMT website www.nremt.org. There is no grace period for reregistration. Failure to reregister results in Soldier being non-MOSQ and will result in reclass or involuntary separation.

11-6. POC

68W Course Director/ Kansas Regional Training Institute (KSRTI): 785-822-6650.

Chapter 12

Clinical Quality Management

12-1 Purpose

Emphasize the State Surgeon/KSARNG Medical Detachment Commander's intent to ensure the continued success of the Clinical Quality Management Program and clarify the established standard.

12-2 Reference

AR 40-68: Medical Services Clinical Quality Management.

12-3 Scope

It is each provider's responsibility to ensure they are credentialed and privileged to work in the medical profession. Reference AR 40-68, Para 1-4j(3)c the Soldier will ensure completion of organization and unit-based orientation, maintain competency and ability to perform the privileges requested according to their AOC, accomplish required training, and ensure the currency of all documents and other information contained in his/her provider files.

a. Credentialing. Each Soldier will provide all documents required to maintain their Provider File initially and periodically as needed. Providers will be notified by Military Credentialing Solutions (MCS) to provide documentation for credentialing.

b. Privileging. Initial privileging is valid for one year. Privileges will run from 1 Jan to 31 Dec. Subsequent privileging is valid for two years and will run from 1 Jan (odd year) to 31 Dec (even year).

c. Inter-Facility Credentials Transfer Brief (ICTB). It is the Soldier's responsibility to notify in writing the credentials quality manager a minimum of 75 days prior to any need for an ICTB to be generated, to include the name of the gaining facility where the provider is asking for privileges. An ICTB is required for providers to work at any military facility or for the MOB site for deploying Soldiers.

12-4 Notification of Acceptance of an ICTB by the MTF

Soldiers will receive written documentation from the credentials quality manager when the Soldier has completed all the requirements for credentialing, privileging, or when an ICTB has been completed.

12-5 Practice without Privileging

Soldiers will not practice without proper privileging. Failure to comply with these requirements will result in disciplinary actions.

12-6 Medical Provider Accessions into the Kansas Army National Guard

New medical providers to the Kansas Army National Guard will coordinate with the NGKS-MDS prior to their first drill with their assigned unit to provide a copy of their credentials and request privileges to practice.

12-7 Education

For all privileged providers, the annual requirement for continuing professional education and development is according to AR 351-3, or as determined by the provider's State of licensure, whichever is more stringent.

a. Army Medical Specialist Corps. SP officers are expected to achieve at least 25 contact hours of CHE annually. Officers must meet the CHE requirements of the respective national professional association or State professional licensing organization in order to maintain current certification, licensure, or registration.

b. Army Nurse Corps. AN Officers are expected to achieve at least 20 contact hours of CHE each year.

c. Dental Corps. DC officers are expected to achieve at least 30 credit hours of CHE each year. Of these 30 hours, 20 hours must be recorded in Category I.

d. Medical Corps. MC officers are expected to achieve at least 150 credit hours of CHE every 3 years. This requirement is in accordance with the standards of the AMA PRA.

e. Medical Service Corps. MS officers are expected to achieve the minimum requirements of CHE annually for their specialty. The nationally recognized accrediting or certifying agency for each specialty sets these requirements.

f. Veterinary Corps. VC officers are expected to achieve at least 24 credit hours of CHE each year.

g. Physician Assistant (PA). PAs are expected to achieve at least 100 credit hours of CHE every 2 years. This requirement is in accord with the standards of the National Commission for Certification of Physician Assistants (NCCPA).

h. AMEDD enlisted personnel. Enlisted personnel are expected to meet the requirements of their specialty as required by the State or nationally recognized licensing or certifying agency of which they are members. Enlisted Soldiers are also expected to meet the educational requirements necessary for career progression.

i. All healthcare professionals will maintain CPR certification.

12-8 Credentialing and Privileging Committee

a. The credentials committee/function reviews the credentials and the performance of each provider requesting clinical privileges and appointment to the medical/dental staff. Subsequent to this review, recommendations for provider privileging/appointment actions are made through the Committee to the State Surgeon. The committee's recommendations relevant to a provider's request for privileges are based upon his/her credentials, performance data, departmental peer recommendations, and the needs and capabilities of the institution.

b. The committee will meet at a minimum of the December of each even year to review renewal of privileges, and meet as needed to review new providers and annual review of initial privileges.

Chapter 13 Immunizations

13-1. Purpose

The purpose of this chapter is to establish an outline for completions of immunizations for the KSARNG.

13-2. Reference

AR 40-562. Immunizations and Chemoprophylaxis, & Personnel Policy Guidance (PPG).

13-3. Objectives

- a. To immunize the KSARNG as stated in AR 40-562 and the Personnel Policy Guidance.
- b. Prepare selected units for activation/deployment.
- c. Soldiers deploying to OCONUS theaters will receive all immunizations necessary for deployment at the mobilization station.
- d. Soldiers deploying for Overseas Deployment Training, and other overseas movement will receive immunizations at Home Station.

13-4. Medical Logistics

- a. The KSARNG Medical Detachment will order all vaccines and provide all Class VIII supplies needed in support of any KSARNG immunization mission.
- b. The KSARNG Medical Detachment will provide any required medical equipment needed to support any Soldier with allergic reactions secondary to immunizations.
- c. Immunizations and vaccinations purchased by the KSARNG Medical Detachment are for Soldiers of the Kansas Army National Guard. State employees, family members of Soldiers, and non-dual-status technicians are not authorized to receive immunizations under the KSARNG immunization program.

13-5. Soldier Education

The immunization officer overseeing the immunization mission will provide a briefing to all Soldiers who are receiving immunizations covering education on the immunization being received, information on side effects, and allergic reactions, i.e. VIS (Vaccine Information Sheets) per CDC guidelines. KSARNG Medical Detachment personnel will ensure current VIS date is provided.

13-6. Storage and Handling

Immunizing agents will be stored, shipped and handled in accordance with the pharmaceutical manufacturer's instructions as outlined in the product's package insert.

13-7. Administration

- a. Immunizations will be administered by a 68W (army medic), AN (army nurse), SP (physician's assistant) or MC (physician) drilling in an official status, such as ADOS (Active Duty Operational Support), AGR (Active Guard) or AT (Annual Training). 68W's must be supervised by an AN, SP, or MC who will be present during administration of immunizations.
- b. All persons receiving immunizations will also be in an active drilling status and will fill out a medical questionnaire to assess if immunizations are recommended per manufacturer guidelines. For example:

allergy to eggs, gelatin, preservatives, latex. The immunization record will include date, immunization given, dose, vaccine lot number and identification of the person administering.

13-8. Exemptions

There are 2 types of exemptions from immunization: medical and administrative. Granting medical exemptions is a medical function that can only be validated by a healthcare professional. Granting administrative exemptions is a non-medical function. Please refer to AR 40-562.

13-9. Documentation

Documentation of immunizations administered will include the use of either the SF 600 (Health Record-Chronological record of medical care) or the DA Form 2766 (Adult Preventative and Chronic Care Flowsheet). Soldiers may receive documentation in the PHS 731 (International Certificate of Vaccination). All Soldiers' immunizations will be documented in MEDPROS preferably at the time of the event or as close to the time of the event as possible to include the VIS date.

Chapter 14

Preventive Medicine

14-1 General

a. The goal of the KSARNG Preventive Medicine Program is to protect the health and environment of KSARNG military and civilian personnel. The program is designed to promote and maintain the fighting force at maximum effective strength and to provide KSARNG members with comprehensive health information that promotes optimal physical and emotional well being, decreases work-related illnesses and injuries, and reduces associated costs. Disease and Non-Battle Injuries (DNBI) account for over 80% of all injuries and casualties historically to the military, both during field and garrison operations. A thorough understanding of the causes of DNBI, and the successful implementation of counter-measures to help prevent DNBI casualties will help maintain a successful and fully operational force.

b. This program applies to all military and civilian personnel (e.g. full-time support federal civil service employees, technicians, Active Guard/Reserve (AGR), Traditional Guardsman, etc.). In accordance with DoD policy, individual medical readiness requirements include occupational health protective measures that will enhance the medical readiness of the KSARNG.

c. The program implements Occupation Health and Safety Act (OSHA) Executive Order 12196; DoD Directives (DODD) 1000.3 and 1010.10; DoD Instructions (DODI) 6060.5, 6055.1, 6055.2, 6055.5, 6055.8, 6055.11, and 6055.12; DoD Manual 6055.5-M; AR 40-5; and NGR 385-10.

d. KSARNG Preventive Medicine Program programs include, but are not limited to the following:

- (1) Health surveillance.
- (2) Epidemiology.
- (3) Industrial hygiene.
- (4) Disease and climatic injury control.
- (5) Community and family health.
- (6) Health information and education.
- (7) Nutrition.
- (8) Health risk assessment and health risk communication.
- (9) Radiation protection.
- (10) Pest and disease vector control.
- (11) Sanitation.
- (12) Environmental quality and environmental laboratory services.
- (13) Design review.
- (14) Field preventive medicine.
- (15) Toxicology and laboratory services.

- (16) Regulated medical waste.
- (17) Field water sanitation control.
- (18) Food service sanitation education.
- (19) Subject matter guidance on issues pertaining to outbreak control.

14-2 References

Army Regulation 40-5, Chapter 2-1, and Army Regulation 385-10.

14-3. Responsibilities

a. The Army's Surgeon General is responsible for the development and oversight of policies and programs related to preventive medicine, which include occupational health, industrial hygiene and field food and water sanitation control. The Surgeon General (TSG), in support of the Army Occupational Safety and Health Program, will:

- (1) Establish policy and provide guidance for the Army Occupational Health Program.
- (2) Formulate the Army Health Hazard Assessment Program as described in AR 40-10.
- (3) Establish procedures for implementing occupational health aspects of Public Law 91-596, Occupational Safety and Health Act, 29 December 1970.
- (4) Develop policies for and establish health standards as necessary for occupational exposure in industrial and military unique work areas.
- (5) Provide technical guidance to the Army staff, MACOMS and Army Medical Department in the evaluation and control of actual or potential occupational health hazards in Army work areas.

b. The KSARNG State Surgeon will provide policy, protocols and technical guidance to the Adjutant General, Deputy State Surgeon, State Occupational Health Nurse, State Occupational Health Specialist, and the State Industrial Hygiene personnel to assist in the implementation of the State KSARNG Occupational Health Programs.

c. The Adjutant General (TAG) is responsible for ensuring required preventive medicine programs, to include Occupational Health and Industrial Hygiene services, are provided to all military and civilian personnel, and tenant personnel/organizations under their command area in accordance with AR 40-5, Preventive Medicine.

d. The State Surgeon, or a qualified military or civilian licensed physician, shall be responsible for the development and oversight of policies and programs related to preventive medicine, to include occupational health and industrial hygiene, for the supported health service area. When a residency-trained Preventive Medicine Officer or Occupational Medicine Officer (Area of concentration (AOC) 60C or 60D, or 67C) is assigned, he or she will direct the program. In the absence of an assigned Preventive Medicine Officer or Occupational Medicine Officer, a qualified military or civilian licensed physician (e.g., Flight Surgeon, a contracted Board Certified/Board Eligible Occupational Medicine Physician) will be responsible for providing medical direction and medical oversight for the State KSARNG Occupational Health Program. Preventive medicine activities include, but are not limited to, the following:

- (1) Provide technical supervision, medical direction, and oversight for policy and evaluation of the State KSARNG Occupational Health Program (e.g., scope of practice and standards of care for Healthcare Providers).
- (2) Ensure the development, implementation, management and evaluation of all aspects of the occupational health and industrial hygiene services accordance with AR 40-5.
- (3) Serve as principle medical advisor to the State KSARNG Occupational Health Program Manager (e.g., State Occupational Health Nurse or Occupational Health Specialist)
- (4) Serve as the AMEDD consultant and liaison to the Adjutant General, staff and tenant activities.
- (5) Establish and maintain liaison with appropriate Federal, State, and local health authorities.
- (6) Serve as an AMEDD representative on installation boards, councils, and committees.

14-4. Health Promotion

a. Health promotion and safety promotion are interrelated. Clinical studies identify two aspects of a healthy lifestyle:

- (1) Health protection and prevention to avoid illness or injury as an incentive for action.
- (2) Health promotion to enhance well-being as the motivational factor for action, as well as effective guidance on individual preventive medicine procedures to enable Soldiers to make healthy rational choices.

b. AR 600-63 prescribes policies and responsibilities which maximize readiness, combat efficiency, and work performance. AR 385-10 prescribes policy, responsibilities and procedures to protect and preserve Soldiers against accidental injury or death.

c. The components of a sound health and safety program are:

- (1) Nutrition.
- (2) Physical conditioning and weight control.
- (3) Stress management and suicide prevention.
- (4) Early identification of hypertension.
- (5) Oral health.
- (6) Alcohol and drug abuse prevention and control.
- (7) Tobacco use cessation.
- (8) Spiritual fitness.
- (9) Safety management.
- (10) Work site safety inspection.
- (11) Vehicle operations, both military and POV.
- (12) Accident investigation, reporting, and administration.
- (13) Family, dependent and off-duty accident prevention.

d. NGR 600-63 prescribes policies and responsibilities at the JFHQ. The JFHQ commander will:

(1) Establish and chair a state health promotion council, and designate a state health promotion coordinator to coordinate state health promotion activities with outside agencies.

(2) Coordinate with the State Surgeon to implement a health promotion program and monitor its progress.

(3) Help to assist a task force chaired by the JFHQ chaplain with the assistance of the state surgeon to manage a state Army suicide prevention program.

e. The HRO is the proponent for the following state programs:

- (1) Health promotion.
- (2) Alcohol and drug abuse prevention and control.
- (3) Anti-tobacco.
- (4) Army weight control.
- (5) Suicide prevention.
- (6) Family support program (FSP). The MILPO defines the role of the FSP and trains FSP personnel to identify suicide risk; and provides suicide prevention education and develops community awareness programs for family members and civilian employees.

f. The G-3 is the proponent for the following state programs:

- (1) Army physical fitness.
- (2) Suicide risk identification training. The G-3 will coordinate training support packages for suicide risk identification for unit leaders.
- (3) Tobacco cessation. The G-3 will incorporate DOD policy into all state training programs dealing with the use of tobacco products.

g. The DOL is the proponent for development and implementation of policies and programs concerning nutrition in troop dining facilities. The state surgeon assists the G-3.

h. The state surgeon is responsible for:

- (1) Developing policy for all medical, dental, psychological, and health areas including weight and body fat standards, cardiovascular risk factor reduction, nutrition, suicide prevention and stress management.
- (2) Serving as executive agent for nutrition policy, standards and education programs.
- (3) Serving as staff proponent for the early identification of hypertension and oral health promotion.

(4) Advising and assisting unit commanders to facilitate and implement health promotion policies for their units.

i. JFHQ-LC chaplain responsibilities may include:

(1) Promoting spiritual health among Soldiers and their families.

(2) Conducting and managing the state Army suicide prevention program, including prevention, intervention and post-intervention.

(3) Coordinating with the state surgeon on medical and health aspects of suicide awareness and prevention, and stress management included in state programs.

j. Commanders at all levels will help preventive medicine by:

(1) Establish and chair the unit health promotion council and appoint a unit health promotion coordinator to integrate health promotion activities and monitor program progress.

