



DEPARTMENTS OF THE ARMY AND THE AIR FORCE
LAND COMPONENT, JOINT FORCES HEADQUARTERS KANSAS
2800 SOUTHWEST TOPEKA BOULEVARD
TOPEKA, KS 66611-1287

NGKS-AAG

13 March 2015

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: ATAG Policy Letter #20, Maintaining Medical and Dental Readiness

1. The proponent for this policy is the Military Personnel Officer (MILPO).
2. This policy is effective immediately and remains effective until rescinded. It establishes requirements and identifies the tools for commanders to manage Soldiers to meet medical/dental readiness standards.
3. Medical readiness is a top priority of the Kansas Army National Guard (KSARNG). Maintaining medical readiness is the responsibility of every Soldier and Leader. Individual Medical Readiness (IMR) elements include: an annual Periodic Health Assessment (PHA), dental examination and dental readiness, routine immunizations, DNA specimen, current Human Immune deficiency Virus (HIV) test, vision readiness testing, hearing readiness, pregnancy status, and documentation of any deployment limiting medical conditions. Reference AR 40-501 for more information.
4. Determining medical/dental readiness and correcting deficiencies is vital to maintaining medical readiness. It is the responsibility of the Unit's Command Team and Full Time Manning (FTM) to ensure the unit meets the medical readiness standards.
 - a. Company Commanders and First Sergeants, in addition to designated FTM, will utilize the Medical Protection System (MEDPROS) and the electronic profiling system (e-Profile) to track medical readiness, identify current and projected IMR shortfalls, and ensure Soldiers correct their deficiencies. Go to <http://www.mods.army.mil/> for more information and to acquire access.
 - b. A Soldier can determine their IMR, including PHA and Dental Readiness Code (DRC), by going to Army Knowledge Online (AKO) and selecting the My Medical Readiness link.
5. Medical Readiness Classification (MRC) is as follows:
 - a. MRC 1-Soldiers classified as Fully Medically Ready in all requirements.
 - b. MRC 2-Soldiers classified as Medically Ready within 72 hours. These Soldiers have deficiencies that are correctable during final Soldier Readiness Processing (SRP).

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c. MRC 3A-Dental Class 3 or Temporary Profile for less than 31 days with a 3 or 4 in their PULHES. These Soldiers are classified as Medically Deployable within 30 days.

d. MRC 3B-Soldiers that are classified as having medical requirements that will take more than 30 days to correct. The following are examples of the population:

(1) Profile Code F/V/X or Permanent 3 or 4 in PULHES, not in eProfile, no board

(2) In MAR2 (Hearing Board) and not completed

(3) In MEB (Medical Evaluation Board)/PEB (Physical Evaluation Board) and not completed

(4) Soldiers with a Temporary Profile greater than 30 days with a 3 or 4 in PULHES

(5) Pregnant Soldiers

e. MRC 4-Soldiers that are classified as Medically Indeterminate.

(1) Dental Class 4, exam is overdue

(2) Periodic Health Assessment is overdue

6. Maintaining a current PHA and dental examination is the foundation of medical readiness. Medical Readiness Classification 4 (MRC 4) indicates the Soldier has not had a PHA or Dental Examination in the previous 12 months and is past due. Reference AR 40-501, chapter 8-20 for information concerning PHA frequency.

a. MRC 4, MRC 3B, and MRC 3A Soldiers will not attend schools or annual training and will not be placed on orders (State Active Duty, Title 32 or Title 10). Exceptions may be granted, on a case-by-case basis, by the Kansas G-3. Soldiers that are MRC 4 will make attending a PHA or receiving a dental examination their top priority during IDT periods.

b. Soldiers that are identified as MRC 4 must be scheduled and evaluated at a PHA within 60 days of identification. Once the PHA is complete, the Medical Detachment is responsible for updating the Soldier's MRC. MRC 3A Soldiers will be identified at the PHA and must be treated within 30 days of identification. G-1 Medical or the Medical Detachment is responsible for updating MRC 3A Soldiers once treatment is complete.

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c. Command teams will utilize the Director's Personnel Readiness Overview (DPRO) MRC 4 Projection Report to identify those Soldiers nearing expiration of a current PHA. For more information and to acquire access, go to: <https://arngg1.ngb.army.mil/Portal/Default.aspx> or contact the Deputy State Surgeon, G1-Medical Section, JFHQ.

d. Maintaining medical readiness for Active Guard and Reserve (AGR) is a requirement for participation in the AGR program. AGR Soldiers that are MRC 4 for greater than 60 days are subject to separation from the AGR program.

7. Soldiers may be identified as Medical Readiness Classification Code 3B (MRC 3B) through a PHA, Fitness for Duty examination (FFD) or during a SRP event.

a. A Soldier is coded MRC 3B if they fall into one of the following categories: Pregnancy, Medically Non Deployable or Physical Category J, S, T, U, W, X, or Y (AR 40-501, Ch 7, table 7-2) and the medical issues are not correctable within a 30 day period.

b. Once identified as a MRC 3B, the BN Medical Readiness NCO (MRNCO) will coordinate with the Soldier regarding the Soldier's responsibilities and provide them a copy of their profile. A Soldier identified as DENCLASS 3 (MRC 3A) may be eligible for no cost dental restoration under limited conditions. BN MRNCO will coordinate with G-1 Medical for Soldiers needing dental restoration.

c. A Soldier identified as MRC 3B will not attend Annual Training or military schools without G-1 Medical's review and recommendation, in order to receive approval from the G-3 (Soldiers with a Profile Code of J, W, X, or Y are exempt from this requirement). Units will submit requests through their chain of command, in memorandum format, to G-1 Medical. Units will submit requests NLT 60 Days prior to the requested start date of duty. Leaders will counsel, in writing, Soldiers with disqualifying conditions and require the Soldier to provide medical documentation of fitness within 60 days of counseling.

8. AR 600-8-4 requires the Soldier's unit to initiate a Line of Duty (LOD) investigation for all duty related medical issues within 5 days of an injury. All LOD investigations are to be completed within 70 days of initiation.

9. Soldier responsibilities:

a. The Soldier will provide a release, DD Form 2870 (Authorization for Disclosure), of medical/dental information and submit all required medical documentation for existing medical conditions to their MRNCO.

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b. When a Soldier has injuries or illnesses not previously identified on a PHA, they will report, in writing, all recommendations for restricted activity made by a physician before performing duty. The Soldier has 30 days from onset of injury or illness to seek routine medical care and provide complete medical documentation to their BN MRNCO and provide a DD Form 2870. In the instance of specialty care, the Soldier will have an additional 30 days.

10. It is my intent that all units obtain and maintain a medical readiness of 88% or higher. All tools, sources and mechanisms, to include use of NCOER and OER evaluations, should be used by command teams to achieve the highest level of medical readiness for their unit. A Fully Medical Ready rating of greater than 90% should be considered a component of an excellent command team.

11. Soldiers who fail to comply with the above stated responsibilities may be subject to disciplinary action and may result in separation IAW AR 135-175, para 4-4, AR 135-178, or NGR 600-200, para 6-36.

12. This policy supersedes ATAG Policy Letter #20, Maintaining Medical and Dental Readiness, dated 10 December 2012.

13. Points of contact for this policy are the Deputy State Surgeon, MAJ Matthew Yates, at 785-274-1864, matthew.m.yates2.mil@mail.mil, or the Assistant Deputy State Surgeon, 1LT Merlin Hollis, at 785-274-1522, merlin.w.hollis2.mil@mail.mil.



ROBERT E. WINDHAM
Brigadier General, KSARNG
Commanding

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