



DEPARTMENTS OF THE ARMY AND THE AIR FORCE  
LAND COMPONENT, JOINT FORCES HEADQUARTERS KANSAS  
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NGKS-AAG

22 August 2012

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 This policy is effective immediately and remains effective until rescinded.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. 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, Chapter 11-4 for more information.
4. Determining medical/dental readiness and then correcting deficiencies is vital to maintaining medical readiness. It is the responsibility of the Commander and Full Time Manning (FTM) to accomplish the IMR of the unit.
  - 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). Command Teams must 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. Maintaining a current PHA and dental examination is the foundation of medical readiness. Medical Readiness Classification 4 (MRC4) indicates the Soldier has not had a PHA or dental examination in the previous 12 months and is past due.

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a. MRC4 Soldiers will not attend schools or annual training and will not be placed on orders (State Active Duty, Title 32 or Title 10). Inactive Duty for Training (IDT) is allowed for Soldiers in this category to access PHA and dental examination as outlined in AR 40-501, Chapter 10-22a.

b. MRC4 Soldiers must be medically evaluated within 60 days of being identified and status updated.

c. Command Teams will utilize the Director's Personnel Readiness Overview (DPRO) MRC4 Projection Report to identify those Soldiers nearing expiration of a current PHA. For more information and to acquire accesses, 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 MRC4 for greater than 60 days are subject to separation from the AGR program.

6. Soldiers may be identified as Medical Readiness Classification Code 3B (MRC 3B) through a Periodic Health Assessment (PHA), Fitness for Duty examination (FFD), or during a Medical Soldier Readiness Processing (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 (AR40-501, Ch 7, Table 7-2) and the medical issue is not correctable within a 30 day period.

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

c. A Soldier identified as MRC 3B will not attend Annual Training without State Surgeon approval (Soldiers with a Profile Code of J, W, X, or Y are exempt from this requirement). Leaders will counsel, in writing, Soldiers with disqualifying conditions and require the Soldier to provide medical documentation of fitness within 60 days of the counseling.

d. AR 600-8-4 requires the Soldier's unit initiate a Line of Duty investigation (LOD) for all duty related medical issues within 30 days of an event.

7. Soldier responsibilities:

a. Upon receipt of written counseling identified in 6c., the Soldier will provide a release of information, DD 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 60 days from onset of injury or illness to seek care and provide medical documentation to their unit MRNCO.

8. All Soldiers in leadership positions will identify medical readiness goals on evaluation support forms and will receive bullet comments on their OER/NCOER related to their effectiveness of managing the medical readiness of their unit. To be considered for above center of mass for officers or an excellent block for NCOs, leaders will have a Fully Medical Ready rating of greater than 90%.

9. 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, or AR 135-178, NGR 600-200, para 8-26.

10. Questions can be directed to the Military Personnel Officer, COL Michael Erwin, at 785-274-1061, [michael.erwin@us.army.mil](mailto:michael.erwin@us.army.mil), or the Deputy State Surgeon, COL John Muther, at 785-274-1864, [john.muther@us.army.mil](mailto:john.muther@us.army.mil).



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