(2) Appoint a task force and designate an individual to plan, implement and manage the unit Army suicide prevention program.

(3) Initiate proactive measures to prevent suicides and reduce the impact on survivors in the event of a suicide.

(4) Encourage family members to follow a lifestyle that improves and protects physical, emotional and spiritual well-being.

(5) Implement efforts to de-glamorize the use of tobacco and alcohol products.

(6) Identify Soldiers in Dental Fitness Classes 3 and 4 through annual screenings and encourage treatment to attain at least Class 2.

14-5 Environmental Health.

a. Preventive medicine environmental health activities support the identification, assessment, communication, and management of health risk posed by environmental health hazards associated with Army/KSARNG activities.

b. Preventive medicine environmental health address the environmental health risks of the Army environmental program as defined by AR 200-1 by providing medical oversight of the environmental program to prevent disease and injury. These activities, which address the health impact of Army/KSARNG activities on Soldiers, their families, the civilian workforce and surrounding communities, include, but are not limited to, the following:

(1) Ensure environmental health aspects of Army/KSARNG operations meet environmental objectives.

(2) Ensure Installation preventive medicine and environmental personnel collaborate to establish installation-level preventive medicine liaisons with local health regulatory agencies and support Army/KSARNG activities and units.

(3) Support of the Army Environmental Compliance Assessment System (ECAS) operated by the Director of Facilities and Engineering -Environmental Branch.

14-6. Occupational Health

a. General. The State KSARNG Occupational Health Program (OHP) is an integral component of the Army Preventive Medicine Program. The KSARNG OHP is based on DoDI 6055.5-M, Occupational Medical Surveillance Manual; AR 40-5, Preventive Medicine; Public Law 91-596, Occupational Safety and Health Act of 1970 as amended 29 U.S.C. 651 et seq (1976), Executive Order 12196, Occupational Safety and Health Program for Federal employees; Title 29 CFR 1960, Elements for Federal Employee Occupational Safety and Health Program; and NGR 385-10, Safety & Occupational Health Program. The objectives of the KSARNG Occupational Health Program are to:

(1) Develop policy, provide guidance and establish measures for the preservation and promotion of health and the prevention of disease and injury.

(2) Implement occupational health provisions of federal laws, regulations, standards and executive orders to support the prevention of illness and injury in KSARNG military and civilian personnel.

(3) Ensure all eligible personnel (military and civilian) are physically, mentally and psychologically suited to their work at the time of assignment and that physical and mental health are monitored to detect early deviations from the optimum.

(4) Protect employees against adverse effects of health and safety hazards in the work environment, to include field operations and the industrial workplace.

(5) Ensure proper medical care and rehabilitation of the occupationally ill and injured.

(6) Reduce economic loss caused by physical deficiency, sickness and injury of civilian employees.

(7) Prevent decreased combat readiness caused by occupational illnesses and injury of military personnel.

b. Medical Surveillance Program. The State Adjutant General will implement a medical surveillance program for military and civilian personnel in accordance federal regulations and standards.

Occupational medical surveillance examinations provide baseline and periodic measurements to detect abnormalities in workers exposed to work-related health hazards early enough to prevent or limit disease progression by exposure modification or medical intervention.

(1) Identifying Workers Who Need Occupational Medical Examinations. The three primary ways to identify workers at risk of work-related health problems are listed below:

(a) Determined by Job Title. Job title and description characterize the basic tasks, hazardous exposures, and health outcomes likely to be experienced by the majority of workers in a specific occupational group. This type of grouping assumes all workers will have similar job demands, experience similar stresses have the same exposures to hazardous agents and suffer same health effects.

(b) Determined by Workplace. Workplace characterizes the hazardous agents present in the workplace and assumes all workers assigned to that workplace are potentially exposed to the level of hazards found at the time the workplace was evaluated.

(c) Determined by Individual Exposure. Individual exposure quantifies job demands, stresses, and hazardous exposures for each individual.

(2) Criteria for Establishing Medical Surveillance Examinations. Local occupational medical personnel (e.g., State Surgeon, Flight Surgeon, Board Certified/Board Eligible Occupational Medicine Physician) establish medical surveillance examination content and frequency based on an understanding of the job demands, exposures to workers, medical effects of specific exposures, the impact of specific medical condition on job safety, and legal and regulatory requirements. Installation occupational health and safety personnel are jointly responsible for identifying work areas where workers need medical examinations because of specific hazardous exposures.

(3) Types of Medical Surveillance Examinations. AR 40-5, Preventive Medicine outlines the types of job-related examinations which should be provided to all military personnel and civilian employees potentially exposed to health hazards in the work environment (e.g., Pre-placement, job-transfer, periodic and termination examinations).

(a) Military Personnel. In addition to routine entrance and periodic examinations performed under AR 40-501, certain assignments will require further pre-assignment, periodic and termination examinations that are specific for any potential chemical, physical or biological hazards.

(b) Civilian Personnel. In addition to job-related examinations, civilian employees assigned to positions requiring specific fitness standards will be provided examinations in accordance to Office of Personnel Management (OPM) policy. If necessary, job-related medical evaluations can be made a condition of employment. Employees not required to have pre-placement examinations should be scheduled for baseline health screening evaluations if resources permit. The baseline evaluation may include a health history, blood pressure determination, vision screening and hearing test.

(c) Other examinations. Fitness for duty and disability retirement examinations will be in accordance with Federal Personnel Manual (FPM). Medical examinations for individuals exposed to chemical surety materials will be accomplished per applicable DA pamphlets.

(4) Specifications for Medical Surveillance Examinations. The DoD 6055-5-M, Occupational Medical Surveillance Manual outlines what should be considered the bare minimum for medical surveillance. The examination protocols may include employee health promotion and personnel programs. A medical surveillance exam normally includes, but is not limited to, the following:

(a) Occupational Health (OH) Medical History (Hx). Information regarding individual's medical background including work history, specific occupational exposures, work practices, and work-related health problems. The OH Medical History augments the basic medical history assisting the practitioner in determining if the worker has, or is developing, work-related or aggravated health problems.

(b) Physical Examination. The process of inspection, palpation, percussion, and auscultation of the body to detect pathological conditions.

(c) Clinical Laboratory Tests. Clinical tests and measurements used to characterize the status of specific organ systems and physiologic functions.

(d) Biological Monitoring. Analysis of body component, (e.g., blood, urine, expired breath, etc.) to detect the presence of, or the effect of an agent in the body and assess potential for harm.

c. Industrial Hygiene. The State KSARNG Industrial Hygiene Program will be established in accordance with DoDI 6055.5, Industrial Hygiene and Occupational Health. The program focuses on the recognition, evaluation and control of occupational health hazards (e.g., biological, chemical, and physical hazards) encountered in the workplace. Essential elements of the KSARNG Industrial Hygiene Program are specified in DA PAM 503 and TB MED 503.

14-7. Field and Food Service Sanitation Training (Preventive Medicine Team Training)

a. General. Army Preventive Medicine Teams: The identification of the medical threat, assessing the risk of the medical threat in terms of operation requirements, medical surveillance, and the providing of recommendations for the mitigation of adverse health effects. This can include the anticipation, prediction, identification, prevention, and control of communicable diseases including vector, food, and waterborne diseases toxic industrial chemicals as well as low level chemical warfare agents. The US Army has gone to great lengths to eliminate medical threats in order to reduce the debilitating illnesses and injuries that has, over the course of American history, caused more casualties than actual battlefield injuries within US Armed Forces. In some cases, debilitating illnesses and injuries have destroyed the fighting effectiveness of many Army units deployed in global environments. The DNBI rates have gradually been lowered since the Civil War. However, it is only through rigid PVNTMED discipline from the highest command headquarters of a deploying force down to the small unit commander. The units and the soldiers within those units are all responsible for seeing that the tenets of PVNTMED are followed (see FM 4-02.17). When a problem exists beyond unit capabilities, the brigade or division PVNTMED section or corps PVNTMED detachments should be called upon to assist in countering the threat.

b. The objectives of the KSARNG Field and Food Service Team Preventive Medicine training are to:

(1). Ensure that FST team members understand their roles and responsibilities. The role of the FST team is to aid the unit commander in protecting the health of the command. This is accomplished by advising and assisting the commander in the many duties essential to reducing DNBI. By providing instruction and supervision, and assisting, inspecting and reporting, the FST ensures that appropriate field sanitation facilities are established and maintained; that effective sanitary and control measures are applied; and that effective PMM are practiced.

(2). Another objective is to ensure that small units have the PVNTMED resources to ensure basic field sanitation measures, promote personal hygiene, and reduce DNBI rates. Commanders and troops must remember that DNBI is the leading cause of combat ineffectiveness. The medical threat to the force may be the most serious overall threat during current day operations, especially during stability operations and support operations.

- (3) Establish routine yearly instruction of FST classes to maintain a robust core of trained Soldiers in the KSARNG who can assist the State Surgeon's Preventive Medicine program in carrying out unit level preventive medicine instruction and inspection.
- (4) Maintain an inspection checklist of KSARNG units and conduct routine onsite checks.

Chapter 15

Centralized Medical Records and PAD Operations

15-1 Purpose and Scope

The KSARNG Medical Detachment is the agent responsible for the day-to-day management of medical and dental records for Soldiers in the KSARNG. The office maintains HIPAA compliant record storage, tracking systems, and staff to handle KSARNG patient administration activities. The Aviation Flight Facility at Forbes Field will maintain medical records for all flight status personnel to include HRR scanning and maintaining IAW AR40-66. The Civil Support Team (CST) will control and maintain their records as well. This SOP outlines the procedures to be followed in centralizing the KSARNG medical and dental records. It identifies how Soldiers and units request records and how documentation will be added to a Soldier's medical or dental record.

15-2 Medical and Dental Record and Document Receipt Activities

- a. Register Records and Documentation:
 - (1) Each medical and dental record that are received will be integrated into the record tracking system.
 - (2) Each individual document received from the Soldier or his unit will be registered as received, data updated in MEDPROS if required, action taken to complete PE and filed in the Soldier's record. This activity will be completed by the Records Manager.
- b. Medical and Dental Record Standardization. If the current medical or dental record is in poor condition, the Records Manager will reconstruct a new record and will ensure the following is completed.
 - (1) Organize all medical and dental documents into the medical record according to AR 40-66.
 - (2) Apply colored indicator tape according to AR 40-66 and local PAD SOP.
 - (3) Insert dental record into the medical record.
 - (4) Update the record tracking system with the date of record standardization completed, and by whom.
 - (5) Ensure record is scanned into HRR and indexed.
 - (6) All records maintained by 108th AVN BN, 135th AVN, and CST / WMD will also insure that if there is any additional information received that it placed in Records IAW AR 40-66.
- c. MEDPROS update. Once the medical and dental records have been compiled, all information will be synchronized with the MEDPROS database by the Records Manager. The Records Manager will update the record tracking system with the date of MEDPROS synchronization completion, and by whom.
- d. Completion of a Soldier's Record Standardization. The Records Manager will consolidate all non-medical/dental record documents extracted from the Medical and Dental records and will mail to the Soldier's unit.

15-3 Records Request to KSARNGMD PAD Office

- a. Records Request. Each unit may request an individual or the entire unit's medical and/or dental records for a specific mission and time period. Individual Soldiers may also request a copy of their medical records for appointments.
 - (1) The preferred method to make a request for records is via email to the Records Manager.
 - (2) The Records Manager will generally respond within one business day confirming the receipt of the request and plan to fill the request with the projected shipment date of records.

b. Shipping the Records. The primary method of reviewing medical records is to view in the HRR module of MODS at www.mods.army.mil. This is the primary method to obtain and view medical records. Only when electronic review of medical records does not meet the needs of the Soldier or unit will records be shipped.

(1) The Records Manager will compile all records and the DA Form 200 for each request and ship them at least one week prior to the Soldier or unit date requested.

(2) The Records Manager will update the record tracking system when the medical and/or dental record has been sent and to what location.

(3) Unit administrators may inquire of the location of medical or dental records of their unit. The Records Manager will keep a copy of the DA Form 200 in a binder for all out placed medical and dental records.

(4) The Records Manager will replace the medical and/or dental record with the red out slip and a copy of the DA Form 200 attached and placed where the record would be located in the record storage unit.

c. Records Tracking. Units and Soldiers will be permitted to have their records for the duration needed for the appointment or a maximum of 30 days before they are due back to the NGKS-KMD-PAD office.

(1) The record tracking system will indicate records that exceed the 30 day check out timeline and the Records Manager will contact the Soldier and/or unit via email, phone call or USPS mail requesting the records be returned. The Records Manager will note the communication in the record tracking system.

(2) The record tracking system will identify records that exceed the 60 day check out timeline and the Records Manager will contact the Soldier and unit again requesting the immediate return of the medical and/or dental records. The Records Manager will also send a letter via USPS to the unit commander requesting assistance in returning the medical and/or dental records. The Records Manager will note these actions in the record tracking system.

(3) The record tracking system will flag records that exceed the 90 day check out timeline and the Records Manager will contact the Soldier, the unit and unit commander again requesting the immediate return of the medical and/or dental records. The Records Manager will also send a letter to the battalion and or MSC and the Deputy State Surgeon requesting assistance in returning the medical and or dental records. The Records Manager will note the actions in the record tracking system.

(4) If after 120 days a record has not been returned to the NGKS-KMD-PAD office the Deputy State Surgeon will investigate. (Many AGR soldiers have their records at the AD post they receive medical care)

15-4 PHA/SRP Mission

a. Receiving Unit Service Requests. NGKS-KMD will receive requests for service VIA email from unit readiness NCOs. The request for service will include the following Soldier information: rank, last name, first name, social security number, gender, UIC, date of birth, and the type of service requested.

b. The NGKS-KMD Unit Readiness NCO will inform the PAD NCO and Records Manager of the new service requests and any subsequent changes to the roster or services provided prior to the mission.

c. The PAD NCO will maintain the DMD or alpha roster (list of Soldiers whose records are needed at a mission) and make any needed changes to the roster on a daily basis. The roster will be maintained in the same format as the request for service document.

d. Records Manager Responsibilities: Upon receipt of the request for service the Records Manager will pull and review the medical and/or dental record, then run a MEDPROS report to determine what the Soldier needs based on the request submitted by the Unit Readiness NCO.

(1) If the Soldier's medical and/or dental record is not located, the NGKS-KMD Records Manager will notify the Soldier's readiness NCO to have those records sent to KSAMD PAD office or present the medical and/or dental records at the mission location.

(2) In the event that the Soldier's medical and/or dental records cannot be located and all efforts are unsuccessful, then the Records Manager will create a new medical and dental record.

(3) If the Soldier has been requested for a service and the Records Manager review determines the service is current in the Soldier's record, then the Records Manager will update MEDPROS and communicate back to the Unit Readiness NCO that there is no need to see this Soldier.

(4) If the Soldier has been requested for a service and the Records Manager review determines there is information in MEDPROS that is not supported by the documentation in the Soldier's medical or dental record, then the Records Manager will contact the Unit Readiness NCO to inform them of this lack of information and request that they work with the Soldier to provide the documentation. When the documentation is received it will be placed in the Soldier's medical or dental record according to AR 40-66 standard. If the Soldier is unable to provide the documentation and all efforts exhausted, then the Records Manager will update MEDPROS to accurately reflect the Soldier's medical and dental record.

