



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

10 December 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 This policy is effective immediately and remains effective until rescinded.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. Medical readiness is a top priority of the Kansas Army National Guard. 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 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 (MRC 4) 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. MRC 4 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. Inactive Duty for Training (IDT) is allowed for Soldiers in this category to access PHA and Dental Examination.

b. MRC 4 Soldiers must be identified and evaluated within 60 days and their status updated upon completion of the PHA event.

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 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 that are MRC 4 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 a MRC 3B, the BN/BDE 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 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). Units will submit requests through their chain of command, in memorandum format, to G-1 Medical. Units should 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 the counseling.

d. AR 600-8-4 requires the Soldier's unit to initiate a Line of Duty investigation (LOD) for all duty related medical issues within 5 days of an injury. All LOD investigations are to be completed within 35 days of initiation.

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7. Soldier responsibilities:

a. Upon receipt of written counseling identified in 6c, the Soldier will provide a release, DD 2870 Authorization for Disclosure, of medical/dental information and submit all required medical documentation for existing medical conditions to their MRNCO.

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 unit MRNCO and provide a DD 2870 Authorization for Disclosure of medical/dental information. In the instance of specialty care, the Soldier will have an additional 30 days.

8. 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.

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. Points of contact for this policy are the Military Personnel Officer, COL Michael Erwin, at 785-274-1061, michael.a.erwin10.mil@mail.mil, or the Deputy State Surgeon, COL John Muther, at 785-274-1864, john.d.muther.mil@mail.mil.



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