(5) The PAD OIC and Records Manager will be kept informed of each mission, mission date and mission type and services offered through the NGKS-KMD Unit Administrator NCO. After the medical, dental, and MEDPROS review, the Records Manager will list what services the Soldier will need at the upcoming mission. This information will be provided monthly to the PAD OIC.

(6) The Records Manager will have all records removed from the medical record storage facility at least 4 days prior to the mission. As Soldiers are added or deleted over the remaining 4 days, the Records Manager will adjust the records for the mission on a daily basis, or as needed.

(7) The Records Manager will create a DA Form 200 for the records leaving the medical record storage room. The records will be assigned to the NCOIC of each mission. The DA Form 200 will be filled out completely and include the Soldier's last name, last four of SSN and type of record being transmitted (i.e. M=Medical and D=Dental).

15-5 Mission Setup

PAD personnel will setup the section in preparation of receiving Soldiers. The check-in, checkout, QA review, MEDPROS Entry station, and Soldier work area will be completely setup and clearly marked prior to the start of the mission.

15-6 Post SRP Mission Activities

a. Records Manager Post Mission Responsibilities.

- (1) Place Excel datasheet of mission on G drive path (path to be determined at mission).
- (2) Email the unit liaison and MRO with mission info and path.
- (3) Receive records from mission in PAD.
- (4) Input record in/out status in medical records tracking system.
- (5) Records will remain isolated by unit/SRP mission until all inputs are completed. MEDPROS input will take place for PHA and dental exams during the mission.
- (6) Input hearing results in to DOEHRS-C if not already completed during SRP.
- (7) Once records are input to MEDPROS, loose documentation will be filed in accordance with AR 40-66 unless Soldier is identified as No-Go.
- (8) If a Soldier is a medical No-Go, file all documentation other than SF 513.
- (9) If a Soldier is a dental No-Go, file all documentation other than SF 603.
- (10) File all Go records. No-Go records will be isolated for review and follow ups.
- (11) Continue to manage records until all outstanding issues have been resolved.

b. Dental No-Go Process

- (1) During an SRP the unit liaison will forward documentation between the deploying units and the Records Manager.
- (2) A Dental Packet No-Go includes a SF 603, DD Form 2813, Letter to Dentist for civilian care – SRP, Figure 16-1, and a Letter to Soldier, Figure 16-2.

(3) Once the Records Manager receives the DD Form 2813 back from civilian dentist with dental class 1 or 2, input new dental data into DENCLASS. The NGKS-KMD Dentist then reviews and approves the dental work completed.

(4) File all loose documentation according to AR 40-66 and file record.

(5) Soldiers who are not able to complete the dental evaluation at the SRP may be referred to a civilian dentist to complete, Figure 16-3 Dental Examination Letter.

c. Medical No-Go Process

(1) The Records Manager will prepare medical No-Go packets if not already complete and send to Case Manager.

(2) A medical No-Go packet includes a SF 513, Letter to civilian care Provider – SRP, Figure 16-4, or Non-SRP, Figure 16-5, Follow up letter to Soldier – SRP, Figure 16-6, or Non-SRP, Figure 16-7, and a civilian fitness for duty, Figure 8-2.

(3) Once the civilian fitness for duty has been completed and returned along with all diagnosis, treatment plan, and recovery records, the Soldier's medical file will be forwarded, by the Records Manager, to a military medical reviewer.

(4) Once a Soldier is cleared of condition/limitation the record will be treated as a 'Go' record and filed in accordance AR 40-66.

d. Medical No-Go with a T3 Profile

(1) The Records Manager will notify the Soldier's unit of profile.

(2) The Records Manager will fax profile to unit liaison or unit admin NCO, depending on mission type.

(3) The unit will determine the deployment status.

e. Medical No-Go with a P2 Profile

(1) The Records Manager will forward P2 profile to Soldier's unit.

(2) The Records Manager will file a copy in Soldier's medical record.

(3) The Soldier is then cleared of No-Go status.

f. Medical No-Go with a P3 Profile

(1) The Records Manager will forward Soldier's profile to the State Surgeon, as he/she must sign profile to validate.

(2) The P3 profiled Soldiers are not deployable unless cleared by MMRB board, (no exceptions allowed).

(3) The Records Manager will sign out records in medical records tracking system.

(4) The Records Manager will forward the Soldier's records to MMRB clerk at NGKS-MDS.

g. Line of Duty.

(1) If a Soldier has an LOD, the Records Manager will forward the Soldier's records to the LOD clerk at NGKS-MDS-LOD.

h. MMRB

(1) Once a profile of 3+ is given, not including dental, the Records Manager will forward the Soldier's record to the MMRB clerk at NGKS-MDS.

15-7 Quality Control

a. Planning. This SOP documents the approach to centralizing records for the State of Kansas. The procedures it contains are to be reviewed, revised, and approved by all interested parties.

b. Quality Assurance Officer/ PAD OIC. The role of Quality Assurance Officer will be assigned to a PAD Officer and this role will be to insure as missions are completed the information is efficiently and accurately updated in the medical/dental record and MEDPROS.

c. Medical Records Management Clerk. The role of the Medical Records Management Officer will be assigned to a PAD Officer and this role will be to conduct inventory audits on the medical and dental records, record tracking system and the DA Form 200 log. These audits will be to insure all records are

accounted for, to mitigate known and unknown risks of losing records, and to quantitatively assess the Records Manager performance.

d. Training. The NDKS-MDS-PAD Records Manager and other qualified Soldiers will be trained to support this SOP and AR 40-66 standards. If there is sufficient staffing, it will not be necessary, but recommended for each Soldier to be trained in all tasks. This will allow each Soldier to become an expert in a particular area. Emphasis will be placed on preservation of information privacy, 100% record accountability, following procedure and integrity of the final product according to AR 40-66.

e. Reporting will be used to track records checked out and as a command and control tool to conduct inventories and any ad hoc reporting request.

15-8 Health Records Removal/ Archive/ IST

a. Upon discharge, release from active duty, retirement, death or transfer from the ARNG, the member's HREC (outpatient treatment record and the dental record) will be reviewed by the state medical records manager and forwarded to the state/territory G1 requesting them. The medical records manager's review will ensure that the OTR is organized IAW Chapter 5, AR 40-66 and will include a check for the presence of the following documents: the entry physical exam, periodic health assessments, and the exit physical exam. If no record can be found of the aforementioned documents, a memorandum stating that they are not in existence should be placed into the OTR.

(1) If the member is separating (by discharge or retirement), the G1 will forward the HREC to the appropriate state archives.

(2) If the member is filing a VA claim, the G1 will forward a copy of the HREC to the VA Regional Office where the veteran is receiving care.

(3) If the member is Released From Active Duty (REFRAD) from other than a contingency operation, the HREC will be returned to the Deputy Chief of Staff for Personnel - Medical Services/ KSARNGMD PAD office.

(4) If the member is REFRAD from a contingency operation, the HREC will be returned to the Deputy Chief of Staff for Personnel - Medical Services/ KSARNG PAD office. Upon request from the Soldier, a copy will be made for forwarding to the VA Regional Office where the veteran is coordinating care.

(5) Upon death of a Soldier, the HREC will be forward to the G1 for retirement IAW NGR 600-100 or 600-200.

(6) If loose documents containing medical treatment information are found after the applicable record has been transferred to the VA Regional Office, the following procedures should be taken:

(a) Ensure the document has complete Soldier identification information.

(b) Create an appropriate DA Form 3444/ 8005 –series folder, enclose the document and forward to the VA Regional Office.

(7) If loose documents containing medical treatment information are found after the applicable record has been retired to the appropriate state archives, the following procedures should be taken:

(a) Ensure the document has complete Soldier identification information.

(b) Create an appropriate DA Form 3444/ 8005 –series folder, enclose the document and forward to the state archives.

Chapter 16

Deployments, Soldier Readiness Processing and Medical Readiness

16-1 References

AR 40-501 Standard of Medical Fitness

PPG (Personnel Policy Guidance)

Mod 10 to USCENTCOM Individual Protection and Unit Deployment Policy

OTSG/ MEDCOM Policy memo 09-002

16-2 Purpose

The Army National Guard (ARNG) is responsible for medically prescreening all potential deploying forces prior to mobilization. The scope of service includes ePHA, Laboratory, Immunizations, Hearing, Vision and Dental Examination and Medical and Dental case management. Soldiers who fail to meet medical deployment standards IAW AR 40-501, Chapter 3 will not be sent to the mobilization station. This will serve as general guidance to the procedure in addition to the DA PPG Chapter 7 and MOD 10 to USCENTCOM IPUDP.

16-3 General Guidance

The SRP requires commanders to maximize Soldier readiness by identifying and correcting nondeployable medical conditions early in the mobilization process. For the ARNG, personnel processing requirements include the completion of an electronic periodic health assessment and annual dental screen and inputting the relevant data into their respective modules in the Medical Operational Data System (MODS). This will serve as the prescreening process to the SRP.

16-4 General Procedures

a. The MRO will be the main effort coordinating the SRP. A notification will come from the MRO to the Medical Detachment for all SRP requests. A preliminary roster will accompany all SRP requests along with all identified personnel's medical and dental records accessed by the Medical Detachment PAD NCOIC. A final roster is required within 30 days of the SRP so pre-mission activities can be initiated at the KSARNG Medical Detachment.

b. KSARNGMD/ G1-M will coordinate with all supporting medical staff. A mission roster is critical since mission funding/ staffing cannot be calculated without a roster. Medical support staff can include but are not limited to the following providers: Kansas Medical Support, Onsite Health or Indigenous Medical Detachment staff for physical, immunization, vision and hearing exams and Laboratory requests; Onsite Dental, or other dental exam and treatment contractors will provide dental treatment to deploying and in some cases, non-deploying class III Soldiers; support staff will come from KSARNGMD and/or Kansas Medical Support. General medical equipment will be located in the Smoky Hill Joint Forces Medical Center at Eckert Hall in Salina Kansas or at KSARNG Medical Detachment HQ in Lenexa, Kansas. SRP/ PHA missions will be limited to the Salina and Lenexa sites due to hard mounted equipment and extensive IT requirements necessary to complete the mission.

(1) Unit mission rosters of Soldiers will be entered into the MEDPROS module of MODS, by G1 Medical Staff and a unit "task force" will be initiated.

(2) KSARNGMD will request mission assets and work all SRP/PHA logistics.

c. A "first look" Periodic Health Assessment/ Pre SRP will be completed when a unit is first alerted for deployment, approximately 360 days before LAD. Coordination between the unit, MRO and the KSARNG Medical Detachment needs to be maximized to ensure all parties are aware of the prescribed conditions.

d. An SRP will be conducted within 90 days of title 10 activation. This SRP will ensure that the unit meets the requirement for HIV testing and all other directives IAW AR 40-501, PPG and MOD 10.

e. A KSARNG Medical Detachment/ G1-M representative will be present at all unit mobilization IPR's and mobilization sync meetings to better integrate the medical process into the mobilization.

16-5 Soldier Readiness Processing

The medical SRP is constructed to fulfill all obligations prescribed within Chapter 7 of the PPG as well as MOD 10 to USCENTCOM IPUDP. All medical conditions will be referred to AR 40-501 Chapter 3. All deploying Soldiers will attend the SRP in order to deploy without delay. At this time, doctors will make the determination of fitness and/or if additional documentation or follow-up is necessary. It is absolutely critical to have all mobilized Soldiers at the soonest available PHA/ Pre SRP/ SRP event. Failure to do so

may make the Soldier ineligible for predeployment benefits or deployment or result in Soldiers being REFRADED at the mobilization site. Services rendered at a PHA/ SRP event may include and are not limited to: Immunizations, Laboratory (DNA, G6PD, HIV, Blood typing, cholesterol screening, urinalysis, pregnancy testing), Vision and hearing screening, earplug and eyewear fitting, electronic periodic health assessment, case management, annual dental exam, bitewing and panoramic x-rays, vital signs, weigh in, electrocardiogram, and medical alert tag production.

a. Mobilizing Unit responsibilities:

- (1) Provide accurate roster of all Soldiers participating in SRP mission.
- (2) Maintain unit accountability of Soldiers with accurate numbers of Soldiers on the ground at mission.
- (3) Provide unit POC /unit liaison to handle any issues within the unit, Soldier locating and to provide information/ backbrief to the unit command.
- (4) Read (Prior to event) and Follow prescribed KSARNGMD and MRO LOI's. Both the MRO and the KSARNGMD will each issue an SRP LOI dictating instructions to units and more importantly, instructions for individual Soldiers to make their SRP successful and accurate (ie: fasting for >40 Soldiers, removing of contact lenses prior to arrival, documents to bring etc...). If the unit does not receive these LOI's, they need to be proactive and ask for them.
- (5) Encourage Soldiers to be patient with the process; it can be long with lots of waiting. If they know this ahead of time and bring a book or something to keep them occupied, it will be more tolerable.

b. KSARNG/ G1-M Responsibilities

- (1) Start mission in a timely manner, with adequate staffing and ready to process Soldiers immediately.
- (2) Provide all documents, supplies and IT requirements to complete the Soldier readiness process.
- (3) Initiate Medical/ Dental records if missing and initiate DA form 2766 (yellow mobilization record) for all mobilizing Soldiers, if they do not already have one.
- (4) Input all medical data into MEDPROS prior to completion of the SRP.
- (5) Input all dental data into DENCLASS within 10 days of SRP.
- (6) Upload all DA Form 2215/ 2216 hearing exams into the DOEHRS-HC data repository for access at the mobilization station and to automatically update MEDPROS.
- (7) Ensure that all stations and requirements for mobilization have been completed prior to Soldier leaving the SRC.

16-6 Post-Soldier Readiness Processing

a. Mobilizing Unit responsibilities:

(1) Review post mission roster produced and distributed by G1-M case management and unit readiness statistics for unit task force in MEDPROS (all unit commanders and their S1 should request and have read access to MEDPROS).

(2) Actively manage all medical and dental no-go's to ensure all requested documentation is obtained by individual Soldiers in a timely manner.

(3) Assign a unit liaison to work directly between unit and KSARNGMD/ G1-M case management.

b. KSARNGMD/ G1-M Responsibilities:

(1) SOP all medical and dental records ensuring all mobilization documentation present and current and that they are in compliance with army regulation.

(2) MEDPROS verify and compare against medical record all relevant information IAW AR 40-501, the PPG and MOD 10.

(3) Transport/ ship all health records to the mobilization station SRC site NLT mob minus 30 days.

(4) Actively manage and coordinate with unit, and MRO for all Medical No-Go's.

(5) Provide weekly updates to the post mission spreadsheet (at a minimum, increasing to daily as time gets closer to title 10 mobilization) annotating any new documentation or Soldier issues.

(6) Accompany unit to the mobilization site to coordinate, assist and ensure a smooth medical SRC.

c. General Medical Non-Deployable procedures:

(1) An SRP Medical Non-Deployable is any condition not within the range prescribed in AR 40-501 Chapter 3, the PPG or MOD 10.

(a) During the SRP, all identified No-Go's will receive a SF 513 (consultation form), a civilian fitness for duty (FFD), and State Surgeon's letter to medical providers.

(b) Soldiers will make an appointment and complete the required documentation at a civilian healthcare provider at his or her own expense (exception being if the Soldier is eligible for early TRICARE during the premobilization process, the provider must bill TRICARE directly for payment). Fax, mail, or email the documentation to the Soldier's unit, the unit will forward the appropriate documentation to the unit liaison. Unit liaison will keep a copy while sending a copy to G1-M case management for processing. Medical documentation will be reviewed by a DoD doctor and recommendations will be reflected on the spreadsheet.

(c) Correcting unit medical and dental conditions is the commanders' responsibility. G1-M will assist with the process within all regulations.

(d) Soldier's not completing the required consults and follow-up or who do not meet the deployment/retention guidelines IAW AR 40-501 chapter 3 will be deemed medically non-deployable and will be removed from the unit deployment roster. These Soldiers will continue to be tracked through G1-M case management and will be routed into the appropriate medical board process.

(e) Soldiers designated H3 on their DD form 2216, predeployment hearing test, will be required to obtain a SPRINT test and undergo an MMRB before being deemed medically deployable.

(2) IAW AR 40-501, Para 10-13, each Soldier is individually responsible for the maintenance of his or her medical, physical, and mental fitness. This also includes correcting remediable defects, avoiding harmful habits, and weight control.

(3) No medical funding will be authorized to remediate any medical defects unless it's due to a re-aggravation of an existing condition in the line of duty.

e. Dental No-Go Procedure:

(1) Once deemed a dental class III, dental repair for mobilizing Soldiers can occur one of two ways (or both):

(a) Soldier will receive a SF 603, DSS letter to the Soldier, State Dental Officer's letter to the civilian dental provider and a DD Form 2813. The Soldier will make an appointment and take the forms to a civilian dentist to complete only the work prescribed on the SF 603. The dental office will forward quotes for treatment to the G1-M dental case manager for approval. Only class III treatment will be approved up to \$2500.00. Any class III treatment greater than \$2500.00 will require State Dental Officer approval. All other dental treatment not annotated on the dental care plan (SF 603) will be denied for payment and will be the responsibility of the Soldier. Treatment records, to include the DD Form 2813, and the bill will be emailed, mailed, or faxed to G1-M dental case management for payment and DENCLASS entry into MODS (see <http://www.mods.army.mil/denclass>).

(b) The Soldier may be referred to a dental treatment mission sponsored by the KSARNGMD/ G1-M at a PHA/ SRP mission. All of the appropriate documentation will be generated on site once treatment is completed. DENCLASS entry and hard copy documentation will be added to the Soldiers dental record.

(2) Should the Soldier refuse to complete class III dental care prior to mobilization, they will be deemed nondeployable and will be removed from the unit deployment roster.

16-7 25 Day Pre-Existing Medical Condition (REFRAD Rule)

a. National Guard Soldiers identified in the first 25-days as having a pre-existing medical condition that renders the individual non-deployable may be released from active duty (REFRAD) immediately. Disqualifying conditions include temporary and permanent conditions that do not meet medical retention standards (Reference AR 40-501, Chapter 3). Upon resolution of the disqualifying medical condition, individuals are immediately subject to a subsequent order to Active Duty. Administrative processing of REFRAD orders, Soldier out-processing and return to home of record must be completed no later than (NLT) 30-days from Soldier's mobilization date.

b. REFRAD may happen due to several reasons.

- (1) The Soldier failed to disclose information during the Kansas Pre-Mobilization SRP.
- (2) The Soldier developed a medical condition after the Kansas SRP.
- (3) The Soldier received medication after the Kansas SRP and failed to disclose that information to G1-M or KSARNGMD.
- (4) The Soldier was identified as a No-Go, even after all remediable actions and was mobilized.

16-8 Predeployment Support- Salina Regional Training Center

The KSARNG Medical Detachment and G1-M will support mobilizing units during PTAE training at the Salina Regional Training Center in Salina, KS.

- a. Mobilizing unit responsibilities:
 - (1) Request and obtain all class VIII supplies needed to support their unit prior to arriving at PTAE training (AT medical supplies).
 - (2) Comply with all sick call procedures IAW sick call SOP, Smoky Hill Joint Forces Medical Center.
 - (3) Coordinate with G1-M case managers to clear dental and medical SRP no-go's.
- b. G1-M/ Medical Detachment responsibilities:
 - (1) Provide sick call provider/ medic support for unit PTAE mobilization training.
 - (2) Provide case management of all dental class III and medical no-go's.
 - (3) Provide unit medical and dental status reports

Figure 16-5 Medical / Dental mobilization readiness matrix (per PPG, AR 40-501 and MOD 10, OTSG/ MEDCOM Policy memo 09-002)

DENTAL	Class I or II upon movement to Mob Station, exam within 12 months, must have digital panoramic and bitewing X-rays
PERIODIC HEALTH ASSESSMENT (ePHA)	Current within 60 days of title 10 activation
IMMUNIZATIONS	All personnel must have required theater-specific immunizations prior to deployment. Seasonal influenza vaccine yearly. See theater-specific guidance: www.vaccines.mil
WOMEN'S HEALTH	Pap for all non-exempt females within 6 months of deployment. Annual chlamydia screen for females 25 y/o or younger. Mammogram mandated for over 39 y/o, every 2 years
HEARING	DD 2215 and or DD2216 within last 12 months
VISION	Class I or II upon movement to Mob Station
NO LIMITED DUTY PROFILE	No Soldiers on temporary or severely limiting profiles that hinder their ability to adequately perform their MOS will be sent to the Mob Station
HIV	Pre-deployment HIV lab test and result = LAD

	minus 120 days
DNA	If a DNA sample is not already on file, a DNA specimen will be obtained from all deploying personnel
G6-PD	If a G6-PD sample is not already on file, a specimen will be obtained from all deploying personnel
BLOOD TYPE	If a sample for blood typing is not already on file, a specimen will be obtained from all deploying personnel
PREGNANCY TEST	Given at Mobilization Station
TUBERCULOSIS SKIN TEST	Given at Mobilization Station
ELECTROCARDIOGRAM (EKG)	Within one year for Soldiers over 39 years old
CHOLESTEROL SCREEN	Within one year for Soldiers over 39 years old

Chapter 17

Medical/ Personnel Boards

17-1 Purpose

The Medical/MOS Retention Board is administrative screening boards to determine the physical ability to satisfactorily perform PMOS/Branch duties worldwide in a field environment. It is not an assessment of leadership, degree of technical skill, or promotional potential.

17-2 Reference

AR 600-60

17-3 MOS/Medical Retention Board (MMRB):

a. All Soldiers with Permanent 3 or 4 in any part of the PULHES (if it meets retention standards IAW 40-501, Chapter 3).

b. Timeline:

- (1) An Active Duty or AGR Soldier must be boarded within 60 days of the Profile.
- (2) Drilling ARNG Soldiers must be boarded within 120 days of the Profile.
- (3) IRR and ING Soldiers must be boarded within 180 days of the Profile.

c. Promotion - As Per NGB policy letter 05-043, Dated 1 May 2005, subject: Promotion Eligibility for Soldiers Undergoing or Pending Medical Action, Soldiers will not be denied promotion due to a medical board.

d. Soldier will attend Drill and Annual Training within limitations of Profile (Commander's Discretion) AR 600-60, Para 3-4.

e. Soldier's Rights and Responsibilities:

(1) If a Soldier appearing before the board is a member of the USAR or ARNGUS, at least one voting member of the MMRB will be a member of the same component (USAR or ARNGUS) as appropriate. An AGR Soldier must have an AGR board member.

(2) Each Soldier will appear before the board separately.

(3) Each Soldier may elect to have in attendance a, consenting, spokesperson of his or her choice. There is no entitlement to legal counsel. In the case of a female or minority Soldier, the MMRB will upon the written request of the Soldier include a female or minority voting member, if reasonably available, as determined by the MMRB communiting authority. The Soldier has the right to appear before the board but he or she may choose to waive his or her right to appear. The Soldier may present facts and call witnesses relevant to his or her physical performance, current MOS retention, and MOS reclassification preference. Each Soldier appearing before the board will be encouraged to talk freely so that all pertinent facts are revealed. However, a Soldier will not be required to make an oral or written statement relating to the origin, occurrence, or aggravation of any of the Soldier's disease or injury. This is a formal board and all military courtesy should be followed. ACU is the standard uniform unless otherwise stated. The appearance of the Soldier can make a difference in the board's decision.

f. The unit must provide NGKS-MDS with a complete MMRB packet in order for a Soldier to be boarded 90 days following the date of the permanent profile to include the following:

(1) MMRB Packet Checklist (Figure 17-1 MMRB Packet Checklist) – Unit Responsibility.

(2) MMRB Packet Commander's Memo, [AR 600-60, Para 4-12](#), and Sample Commander's Letter (Figure 18-2 Commander's Evaluation): This memo can include the Commander's recommendation of MOSs that the Soldier would qualify to hold – Unit Responsibility.

(3) MMRB Packet Counseling Statement (Figure 17-3 Counseling Statement) – Unit Responsibility.

(4) MMRB Notification Appearance/VTC (Figure 17-4 Election to Appear): If the Soldier is physically appearing before the board – Unit and Soldier Responsibility.

(5) MMRB Notification Waiver (Figure 17-5 Election to Waive Appearance): If the Soldier is waiving his appearance – Unit and Soldier Responsibility.

(6) PQR – G1 Responsibility.

(7) Excerpt from [DA Pam 611-21](#) on the Soldier's PMOS – NGKS-MDS Responsibility.

(8) Copy of most recent DA Form 705, or a statement explaining why the Soldier has not taken an APFT in the 12 months preceding packet submission – Unit Responsibility.

(9) Copy of most recent weapons scorecard or a statement explaining why Soldier has not qualified in the 12 months preceding packet submission – Unit Responsibility.

(10) Permanent Profile ([DA Form 3349](#)) – Unit Responsibility, if profile is not already at NGKS-MDS.

(11) Most Recent RPAM-Points Statement – NGKS-MDS Responsibility.

(12) Health Record – Unit Responsibility, if record is not already at NGKS-MDS.

(13) SPRINT hearing examination, only for Soldiers that have a 3 or 4 in hearing - Unit Responsibility, if record is not already at G-1. (This examination can be scheduled through the KSARNGMD; reference Chapter 5).

g. Board Recommendations:

(1) Retain in current PMOS. A memorandum with the final results will be sent to the unit. MEDPROS and SIDPERS will be updated with the fitness status. The Soldier is to return to full duty within the limitations of the Physical Profile. The Soldier is deployable unless the profile states "Non-Deployable". The Soldier may attend military schools if the limitations of the profile are permitted in the school.

(2) Defer to the next MMRB. If the Soldier appears before the board and does not bring critical documentation, the board may recommend referral to the next MMRB. If the Soldier has a physician appointment that will possibly bring new information before the next board.

(3) Placed on probation/trial of duty. If the board feels that there is more documentation that is needed. If the board feels that the Soldier is still in the healing process and needs more time before a decision can

be made. The probation period for Active Duty and AGR will not exceed 6 months. The probation period for all other reserve component Soldiers will not exceed 1 year.

(4) Reclassified to another MOS. A memorandum with the final results will be sent to the unit. A memorandum with the final results will be sent to SIDPERS and the MOS will be removed. The unit will immediately remove the Soldier from the MOS slot and all responsibilities that pertain to that MOS. It may be necessary to transfer the Soldier to another unit if there is no other MOS that the Soldier can re-class to in the original unit.

(5) Referred to the MEB/PEB. This means that the MMRB feels that the Soldier is unfit and needs to be reviewed by the Medical Evaluation Board (MEB) or the Physical Evaluation Board (PEB). IAW AR 40-501, Para 10-26; Traditional Soldiers that were not injured in the line of duty are not authorized an MEB. Therefore, any Soldier that is referred to an MEB/PEB will be recommended for separation with the opportunity to appeal to a non-duty related PEB. If the Soldier's condition is duty related, LODI found in the line of duty, the Soldier will be referred to an MEB/PEB at a MTF.

(a) If the injury is non-duty related: The Soldier's record and board results will be sent to the Medical Outcome Advisory Board (MOAB) for review. The Soldier will be sent a Memorandum and a Counseling/Choice Form, giving him sixty (60) days to make the following choice: Discharge – The Soldier will be sent to the next Discharge Review Board for separation. 20 year Retired Reserve – The Soldier will be sent to the next Discharge Review Board for transfer to the retired reserves. 15 year Early Retirement – The Soldier's records will be sent to the next Discharge Review Board for early retirement.

(b) PEB Appeal – If the Soldier fails to meet the sixty (60) day suspense, he/she will be sent to the next Discharge Review Board for separation. The unit will be sent a Memorandum giving him or her thirty (30) days to provide the PEB Packet. If the unit fails to provide the PEB Packet within the thirty (30) day suspense, the Soldier will be sent to the next Discharge Review Board for separation. If a Soldier chooses not to appeal he or she is no longer allowed to drill as per the Soldiers Reporting for Duty with a limiting Medical Condition Memo dated 22 November 2005.

(c) If the injury is duty related or the Soldier is AGR: Referred immediately to the MEB. The Soldier will be sent to either Fort Leavenworth or Fort Riley, depending on where he or she lives.

(d) The board will base recommendations on the following:

- (1) Physical requirements for board determination are found in AR 600-60, Para 4-2.
- (2) DA Form 3349 Soldier's Individual Profile Limitations
- (3) Physical tasks required of the Soldier as per DA Pam 611-21.
- (4) STP21-1-SMCT.
- (5) World Wide Deployability.

(e) Findings and recommendations. If the Soldier appears before the board, he or she will be told the findings and recommendations upon the conclusion of the case review. These findings and recommendations will be reviewed by the MMRB Convening Authority and the final results will be sent to the unit by correspondence.

(f) Soldier appeals. If for any reason a Soldier feels that the process was unfair or bias, he or she may appeal the board to the MMRB Convening Authority.

- (1) Appeal must be received within two days of the board.
- (2) Appeal must be in writing and sent to NGKS-MDS.

(g) Final determinations. The board results are final only when the MMRB Convening Authority has made the final determination.

17-4 Medical Evaluation Board (MEB)

The MEB is a board that is convened to determine if a Soldier's medical status and duty limitations qualify him/her for retention IAW AR 40-501, Chapter 3. Reference: AR 635-40. The MEB is for all Active Duty, AGR, and RC Soldiers with LOD injuries. MEBs are held at most MTFs. Fort Riley is the main MTF used by the KSARNG, Fort Leavenworth is the secondary site.

a. The following items will be needed for the MEB:

(1) DA Form 3349 (Profile).

(2) Medical Records.

(3) Disciplinary Action Statement (DAS): Any positive statements, except for f and g on the DAS, would require a memorandum of explanation.

(4) Commander's Statement: This memorandum is needed before the MEB dictation appointment. It should reflect Soldiers functional abilities related to job performance.

(5) Line of Duty Determination(s): Required by all Soldiers injured during drilling status. A DA Form 2173 or evidence of condition occurring during active service is needed along with medical documentation and orders showing Soldier was active at the time of injury. This is not required for AGR Soldiers. Orders are required by all Soldiers injured during drilling status and must show Soldier was active at the time the injury occurred. The date of the injury would be listed on the DA Form 2173 (Not required for AGR Soldiers).

(6) NCOERs or Memo (If Applicable – Last 3): If unable to obtain an NCOER dated within a year or if there are gaps between the NCOERs, then a memorandum of explanation is required.

(7) DA Form 705 (APFT) or Memo (Last 3 Tests): If unable to obtain an APFT scorecard dated within a year, then a memorandum of explanation is required.

(8) DD Form 214 (Discharge): All DD Form 214s (if applicable)

(9) NGB Form 22: All NGB Form 22s (if applicable).

(10) 20 Year Retirement Letter (if applicable).

(11) MMRB Proceedings (if applicable).

(12) Personnel Qualification Record (PQR) DA Form 2-1.

(14) All Soldiers must be on Active Duty Orders.

17-5 Physical Evaluation Board (PEB) Non-Duty Related

a. The Non-Duty Related (NDR) PEB is a fact-finding board, which determines the functional fitness of Soldiers with medical impairments. The PEB investigates the nature, cause, degree of severity, and probable permanency, of the disability of Soldiers whose cases are referred to the board. The board evaluates the physical condition of the Soldier against the physical requirement of the Soldier's particular office, grade, rank, or rating. The PEB makes findings and recommendations to establish the eligibility of a Soldier to be retained due to fitness, separated, or retired from the service because of physical disability.

b. Any Soldier whose impairments "were neither incurred nor aggravated while the member was performing duty, to include no incident of manifestation while performing duty which raises the question of aggravation. Members with Non-Duty Related impairments are eligible to be referred to the PEB for solely a fitness determination but not a determination of eligibility for disability benefits."

c. The NDR-PEB is covered by AR 635-40, DoD Directive 1332.18, as implemented by DoDI 1332.38, USPDA Policy/Guidance Memorandum #4: Reserve Component (RC) NDR Cases. The NDR-PEB is held at Fort Lewis, Washington. The Soldier has the right to personally appear if he or she is appealing the PEB with a formal hearing. Personal travel, lodging, and other related expenses for an NDR appearance are at the cost of the Soldier.

d. The unit is responsible for the NDR PEB Packet:

(1) NDR Case Checklist (Figure 18-6 NDR Case File Checklist)

(2) A Request for NDR PEB/transmittal memorandum (Figure 18-7 Request for NDR PEB/ Transmittal Memorandum).

(3) Copy of the notification to Soldier that he or she is pending separation for medical disqualification (NGKS-MDS will provide).

(4) Copy of Soldier's request to be referred to a PEB.

(5) Permanent Profile (DA Form 3349) signed by a physician and approved by a physician IAW RC policies (e.g. State or RSC Surgeon).

(6) Medical evaluation DD Forms 2807-1 and 2808 may be updated using a DA Form 7349, not older than 6 months.

(7) Statement from Soldier's Commander (Not older than 6 months) describing the impact of Soldier's medical condition upon his or her duty performance.

(8) DA Form 705 reflecting a minimum of the last three results or a memorandum stating reason for no scorecard or less than the required number of results.

(9) Any documents submitted by the Soldier as evidence of his or her physical ability to adequately perform his or her military duties.

(10) Current DA Form 2, (Personnel Qualification Record-Part I) DA Form 2-1, (Personnel Qualification Record-Part 2) or Officer/Enlisted Record Brief-or equivalent. (Not older than 6 months)

(11) All performance reports submitted on the Soldier during the three-year period preceding referral to the PEB, or statement that the Soldier is a SPC or lower, and does not get performance reports.

(12) RPAM Printout, that includes the most recent RYE entry (Not older than 1 year) and a 20-Year Letter (if applicable).

(13) In cases where a Soldier has been determined to be mentally incompetent, substantiating documentation is required. Also, a statement confirming the name, address, telephone number, and relationship of individual authorized to act on behalf of the Soldier, whether this person is available for counseling following PEB action, and whether the person has been advised of the referral to a PEB. This requirement anticipates the rare instances when a family member insists on evaluation by a PEB before the Soldier is separated.

e. Findings:

(1) Found Fit-Return to duty within the limits of Profile.

(2) Found Unfit:

(a) Discharge Soldier as applicable.

(b) 20 year retirement.

(c) 15 year retirement.

(d) Discharge without retirement.

(e) When the board sends the Soldier the findings they will also send an option to appeal. The appeal has to be made within 10 days and on the official form. The findings of this appeal are final.

Figure 17-1 MMRB Packet Checklist

NAME: _____ RANK: _____ SSN: _____

- Commander's Duty Performance Statement
- Soldier's Acknowledgement of Notification and Counseling with waiver election
- PQR (NGKS-MDS will obtain)
- Excerpt from DA PAM 611-21 Military Occupational Classification and Structure pertaining, by grade, to Soldier's primary MOS/AOC and the specific physical requirements
- Unit Commander's recommendation of three to five MOSs/AOCs the Soldier is qualified for or can be retrained for IAW DA Pam 611-21 in the event the board recommends reclassification-May be included with Commander's letter
- A copy of most recent DA Form 705, or a statement explaining why Soldier has not taken an APFT in the 12 months preceding packet submission.
- A copy of most recent weapons scorecard, or a statement explaining why Soldier has not qualified in the 12 months preceding packet submission.
- DA Form 3349 (Physical Profile)
- Current Physician's medical evaluation
- Health record—not dental (if not already at NGKS-MDS)
- SPRINT Hearing Test-H3 & H4 only
- Most Recent RPAM-Points Statement

NOTE: Physician's medical evaluation must be within the last six (6) months.

Revised: 1 July 2006

Figure 17-2 Commander's Evaluation¹

UNIT LETTERHEAD

Insert office symbol here.

1 July 2006

MEMORANDUM FOR The MOS/Medical Retention Board

SUBJECT: Commander's Evaluation for SGT Doe, Johnny, 123-45-6789, JFHQKS-LC KSARNG

1. This memorandum needs to say whether the Soldier is physically capable or incapable of adequately performing his or her duties of the Soldiers MOS (State MOS and/or duties). State how this condition affects his or her performance of the required tasks of the MOS and the common tasks of STP 21-1-SMCT.

2. State the quality of the Soldier and how he or she has served the KSARNG. State how this condition affects the unit, and the Soldiers working with and around him or her. State whether you think this Soldier will be deployable in his or her MOS, or in another MOS. If you recommend another MOS, state which ones and why. The last sentence should state your recommendation (Choose **ONE** of the following: **I recommend SGT Doe be retained in current PMOS, reclassified to another MOS, or given probation, (state time up to a year and reason why) or referred to the MEB/PEB.**

JOHN S. BROWN
CPT, AR
Commanding

¹ This is an example letter. It needs to be re-written and made personal according to each individual Soldier and Commander. The last sentence must be "I recommend". See Attached Reference.

[AR 600-60, 4-12](#): Commander's Statement. The Soldier's immediate Commander will write an evaluation of the Soldier's physical capability, addressing the impact of the profile limitations on the Soldier's ability to perform the full range of PMOS or specialty code duties. For enlisted Soldiers this includes consideration of the common tasks in [STP 21-1-SMCT](#) and the physical requirements contained in [DA Pam 611-21](#). In those circumstances when the Commander is junior in grade to the Soldier being evaluated, comments provided by the Soldier's supervisor or rater are appropriate. Senior Commanders may also provide forwarding comments, if appropriate.

Figure 17-3 Counseling Statement

Counseling Statement – IAW AR 600-60, Para 4-12b - Counselors will inform Soldiers that:

1. They can elect to appear or waive the appearance before the MMRB. The National Guard Bureau has been granted an exception to policy IAW AR 600-60 for Soldiers to waive their right of appearance. By waiving the right to appear before the board only the Soldier's medical records and MMRB packet will be presented. The uniform for an appearance is the ACU, unless otherwise stated.
2. The Soldier may also bring a unit representative to speak on his or her behalf.
3. Retention by the Medical/MOS Retention Board does not exempt the Soldier from meeting the physical requirements for attendance from military education schools (NCOES).
4. Attendance at NCOES is a prerequisite for promotion to the grade of E-5 through E-9.
5. If the Soldier's medical condition precludes them from meeting the requirements for the next level of NCOES, he or she will not be promoted to the next higher grade.

Counselors will explain the following choices:

-Retained in current PMOS-This will put the Soldier back to full duty according to the limitations of the profile. The Soldier's record will be changed to show the new status. The Soldier will not be boarded again for the same profile unless there is a change.

-Reclassified to another MOS-The counselor should have the DA Pam 611-21. The counselor and Soldier should review the profile limitations and discuss the options of a change in MOS. Each Soldier should be prepared to give the board viable options that would allow for the Soldier's limitations. The Soldier should also be counseled that if they choose an MOS that the unit does not hold, the Soldier must transfer.

-Referred to the MEB/PEB-The MMRB does not decide whether the Soldier is fit or unfit. The board refers the Soldier to the MEB/PEB. The Medical Evaluation Board (MEB) is for line of duty injuries only. The Physical Evaluation Board (PEB) is for Non-Duty related injuries.

During the process the Soldier has several opportunities to appeal:

1. MMRB-The Soldier has two working days after the board to appeal in writing to the recorder.

2. MMRB-The Soldier has sixty (60) days to decide whether he/she wants to:

Discharge from the Army National Guard-When this decision is made the Soldier is no longer allowed to drill or do any military duty.

Transfer to the Retired Reserve (20 qualifying years of verified service) -When this decision is made the Soldier is no longer allowed to drill or do any military duty.

c. Early Retirement (15 qualifying years of verified service) -When this decision is made the Soldier is no longer allowed to drill or do any military duty.

d. PEB for retention ruling – during this process the Soldier will do all military duty within the limitations of the profile. When the PEB decision is made the Soldier has ten working days to appeal. This is the final appeal. When the decision comes back from this appeal it is final. The Soldier will either be retained or sent for discharge process.

Figure 17-4 Election to Appear

**ACKNOWLEDGMENT OF NOTIFICATION AND COUNSELING
Election to Appear**

1. I _____ acknowledge notification of my pending MMRB. I hereby
(Rank, First Initial, Last Name)

acknowledge receipt of this notification and will be present (Select One: Personally/VTC for the

MOS/Medical Retention Board (MMRB) at time, place, in ACU. _____
(Initials)

2. I understand that:

a. I am electing to appear before the MMRB.

b. Retention by the MOS/Medical Retention Board does not exempt me from meeting the physical requirements for attendance to military education schools (NCOES).

c. Attendance at NCOES is a prerequisite for promotion to the grade of E-5 through E-9.

d. If my medical condition precludes me from meeting the requirements for my next level of NCOES, I will not be promoted to the next higher grade.

e. I desire to be (Check one):

____ Retained in current PMOS

____ Reclassified to another MOS

____ Referred to the PEB

(Soldier's Signature)

(Date)

(Counselor's Signature)

(Counselor's Printed Name)

Figure 17-5 Election to Waive Appearance²

**ACKNOWLEDGMENT OF NOTIFICATION AND COUNSELING
Election to Waive Appearance**

1. I _____ acknowledge notification of my pending MMRB. I hereby
(Rank, First Initial, Last Name)
acknowledge receipt of this notification and will not be present for the MOS/Medical Retention Board
(MMRB) at time, place in ACU. _____
(Initials)

2. I understand that:

a. I am electing to waive appearance before the MMRB.

b. Retention by the MOS/Medical Retention Board does not exempt me from meeting the physical requirements for attendance to military education schools (NCOES).

c. Attendance at NCOES is a prerequisite for promotion to the grade of E-5 through E-9.

d. If my medical condition precludes me from meeting the requirements for my next level of NCOES, I will not be promoted to the next higher grade.

e. I desire to be (Check one):

____ Retained in current PMOS

____ Reclassified to another MOS

____ Referred to the PEB

(Soldier's Signature)

(Date)

(Counselor's Signature)

(Counselor's Printed Name)

² The National Guard Bureau has been granted an exception to policy IAW [AR 600-60](#) for Soldiers to waive their right of appearance. By waiving the right to appear before the board only the Soldier's medical records and MMRB Packet will be presented.

Figure 17-6 NDR Case file Checklist

NDR CASEFILE CHECKLIST - _____

(rank, last name - SSN)

The JFHQ will submit Non-Duty Related (NDR) cases in three (3) copies directly to the USAPEB – Fort Lewis. The forwarding activity must ensure the case file is completed IAW this checklist and USAPDA Policy/Guidance Memo #4. This PEB will only accept NDR case files forwarded from the JFHQ. (NOTE – TO FACILITATE OPTICAL SCANNING, USAPDA HAS DIRECTED THAT ALL DOCUMENTS MUST BE ONE-SIDED ONLY:

- A transmittal memorandum (See enclosed example).
- Copy of the notification to Soldier that he or she is pending separation for medical disqualification (NGKS-MDS will provide).
- Copy of Soldier's request to be referred to a PEB.
- Permanent Profile (DA Form 3349) signed by a physician and approved by a physician IAW the State Surgeon.
- Medical evaluation (DD Forms 2807-1 and 2808 may be updated using a DA Form 7349). (Not older than 6 months)
- Statement from Soldier's commander describing the impact of Soldier's medical condition upon his or her duty performance. (Not older than 6 months)
- DA Form 705 – reflecting a minimum of the last three results or a memorandum stating reason for no scorecard or less than the required number of results.
- Any documents submitted by the Soldier as evidence of his or her physical ability to adequately perform his or her military duties.
- Current DA Form 2 (Personnel Qualification Record-Part I) or DA Form 2-1 (Personnel Qualification Record-Part 2) or Officer/Enlisted Record Brief – or equivalent. (Not older than 6 months)
- All evaluations submitted on the Soldier during the three-year period preceding referral to the PEB, or statement that Soldier is E4 or lower and does not get performance reports.**
- RPAM Points Statement that includes the most recent RYE entry (Not older than 1 year) and a 20-Year Letter (if applicable).
- In cases where a Soldier has been determined to be mentally incompetent, substantiating documentation is required. Also, a statement confirming the name, address, telephone number, and relationship of individual authorized to act on behalf of the Soldier, whether this person is available for counseling following PEB action, and whether the person has been advised of the referral to a PEB. This requirement anticipates the rare instances when a family member insists on evaluation by a PEB before the Soldier is separated.

Figure 17-7 Request for NDR PEB/Transmittal Memorandum

(CHANGE EVERYTHING IN BOLD!)

Unit Letterhead

Office Symbol

Date

MEMORANDUM FOR President, US Army Physical Evaluation Board, Bldg 9913-A, Madigan AMC,
Tacoma, WA 98431-5303

SUBJECT: Request for Non-Duty Related Physical Evaluation Board

1. The subsequent information is provided in accordance with memorandum dated 31 May 2001,
SUBJECT: Processing Non-Duty Related Injury/Disease Cases to the Physical Evaluation Board.

2. This is the unit transmittal with the following information being provided:

a. This case is non-duty related.

b. **The Soldier's current unit POC is SGT Tom J. Doe, JFHQ, NGKS-MDS, 2800 SW Topeka Blvd,
Topeka, KS 66611-1298, DSN: 555-0000, COMM: 555-000-0000.**

c. The forwarding command is JFHQ-KS-LC-G1-M, KSARNG, 2800 SW Topeka Blvd,
Topeka, KS 66611-1298. POC: MMRB Clerk, DSN: 720-8096, COMM: 785-274-1096, FAX: 785-274-
1685.

d. **Soldier requesting NDR PEB is SPC Jane T. Doe, 000-00-0000, HHC 35th Inf Div, HOR: 444 NW
1st Street, Grimes, KS 00000, PHONE: 555-555-0000.**

3. List of enclosures: **(Everything on this list must be included, if not a memo stating why they are
unavailable should be included in their place. Change the list accordingly.)**

a. NDR Case/File Checklist.

b. Copy of the notification to Soldier.

c. Copy of Soldier's request to be referred to a PEB.

d. Permanent Profile (DA Form 3349).

e. Medical Evaluation.

f. Commander's Letter.

- g. APFT Score Card (DA Form 705).
- h. Medical Documentation from Soldier.
- i. DA Form 2 and DA Form 2-1, PQR.
- j. Performance reports or statement that the Soldier is not an NCO.
- k. RPAM Points Statement.

4. POC for this action is SGT MMRB Clerk, NGKS-MDS, DSN: 720-8266, FAX: 785-274-1690.

FOR THE COMMANDER:

SIGNATURE BLOCK
Rank, Branch, KSARNG
Job Title

17-6 Physical Disability Evaluation System (PDES)

a. The PDES ensures Soldiers are physically qualified to perform in the MOS, at their rank, in a worldwide field environment. It is composed of the Medical Evaluation Board (MEB), the Physical Evaluation Board (PEB) and any required review of those actions. DODI 1332.38, Physical Disability Evaluation establishes standards for processing MEBs and PEBs. The MMRB is not a component of the PDES.

b. Soldiers are referred into the PDES through one of five ways:

(1) MEB. The attending provider initiates an MEB under the provisions of AR 40-400, Patient Administration, Chapter 7 when a KSARNG Soldier has received maximum benefit of medical care for a condition which may render the Soldier unfit for further military service. A KSARNG Soldier must be referred for evaluation within one year of diagnosis of the medical condition if unable to return to military duty. The MEB documents whether the Soldier meets the medical retention standards of AR 40-501, Standards of Medical Fitness, Chapter 3. If the Soldier does not meet medical retention standards, the MTF refers the case to the applicable Physical Evaluation Board (PEB) to determine fitness.

(a) MEBs are convened to document a Soldier's medical status and duty limitations insofar as duty is affected by the member's medical status. The Physical Evaluation Board (PEB) determines whether a KSARNG Soldier is unfit for further military duty because of physical or mental disability.

(b) The MEB is not a formal board, but rather an informal process requiring at least two physicians and a reviewer, who compile, assess, and evaluate the medical history of the Soldier to determine how the injury or disease will respond to treatment protocols. If they determine that a KSARNG Soldier doesn't meet medical retention standards according to AR 40-501, Standards of Medical Fitness, and the Soldier has reached maximum (optimal) benefit of medical care, then they begin an MEB.

(2) Fitness for duty medical examination: Commanders may refer KSARNG Soldiers under their command to the MTF for a medical examination under the provisions of AR 600-20, Army Command Policy, para 5-4, when they believe the Soldier is unable to perform MOS or specialty code duties due to a medical condition. The examination results normally will be forwarded to the PEB when the Soldier's

medical condition falls below medical retention standards. However, the results of a fitness for duty medical examination may justify the convening of a MEB.

(3) MMRB. The MMRB is an administrative screening board that determines whether Soldiers with permanent 3 or 4 physical profiles can physically perform their primary MOS (branch/specialty code for officers) in a worldwide, field environment. Referral to a MEB/PEB is one of four actions that the MMRB Convening Authority (MMRBCA) may direct. When the MMRBCA directs referral to a MEB/PEB, conduct of the PEB is normally mandatory without regard to the findings of the MEB. The MEB may only return the Soldier to duty when it determines the Soldier meets medical retention standards and upgrades the profile to a permanent 2 or 1.

(4) HQDA action. The Commander, PERSCOM, upon recommendation of The Surgeon General, may refer a KSARNG Soldier to the responsible MTF for medical evaluation as described in (2) above. The Commander, PERSCOM, may directly refer a Soldier into the PDES when it disapproves an MMRB recommendation to reclassify a Soldier or branch transfer an officer.

(5) Reserve Component non-duty related board. KSARNG Soldiers who have impairments that were neither incurred nor aggravated while the member was performing duty may request a referral to the PEB solely for a fitness determination upon notification that he/she is pending separation for a medical disqualification. The non-duty related board is not convened to determine eligibility for disability benefits. It only determines fitness to perform duty. Referral is not mandatory, but at the request of the Soldier. This type of referral applies to KSARNG Soldiers not on extended active duty that incurred disqualifying medical impairments during non-military service and received no issue of aggravation while in a duty status. Referral to the PEB allows these Soldiers to have fitness determined under the standards applied to Active Army Soldiers with service-incurred conditions (see paragraph "e" below). The NGKS-MDS then refers the case to the PEB—not the MTF. The MTF may conduct a physical on the KSARNG Soldier at the request of state headquarters, but does not conduct an MEB.

c. The MTF Physical Evaluation Board Liaison Officer (PEBLO) is responsible for counseling Soldiers referred into the PDES by an MEB. The PEBLO counsels the Soldier on MEB/PEB findings and related rights and benefits. If the MTF determines that the Soldier is not mentally competent, the PEBLO counsels the designated next-of-kin. For KSARNG non-duty related cases, the NGKS-MDS is responsible for providing administrative support and counseling on the process.

d. The standard for determining fitness is whether the medical condition precludes the KSARNG Soldier from reasonably performing the duties of his or her office, grade, rank, or rating. These include:

(1) Worldwide deployability. Per DOD Instruction 1332.38, the KSARNG Soldier's inability to perform the duties of his rank and MOS in every geographic location and under every conceivable circumstance will not be the sole basis for a finding of unfitness. Deployability, however, may be used as a consideration in determining fitness.

(2) Performance-based. The PDES relies heavily on the performance data provided by the Soldier's immediate commander. Variations in case findings occur when commanders provide inadequate information regarding the Soldier's duty performance.

e. Presumption of Fitness. Disability compensation is not an entitlement acquired by reason of service-incurred illness or injury. It is provided to Soldiers whose service is interrupted and can no longer continue to reasonably perform his/her duty because of a physical disability incurred or aggravated in the line of duty. When a KSARNG Soldier is being processed for separation or retirement for reasons other than physical disability, continued performance of assigned duty commensurate with his or her rank or grade until the Soldier is scheduled for separation or retirement, creates a presumption that the Soldier is fit. This is known as the Presumption of Fitness Rule. (This rule is not applied to KSARNG cases referred to the PDES for non-duty related cases.) The Soldier is presumed fit because he or she has continued to perform military duty up to the point of retirement for reasons other than physical disability. Disability retired pay is to compensate a Soldier whose career has been terminated solely for reasons of disability.

f. Application of the Presumption of Fitness Rule does not mandate a finding of fit. It is a rebuttal presumption that is overcome if the preponderance of evidence establishes the circumstances described below:

(1) Acute, grave illness or injury: Within the presumptive period an acute, grave illness or injury occurs that would prevent the member from performing further duty if he or she were not retiring; or

(2) Deterioration of a chronic condition: Within the presumptive period a serious deterioration of a previously diagnosed condition, to include a chronic condition, occurs and the deterioration would preclude further duty if the member were not retiring; or

(3) Inadequate duty performance: The condition for which the member is referred is a chronic condition, and a preponderance of evidence establishes that the member was not performing duties befitting his or her experience in the office, grade, rank, or rating before entering the presumptive period.

g. Once the PEB determines the KSARNG Soldier's physical unfitness, it then rates the disability using the Veterans Schedule for Rating Disabilities (VASRD). Ratings can range from 0 to 100 percent rising in increments of 10.

h. The PEB may rule the KSARNG Soldier as fit for duty, separation, permanent retirement, or temporary retirement. Four factors determine each category: can the Soldier perform in the MOS, the rating percentage, the stability of the disabling condition and the years of active service in the case of pre-existing conditions.

(1) KSARNG Soldiers with hereditary or congenital disabilities or otherwise disabled due to the natural progression of a pre-existing condition are entitled to disability retired or severance pay. The KSARNG Soldier must be on active duty for more than 30 days and have eight-years of active service at the time of disability separation or retirement.

(2) The KSARNG Soldier will receive a permanent disability if the Soldier is found unfit, the disability is rated permanent and stable and rated at a minimum of 30%, or the Soldier has 20 years of active federal service.

(3) Temporary disability retirement occurs if the Soldier is found unfit and entitled to permanent disability retirement except that the disability is not stable for rating purposes. "Stable for rating purposes" refers to whether the condition will change within the next five years so as to warrant a different disability rating. However, stability does not include latent impairment--what might happen in the future.

(4) Separation with disability severance pay occurs if the Soldier is found unfit, has less than 20 years of active federal service, and has a disability rating of less than 30%.

(5) Separation without benefits occurs if the unfitting disability existed prior to service, was not permanently aggravated by military service, and the member has less than eight years of active service. Or, the disability was incurred while the Soldier was AWOL or while engaging in an act of misconduct or willful negligence.

(6) The Soldier is judged fit when he or she can reasonably perform the duties of the grade and MOS.

i. When a KSARNG Soldier is placed on the Temporary Disability Retirement List (TDRL), the law requires the member to undergo a periodic medical reexamination within 18 months followed by a PEB evaluation. The KSARNG may retain the Soldier on the TDRL for up to five years, or determine a final course of action.

j. A three-member board composed of a mixture of military and civilian personnel normally adjudicates disputes regarding PEB dispositions.

(1) The physician may be civilian or military.

(2) When a KSARNG Soldier appears before the board, one member must be from the Reserve Component.

(3) The initial findings and recommendations are based on a record review without the Soldier present.

(4) A KSARNG Soldier who disagrees with the informal findings and who is found unfit are entitled by law to a formal hearing. Soldiers who are determined fit may request the PEB president grant them a formal hearing. Soldiers may elect to appear or not appear and to be represented by appointed counsel

or by counsel of choice at no expense to the government. Soldiers may request essential witnesses to testify on their behalf. The PEB president determines whether witnesses are essential.

(5) The USAPDA reviews those cases in which the Soldier disagrees with the findings of the PEB and submits a rebuttal. Additionally, USAPDA designates certain cases for mandatory review and conducts a sample review of others. If the USAPDA changes the findings of the PEB and the Soldier non-concurs and submits a rebuttal, the case is forwarded to the Army Physical Disability Appeal Board (APDAB) for final decision.

Chapter 18

Post-Deployment Health Reassessment

18-1 Purpose

a. Provide a post-deployment health reassessment (PDHRA) of global health, three to six months post-deployment. The program will address the deployment-related physical and mental health needs of our Soldiers.

b. Research shows that our Soldiers may experience unrecognized and undiagnosed medical conditions that surface after the Soldier has been Released from Active Duty (REFRAD). Employing the PDHRA assists leaders in identifying and resolving deployment related medical issues especially as it relates to Soldiers' behavioral health.

18-2 Reference

a. Memorandum Dated 23 January 2006, from the Secretary of the Army and the Army Chief of Staff, Subject Post-Deployment Health Reassessment

b. DoD Instruction 6490.3 "Implementation and Application of Joint Medical Surveillance for Deployments," August 7, 1997

18-3 General Guidance

a. The program is mandatory for all Soldiers to complete three to six months post-deployment for all Soldiers deployed to a combat zone.

b. The PDHRA is a commander's program. Commanders must ensure the complete redeployment processing of their personnel in order to facilitate a smooth post-deployment transition for each Soldier.

c. The Department of Defense has established a centralized contract with Federal Occupational Health (FOH) to provide the Reserve Component (RC) with PDHRA teams and a central call center to accomplish the PDHRA screening process. States will be required to track cost of supplemental staff and travel costs to referred appointments. Units with returning Soldiers from deployments can contact NGKS-MDS, ATTN: PDHRA Program Manager for coordination of services with FOH. NGKS-MDS will coordinate with FOH to accomplish all post deployment requirements.

18-4 Screening Completion

a. The On Site screening process is the recommended course of administration of the PDHRA for the Army National Guard. This screening will be coordinated through the NGKS-MDS Office with FOH and will include the following requirements:

(1) Screening location must take into account the need for Soldiers to complete this form in a location that allows for confidentiality.

(2) Review of each Soldier screening form with a provider will occur in a location that ensures privacy. In the event the Soldier is not available to attend the group screening, the PDHRA can be administered on a one-on-one basis via Army Knowledge On-Line (AKO) or through the National Call Center (888)-PDHRA99 (888-734-7299). These options should be accomplished by exception.

18-5 Referral Process

- a. Coordination will be made for follow on referrals among providers including Veterans Administration/Veterans' Center, Community Support Agencies, Military Treatment Facilities (MTF), TRICARE, and contract support. The TRICARE Access standards will be utilized to ensure immediate access to follow-on referrals. The VA will be used as the initial referral point if possible.
 - (1) FOH will initiate all referrals.
 - (2) The NGKS-MDS will receive a report of all screening missions and will case manage all required follow-up care.
- b. If a Soldier is found to have a condition that meets the requirements for erroneous REFRAD due to a medical condition, the Medical Retention Processing 2 (MRP2) procedures can be applied.
- c. The PDHRA screening form will be automated and forwarded to the Army Medical Surveillance System (AMSA) to be archived in the Defense Medical Surveillance System (DMSS) by FOH. The automated DD2900 will also be stored in the MEDPROS Web Data Entry (MWDE) module through the Store and Forward gateway. This collection is automatic upon completion of the DD2900 by a certified Healthcare Provider. Annotation into the MEDPROS database as a download from AMSA, will identify the fact that the Soldier has completed or declined the PDHRA.
- d. Referrals generated through the PDHRA screening will be entered into the LOD Module by LOH after the completion of the PDHRA event. Any Profiles that are generated as a result of follow up care will be entered into the E-Profile Module by the PDHRA Case Manager or the NGKS-MDS Case Manager.
- e. A copy of the DD Form 2900 PDHRA Screening and any SF 513 Consultation and/or LOD (DA Form 2173) will be placed into the in the Soldier's Health Record and into the online Health Readiness Record (HRR) at the completion of the event, **either at the time of the event or forwarded by FOH to the KSARNGMD.**
- f. The NGKS-MDS PDHRA Program Manager will evaluate the PDHRA to monitor quality assurance procedures are followed.

18-6 Line of Duty Investigations

- a. In Line of Duty (LOD) consideration. An LOD will be processed IAW AR 600-8-4 and MILPER Message Number 05-273: Line of Duty (LOD) Post Deployment Health Reassessment Policy.
- b. A Soldier can receive medical care through an approved in line of duty finding and the cost will be billed and coordinated through the Military Medical Support Office (MMSO). The PDHRA LOD Clerk, Referral Coordinator, or other state designated personnel will process the LOD and Referral. Lack of an LOD does not mean the Soldier cannot receive future care or file future medical claim. Medical documentation in the health record can be used to validate a future claim.
- c. The NGKS-MDS Line of Duty Administration Clerk will be responsible for completing all LODs generated on the day of the PDHRA and for processing final LOD generated after initial evaluation.
- d. Completion of DA Form 2173 Statement of Medical Examination and Duty Status
 - (1) Section I, will be completed by the PDHRA medical provider. Block 7 will state "PDHRA Screening." Block 10 will state "This medical evaluation will be completed IAW Secretary of Defense PDHRA Directive". Block 15 will state "SM states _____."
 - (2) Part II of DA Form 2173 will be signed by the unit Commander or his/her designee. The signature verifies the Soldier's participation in a contingency operation. Section 30, will state, "Soldier requires further medical evaluation IAW with PDHRA Directive.
 - (3) The Soldier will have an initial evaluation completed by the VA or other approved service provider and the results will be jointly reviewed by the State Surgeon's Office and the G1. A determination will be made for duty connection and the USFPO or Senior Army Advisor will be the final approval authority. The following procedures will be completed to document duty connection or lack of duty connection.

(4) A memorandum will be prepared with one of the following statements based on the outcome of the initial referral:

(a) In the Line of Duty.

(b) Not in the Line of Duty.

(c) The memorandum will be addressed to the Soldier and a copy will be distributed to the State Surgeon to be placed into the Soldier's medical records, the G1 to be placed into the personnel record and the unit Commander. (See Figure 19-1 LOD Guidance).

(d) Once the Line of Duty Investigation is complete, the Soldier can be placed on travel orders funded through the PDHRA program budget channels for up to seven (7) visits to the VA, or qualifying civilian practitioners if the Soldiers HOR is outside of allowable range for travel to a VA facility. Further funding for travel orders for treatment beyond seven (7) visits will be evaluated on a case by case basis. The progress of treatment will be monitored by the PDHRA Case Manager, who will, through the appropriate channels, approve further funding for visits outside of the seven (7) granted by the PDHRA Program directives.

18-7 Case Management

The NGKS-MDS PDHRA Case Manager will be responsible for coordinating follow-up care generated from the initial PDHRA Evaluation and for processing MRP2 packets as necessary.

a. Coordination will be made by the NGKS-MDS Case Manager or designated responsible party for all medical evaluations recommended by the PDHRA screening providers. Medical evaluation should be made initially with the Veterans Administration/Veterans' Center and Community Support Agencies. If this is not possible, alternate sources include available MTF or TRICARE Network Providers using MMSO for coordination. The TRICARE access standards will be utilized to ensure immediate access to follow-on evaluations and referrals.

b. Figure 19-2 TRICARE Access, depicts the TRICARE access standards for distance and appointments.

c. All referrals for medical evaluation will be documented on a DA Form 2173, Statement of Medical Examination Sheet by the Screening Provider. The provisional diagnosis block will contain the following statement: "SM states _____."

18-8 PDHRA Manager

The PDHRA Manager as designated by NGKS-MDS will oversee the PDHRA Program, to include coordination with FOH, the Commanders of units with returning Soldiers, and one-on-one screenings. The PDHRA Manager will also coordinate with NGB-ARP Health Reassessment Team. The PDHRA Manager will:

a. Contact unit Commanders and provide information briefing on the PDHRA Process. See Figure 19-3 PDHRA Commander's Checklist.

b. Contact the unit administrator and insure that Soldier contact information is up-to-date in administrative systems and coordinate to ensure necessary supplies are available.

c. Coordinate screening team availability and schedule events through channels at the PDHRA Program office at NGB.

d. Track LOD referrals for completeness through the PDHRA portion of the LOD Module and reassign UIC's for Soldiers completing the DA Form 2173 as necessary to ensure Soldier care.

Chapter 19

Aviation Medicine

19-1 Purpose

This SOP will provide guidance regarding support of Aviation Medicine. The SOP outlines specifics for completion of Soldiers requiring Aviation Physicals and guidance on the procedures for maintaining medical readiness for flying duty (up slips, DA 4186).

19-2 References

AR 40-501 Standards of Medical Fitness Chapters 4 and 6, AR 40-8 Temporary Flying Restrictions Due to Exogenous Factors Affecting Aircrew Efficiency, and Aeromedical Technical Bulletins

19-3 Frequency and Categories of Aviation Physicals

There are three broad categories of Flight Duty Medical Exams (FDME) and the Flight Duty Health Screen (FDHS). They are:

- a. Initial FDME. Performed for accession purposes and is comprehensive. This is valid for up to 18 months regardless of physical class.
- b. Comprehensive FDME. Performed on trained rated and non-rated aircrew, covering the annual PHA and retention requirements. This is performed every 5 years between the ages 20 and 50 and then annually thereafter. The five-year period shall be aligned as practicable with ages ending in "0" or "5" so comprehensives are accomplished at 25, 30, 35, 40, 45, and 50—this makes clinic management and scheduling simpler and easy to remember. It is generally valid for 12 months and is synchronized to expire at the end of the aircrew member's birth month. Comprehensives may be done more frequently at the discretion of the flight surgeon or as part of the requirements for aeromedical waivers or after mishap.
- c. Rucker FDME. Performed only at Lyster Army Health Clinic, Fort Rucker, AL, on Class 1 Flight School students, prior to the beginning of flight training. This reviews, documents, and verifies medical qualification for flight training as well as addresses any interim aeromedically significant changes since completing the Initial FDME. This is valid for up to 24 months at Fort Rucker to allow the flight student to complete flight training. Often upon completion and PCS, the graduated flight student upon reporting to the next duty station will require a FDME/FDHS with birth month realignment.
- d. FDHS. Performed annually on rated and non-rated trained aircrew. This is a retention-type of health screen and is performed during the interim years between comprehensive FDMEs. It is generally valid for 12 months and is synchronized to expire at the end of the aircrew member's birth month. This type of physical will also meet the annual PHA requirement provided the Soldier utilizes and completes the ePHA questionnaire portion on their AKO and the PHA is completed by the provider in conjunction with the physical.

19-4 Scheduling of Services

- a. Scheduling of all medical services should be made through the unit medical representative (unit Medical Readiness NCO or alternate). Units will provide an alpha roster of Soldiers' Name, SSN, and type of medical service requested. Soldiers should be scheduled to complete medical services and any potential consults to allow for at least 2 weeks before the date of expiration of services.
- b. The Kansas Army National Guard Medical Detachment will coordinate with units to have available a minimum of one mission per month where aviation physicals can be performed. Units will annually submit requested mission dates. The KSARNG Medical Detachment will then publish a mission calendar listing dates for the completion of aviation medical services.
- c. Units may also coordinate with the KSARNG Medical Detachment to conduct aviation medical services at any of the other scheduled events planned throughout the year, to include weekend missions as well as the twice monthly walk-thru clinics periodically held in Lenexa and Salina. This will require coordination to ensure a qualified Flight Surgeon, Flight Physician Assistant or Flight Nurse Practitioner is available to complete the provider portion of the physical.
- d. For aviation medicine services not able to be supported by the KSARNG, the Unit Medical Readiness NCO will schedule services through either Fort Riley or Fort Leavenworth Aviation Medicine.

e. The window for scheduling a flight physical is within the Soldiers birth month and up to two months preceding.

19-5 Preparations for Aviation Physicals

- a. All Soldiers will report in their PT uniform.
- b. Any Soldier that requires an over 40 FDME/FDHS should not consume any food or beverages (except black coffee or water) at least twelve hours prior to their appointment.
- c. Soldiers who wear contact lenses must leave them out for at least twelve hours prior to the exam and should bring a current copy of their eye wear prescription and prescription lens.
- d. Soldiers with an existing profile or waiver must bring a copy with them.
- e. Soldiers who take medications must be able to provide the following information: drug name, dosage, and condition for which they are taken.
- f. Soldiers must bring their medical records with them to the appointment.
- g. Required documents for the physical (DD 2807-1, DD 2808, DA 4497, checklist, etc...) will be initiated at the unit and brought with Soldier's records.

19-6 Consults

- a. Soldiers that are given consults to complete a physical or upslip will have appointments made (KSARNG provider of choice) for them by the Deputy Chief of Staff for Personnel - Medical Services at no expense to the Soldier (services covered are only those tests or exams necessary to determine the health status of the Soldier). Any treatment, procedures, or surgeries necessary to generate an upslip are at the expense of the Soldier IAW AR 40-501 10-13. Soldiers may use their own provider at no expense to the military granted that the Soldier's provider completes all requirements necessary to determine the health of the Soldier.
- b. When a consult is required the provider will fill out a referral including the Soldier's telephone number, email address and times they are available for an appointment. The reason for the consult, Soldier's telephone number and available time will also be annotated in the block provided on the aviation checklist. The referral and the checklist will be given to the Deputy Chief of Staff for Personnel - Medical Services (NGKS-MDS-AV) so an appointment can be made.
- c. An appointment will be scheduled with a Kansas Guard provider, civilian contractor, or at a military treatment facility.

19-7 KSARNG Flight Physical tracking system

All flight physicals will be annotated on the flight physical tracking spreadsheet located on the G drive: G:\G-1_KSARNG\Medical\All Flight Tracking on the excel document "Flight Physicals".

- a. Responsibility for tracking flight physicals is as follows:
 - (1) KSARNG Medical Detachment will annotate those Soldiers that receive a flight physical at a given mission and complete columns A-K.
 - (2) The NGKS-MDS-AV will make appointments for given consults after consults are scanned and emailed to them within 24-48 hours of mission completion. NGKS-MDS-AV will complete columns L-P.
 - (3) AVN BN Medical Readiness NCO (MRNCO) will have read/write access to spreadsheet and will liaison between NGKS-MDS and the Soldier requiring appointments. All Soldiers referred out to a non-KSARNGMD physical (ie MTF) by the AVN BN will be documented by the AVN BN MRNCO. All consults required as a result of a non KSARNGMD physical must be scanned and emailed to the NGKS-MDS-AV for actioning.
 - (4) All entities involved in the flight physical process with write access will enter 'case management notes' indicating anything that might be informative as to where the consult is in the process or any information that would be beneficial to the other users of the system.

(5) Write access to the spreadsheet will be limited to select staff directly involved in the flight physical process. Individuals requesting read only access must request in writing through the Deputy Chief of Staff for Personnel - Medical Services as well as complete HIPAA compliance training.

19-8 Temporary Flying Restrictions Due to Exogenous Factors Affecting Aircrew Efficiency

a. Aircrew members will immediately inform their Unit flight surgeon or APA when they have participated in activities or received treatment for which flying restrictions may be appropriate. This includes exposure to any exogenous factors listed in this regulation as well as any treatment or procedure performed by a non-flight surgeon or APA.

b. At times when the Soldier's flight surgeon or APA or not available, the Soldier will contact their Unit Medical Readiness NCO. The Soldier will indicate a brief summary of the concern.

(1) The Unit Medical Readiness NCO will contact the Aviation Medicine Specialists at the Deputy Chief of Staff for Personnel - Medical Services (NGKS-MDS-AV) for an appointment with a medical provider to receive an up slip.

(2) The Aviation Medicine Specialist will coordinate with a KSARNG flight surgeon, APA, or AMNP and schedule an appointment for a Soldier up slip evaluation.

(3) If a provider is not available for a timely evaluation, the Aviation Medicine Specialist will inform the Unit Medical Readiness NCO to schedule the Soldier for evaluation at either Fort Riley or Fort Leavenworth Aviation Medicine.

19-9 Medical Services

Unless otherwise indicated and approved by the unit Battalion Commander, Soldiers scheduled for medical services by their unit will receive all required medical services necessary to make the Soldier medically ready, to include FDHS or FDME, HIV, Standard required immunizations, post-deployment health reassessment DA Form 2900, DNA etc.

Chapter 20

HIV – Surveillance Program

20-1 Purpose

The HIV Surveillance Program allows the KSARNG Command to process any infected Soldier appropriately.

20-2 Reference

AR 600-110 22 Apr 94 and Change 1, effective 01 Jul 96. IAW Health Affairs (HA) Policy 04-007, dated 29 Mar 05.

20-3 General

a. A testing, counseling and surveillance program to test for the HIV antibody and threat HIV infection is necessary to:

(1) Ensure the continued readiness and deployability of the Total Armed Force.

(2) Preserve the health of DA personnel and their families.

(3) Determine fitness for military duty.

(4) Permit Commanders to assess the readiness, security, military fitness, and discipline of their commands.

b. Testing is completed in conjunction with medical readiness mission/ PHA/ SRP event. For Traditional Guardsmen, the requirement is once every 5 years, for Title 10 and 32 AGR it is bi-annual. Special consideration will be given to mobilizing Soldiers in preparation for overseas deployment. All Soldiers deploying OCONUS are required to have HIV testing within 90 days of deployment. Deploying Soldiers must notify medical personnel of pending deployments during the medical readiness mission/PHA event if not in conjunction with an SRP.

20-4 Positive Results

All positive HIV results will be managed in IAW AR 600-110. The following is a checklist for HIV Positive Procedures:

- a. Notify NGKS-MDS State HIV Program Manger as soon as possible, normally within 2 working days of receiving the positive lab result.
- b. Before the Soldier is contacted, has the Soldier's original HIV Test sample been tested and clinically indicated using the Western Blot Test?
- c. Has the Soldier been notified in a face-to-face interview, by a physician and counseled via the DA Form 4856 and AR 600-110 Chapter 2-14?
- d. Once the Soldier has been notified about the clinical indication of a HIV positive test results, has the Soldier's blood been re-drawn for confirmation, using the Western Blot Test method?
- e. Was a notification of the positive result mailed to the Soldier after the face-to-face notification?
- f. Has the Soldier been medically evaluated to determine the status of their infection and fitness of duty?
- g. Has the Soldier been informed that they must provide a valid copy of an annual fitness for duty examination, by a qualified physician to the KSARNG HIV Program Manager?

Appendix A Required Publications

AR 40-66

Medical Record and Quality Assurance Administration. (Cited in Paras 16-2, 16-6, and 16-7.)

AR 40-68

Medical Services Clinical Quality Management. (Cited in Para 12-3.)

AR 40-501

Standards of Medical Fitness. (Cited in Paras 4-10, 5-1, 8-1, 8-3, 9-1, 15-1, 17-5, 18-1, and 18-3.)

AR 40-562

Immunizations and Chemoprophylaxis. (Cited in Para 14-3)

AR 135-381

Incapacitation of Reserve Component Soldiers. (Cited in Para 4-1.)

AR 351-3

Professional Education and Training of Army Medical Department (AMEDD)

AR 600-8-4

LOD Policy, Procedures, and Investigations

AR 600-8-10

Leave and Passes

AR 600-60

Physical Performance Evaluation System

AR 600-110

Identification, Surveillance, and Administration of Personnel Infected with Human Immunodeficiency Virus (HIV). (Cited in Paras 7-1 and 7-3)

AR 635-40

Physical Evaluation for Retention, Retirement, or Separation

DA Pam 135-381

Incapacitation of Reserve Component Soldiers Processing Procedures. (Cited in Para 4-1.)

DA Pam 611-21

Military Occupational Classification and Structure. (Cited in Para 18-1 and Fig 18-1 and 18-2.)

DoD Directive 1332.18

Separation or Retirement for Physical Disability. (Cited in Para 18-4c.)

DoDI 6490.3

Implementation and Application of Joint Medical Surveillance for Deployments. (Cited in Para 19-1b.)

DoDI Directive 1332.28

Discharge Review Board Procedures and Standards. (Cited in Para 18-4c.)

HA Policy 04-007

HIV Interval Testing. (Cited in Para 7-1.)

MEDCOM Cir 40-14

Clinical Baseline Competencies for Enlisted Medical Personnel. (Cited in Paras 11-1 and 11-5.)

MILPER Message Number 04-096

Disability Processing for Mobilized Reserve Component Soldiers. (Cited in Para 3-2f.)

MILPER Message Number 05-036

Disability Processing for Mobilized Reserve Component Soldiers. (Cited in Para 3-2f.)

MILPER Message Number 05-273

LOD Post Deployment Health Re-Assessment. (Cited in Para 19-6, a.)

NGB Policy Letter 05-043

Promotion Eligibility for Soldiers Undergoing or Pending Medical Action. (Cited in Para 18-1, c.)

PPG

Department of the Army Personnel Policy Guidance. (Cited in Paras 14-1, 17-1b., 17-2, 17-5, and 17-6.)

SB 8-75-S10

Army Medical Supply Information. (Cited in Para 10-1 and 10-2.)

USPDA Policy/Guidance Memorandum #4

Processing RC NDR Cases. (Cited in Para 18-4c.)

**Appendix B
Related Publications**

AR 40-3

Medical, Dental, and Veterinary Care

**Appendix C
Prescribed Forms
DA Form 2-1**

PQR. (Prescribed in Paras 18-3 and 18-4.)

DA Form 200

Transmittal Record. (Prescribed in paras16-3 and 16-7.)

DA Form 705

APFT Scorecard. (Prescribed in Paras 18-1, 18-3, 18-4, and Fig 18-6.)

DA Form 1379

Unit Record of Reserve Training. (Prescribed in Paras 1-5 and 3-2)

DA Form 2173

Statement of Medical Examination and Duty Status. (Prescribed in Paras 1-5, 2-3, 4-9, 18-3, 19-6, and 19-7.)

DA Form 2766

Adult Preventive and Chronic Care Flow Sheet. (Prescribed in Para 14-7.)

DA Form 3349

Physical Profile. (Prescribed in Paras 8-1, 9-2, 15-3, 18-1, 18-3, 18-4, Figs 18-2, 18-6, and 18-7.)

DA Form 4187

Personnel Action. (Prescribed in Para 3-2.)

DA Form 4856

Developmental Counseling Form. (Prescribed in Para 7-3.)

DA Form 7349

Initial Medical Review-AMC. (Prescribed in Para 7-2, 7-3, 9-2a., and Fig 18-6.)

DD Form 214

Certificate of Release or Discharge from Active Duty. (Prescribed in Para 18-3.)

DD Form 261

Report of Investigation - LOD and Misconduct Status. (Prescribed in Para 4-9.)

DD Form 2642

Champus Claim Patient's Request for Medical Payment. (Prescribed in Para 1-6.)

DD Form 2813

Active Duty/Reserve Forces Dental Examination. (Prescribed in Para 5-2, 16-6, 17-6, and Figures 16-1, 16-2, and 16-4.)

DD Form 2900

PDHRA Screening. (Prescribed in Para 19-5.)

HCFA 1500

Health Insurance Claim Form. (Cited in Para 1-6b.)

NGB Form 22

Report of Separation and Record of Service. (Cited in Para 18-3.)

PHS 731

International Certificate of Vaccination (Yellow Immunization Card). (Cited in Para 14-7.)

Standard Form 513

Medical Record-Consultation Sheet. (Prescribed in Fig 16-4 and 16-5.)

Standard Form 603

Health Record-Dental. (Prescribed in Para 16-6 and 17-6.)

UB 92

Standard HCFA 1450 Medical Billing Form. (Prescribed in Para 1-6b.)

USARC-46-2-R

Physicians Disability Incapacitation Certificate. (Prescribed in Paras 3-2 and 4-9.)

Appendix D

Referenced Forms

ADA Claim Form

Standard Dental Billing Claim Form

AGKS 6002

Report of Incident.

DA Form 2823

Sworn Statement.

DA Form 3365

Authorization for Medical Warning Tag.

DA Form 4691

Initial Application for Clinical Privileges and Staff Appointment.

DA Form 4691-1

Application for Renewal of Clinical Privileges and Staff Appointment.

DA Form 5374

Performance Assessment.

DA Form 5440 Series

Delineation of Clinical Privileges.

DA Form 5440A

Approval of Clinical Privileges/Staff Appointment.

DA Form 5441 Series

Evaluation of Clinical Privileges.

DA Form 5754

Malpractice and Clinical Privileges Questionnaire.

DA Form 7349

Initial Medical Review-AMC.

DD Form 771

Eyewear Prescription.

DD Form 2215

Reference Audiogram.

DD Form 2807-1

Report of Medical History.

DD Form 2808

Report of Medical Examination.

Standard Form 600

Chronological Record of Medical Care.

Standard Form 601

Immunization Record.

Standard Form 603A

Health Record—Dental—Continuation.

Glossary

Section I

Abbreviations

ADA

American Dental Association

ADT

Active Duty for Training

ADME

Active Duty Medical Examination

ADSW

Active Duty for Special Work

AGR

Active Guard Reserve

AMC

Annual Medical Certificate

AMEDD

Army Medical Department

AN

Army Nurse Corps

AR

Army Reserves

ARNG

Army National Guard

APFT

Army Physical Fitness Test

AT

Annual Training

AWOL

Absent Without Official Leave

CBHCO

Community Based Health Care Organization

CHE

Continuing Health Education

CPR

Cardio-Pulmonary Resuscitation

CMAST

Combat Medic Advanced Skills Training

DA

Department of the Army

DAS

Disciplinary Action Statement

DC

Dental Corps

DCS

Deputy Chief of Staff

DES

Disability Evaluation System

DEA

Drug Enforcement Agency

DOD

Department of Defense

DODI

Department of Defense Instruction

DEERS

Defense Enrollment Eligibility Reporting System

DSS

Deputy State Surgeon

EOB

Explanation of Benefits

EMT

Emergency Medical Technician

EPTS

Existed Prior to Service

FOH

Federal Occupational Health

FFD

Fitness for Duty

G1-PSB

JFHQ-KS-LC- G1 Personnel Service Branch

G6PD

Glucose-6 Phosphate Dehydrogenase Deficiency

GTR

Government Travel Request

GWOT

Global War on Terrorism

HIV

Human Immunodeficiency Virus

HQDA

Headquarters Department of the Army

IAW

In Accordance With

ICTB

Inter-facility Credentials Transfer Brief

IDT

Inactive Duty Training

JFHQ-LC

Joint Force Headquarters-Land Component

KSARNG

Kansas Army National Guard

KSAMD

Kansas Area Medial Detachment

KSRTI

Kansas Regional Training Institute

LOD

Line of Duty

LODI

Line of Duty Investigative Clerk

LOI

Letters of Instruction

MC

Medical Corps

MEB

Medical Evaluation Board

MEDCOM

Medical Command

MHO

Medical Hold Over

MHU

Medical Holding Unit

MMRB

MOS/Medical Retention Board

MMSO

Military Medical Support Office

MOAB

Medical Outcome Advisory Board

MOB

Mobilization

MODS

Medical Operational Data Systems

MOS

Military Occupational Skill

MRO

Medical Release Officer

MRP

Medical Retention Processing

MRP2

Medical Readiness Processing

MS

Medical Service Corps

MTF

Military Treatment Facility

NCCPA

National Commission for Certification of Physicians Assistants

NCO

Non-Commissioned Officer

NDR

Non-duty Related

NGB

National Guard Bureau

NLT

No Later Than

NP

Advanced Registered Nurse Practitioner

NREMT-B

National Registry of Emergency Medical Technician Basic

OTSS

Office of The State Surgeon (JFHQKS-LC-OTSS)

OTSS-DSS

Office of The State Surgeon, Deputy State Surgeon (JFHQKS-LC-OTSS-DSS)

OTSS-HSS

Office of The State Surgeon, Health Systems Specialist (JFHQKS-LC-OTSS-HSS)

ODT

Overseas Deployment Training

PA

Physicians Assistant

PAD

Patient Administration Department

PDES

Physical Disability Evaluation System

PDHRA

Post-deployment Health Re-assessment

PEB

Physical Evaluation Board

PHTLS

Pre-Hospital Traumatic Life Support

PPG

Personnel Policy Guidance

PQR

Personnel Qualifications Record

RC

Reserve Component

REFRAD

Release from Active Duty

SACMS-VT

Semi-annual Combat Medic Skills Validation Test

SJA

Staff Judge Advocate

SOP

Standards of Procedure

SP

Army Medical Specialty Corps

SRP

Soldier Readiness Processing

S&S

Supply and Service

USPDA

United States Army Physical Disability Agency

USP&FO

United States Property and Fiscal Officer

VC

Veterinary Corps

Section II:**Terms****Certification**

Official recognition of an individual by a national agency or association, which is intended to assure the public that the health care professional has successfully completed an approved educational program, and evaluation. This includes a formal examination designed to assess the knowledge, experience, and skills requisite to the provision of high quality patient care in that specialty.

Credentialing

The process of obtaining, assessing, and verifying the qualifications of a health care provider to render beneficiary care or service in, or for, a health care organization.

Credentials

The documents that constitute evidence of qualifying education, training, licensure, certification or registration, experience, current competence, health status, and other qualifications of health care personnel.

Documentation

The process of recording information in the health care beneficiary's medical record, or the recording of information in, or on, another source document.

G6PD

Glucose-6-Phosphate Dehydrogenase (G6PD) deficiency is the most common human enzyme deficiency; an estimated 400 million people worldwide are affected by this enzymopathy. Only one test is required to determine if a deficiency exists. G6-PD screening results have no expiration date. Results from any quantitative G6-PD laboratory assay approved for use by the US Food and Drug Administration may be used to satisfy the screening requirement. The result of testing will be documented in MEDPROS, as N for normal, or D for deficient. Alert tags must be carried at all times and used to inform health care providers any time primaquine, or similar drug may be prescribed or issued. Sulfonamides, nitrofurantoin,

phenacetin, antipyretics, quinidine, thiazide diuretics and tolbutamide can also trigger hemolytic episodes in G6-PD deficient individuals.

Health care professional

Military (AA/USAR/ARNG) and civilian (GS and those working under contractual or similar arrangement) personnel who have received advanced education or training beyond the technical level in a recognized health care discipline, and who are: licensed, certified, or registered by a State, Government agency, or professional organization to provide specific health services in that field. This includes those involved in the provision of diagnostic, therapeutic, or preventive care, ancillary services, and administration.

Incapacitation Pay

A member of the National Guard may be entitled to Incapacitation Pay if physically disabled as a result of an injury, illness or disease incurred in the line of duty, while traveling directly to or from such training or while remaining overnight, immediately before the commencement of inactive duty training or funeral honors duty, or while remaining overnight between successive periods of IDT. A member of the National Guard who is physically unable to perform his or her military duties is entitled to full pay and allowances equal to a member of the active service of like grade and years of service. The total pay and allowances will be reduced by the amount of income the member earns from non-military employment or self-employment during the disability period. A member of the National Guard who is physically able to perform military duties, but who sustains an injury, illness, or disease while in the line of duty, that prevents the member from performing his or her civilian job will receive his or her demonstrated loss of income. This loss of income will not exceed the equivalent rate of full pay and allowances for his or her rank and length of service.

Kansas Medical Command Clinic-Salina

Medical Clinic under the Office of the State Surgeon.

License

A grant of permission by an official agency of a State, the District of Columbia, or a Commonwealth, territory, or possession of the United States, to provide health care within the scope of practice of a specified discipline.

- a. Current. Active, not revoked, suspended, or lapsed in registration.
- b. Active. Characterized by present activity, participation, practice, or use.
- c. Valid. The issuing authority accepts, investigates, and acts upon QA information, such as practitioner professional performance, conduct, and ethics of practice, regardless of the practitioner's military status or residency.
- d. Unrestricted. Not subject to limitations on the scope of practice ordinarily granted all other applicants for similar specialty in the granting jurisdiction.

Nurse practitioner

An RN who has graduated with a master's degree, as an NP in a given specialty, from an accredited school of nursing, and who has passed the national certification examination by the American Nurses Certification Corporation or the recognized national nursing certification for his/her particular specialty. The NP is qualified to: diagnose, determine, initiate, alter, or terminate health services management of identified populations of patients and or the nursing treatment provided to patients on a routine, or occasional basis. The NP possesses a current license to practice in a State, Commonwealth, territory, or jurisdiction.

Physician

An individual possessing a degree in medicine or osteopathy, and licensed by: a State, Commonwealth, territory, or jurisdiction, to practice medicine.

Physician assistant

An individual who has graduated from an accredited PA education program, and is granted privileges to determine, initiate, alter, or terminate regimens of medical care under the supervision of a licensed physician.

Privileges (clinical)

Permission to provide specified medical and other beneficiary health care services in the granting

institution, within defined limits, based on the individual's education, professional license, experience, competence, ability, health, and judgment. The three categories of clinical privileges include—

a. Regular. Permission to independently provide medical and other beneficiary health care services as described above. Regular privileges shall be granted for periods not to exceed 24 months.

b. Temporary. Granted in situations when time constraints will not allow full credentials review. Temporary privileges are valid for periods not to exceed 30 days. Granting of temporary privileges should occur infrequently and then only to fulfill pressing patient care needs. Temporary privileges may be granted with or without a temporary appointment to the medical staff.

c. Supervised. Identifies the status of non-licensed or non-certified providers, who may neither be appointed to the medical staff, nor practice independently. Supervised privileges may be granted for periods not to exceed 24 months. (See supervised privileges for more detail.)

Privileging

The process whereby the privileging authority, upon recommendation from the credentials committee, grants to individuals the authority and responsibility for making independent decisions to diagnosis, initiate, alter, or terminate, a regimen of medical or dental care.

Quality

The degree of adherence to generally recognize contemporary standards of good practice, and the achievement of anticipated outcome for a particular service, procedure, diagnosis, or clinical problem.

Quality assurance

A formal and systematic, monitoring, and reviewing of medical care delivery and outcomes; designing activities to improve health care and overcome identified deficiencies in providers, facilities, or support systems, carrying out follow-up steps or procedures, to ensure that actions have been effective and no new problems have been introduced.

Quality improvement

An approach to the continuous study and improvement of the processes of providing health care services, to meet the needs of individuals. Synonyms include: continuous quality improvement, continuous improvement, organization-wide PI, and total quality management.

Quality management

A systematic, organized, multidisciplinary approach, to enhance the quality of: ongoing assessment, monitoring, evaluation, and modification of the processes of health care services. These activities are associated with incremental and focused processes, or PIs to meet the health care needs and expectations of eligible beneficiaries.

Quality management program

A structured series of coordinated activities and procedures that, regardless of the practice site, emphasize leadership's commitment to quality performance. A supportive organizational culture, and the evaluation of the effectiveness of clinical PI activities. These activities include structured processes that: design, measure, assess, and improve the health care status and the quality of health care services provided to individuals and populations.

Registered nurse

An individual who is specifically prepared in the scientific basis of nursing; is a graduate of an accredited school of nursing; has successfully completed the National Council Licensure Examination for Registered Nurses; and possesses a license to practice as an RN in a State, Commonwealth, territory, or jurisdiction.

Verified credentials

Documents for which confirmation of authenticity, have been obtained from the primary source

