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HEADQUARTERS, US ARMY MEDICAL COMMAND
Fort Sam Houston, TX 78234-6007
191400Q OCT 07

OPERATION ORDER 08-07 (Soldier Readiness Processing (SRP))

References:

- a. HQDA G1 Personnel Policy Guidance (PPG) <http://www.armyg1.army.mil/militarypersonnel/policy.asp>.
- b. AR 600-8-101, Personnel Processing (In-and Out Mobilization Processing), 18 JUL 03.
- c. AR 614-30, Overseas Service, 11 APR 07.
- d. HQDA Message 171736Z NOV 03, Soldier Readiness Processing and Checklist Policy.
- e. MEDCOM Memorandum, Subject: Army Medical Command Individual Medical Readiness (IMR) and Post-Deployment Health Reassessment (PDHRA) Guidance, 15 OCT 07.

Time Zone Used Throughout the Order: Quebec (Eastern Daylight Time).

Task Organization: No change.

1. SITUATION. The time between mobilization and deployment has been decreased from an average of six months to approximately 60 days. In addition, the 365 day mobilization policy has compressed the number days available for Soldier Readiness Processing (SRP) at Power Generation Platforms (PGP) and Power Generation Support Platforms (PGSP). The compressed time available at mobilization installations will adversely impact remediation of medical/dental problems during and after the SRP at the mobilization installation, and highlights the importance of the Reserve Component (RC) Unit Commander's role in preparing the unit for mobilization. Deploying units will conduct medical screening at home station. Unit commanders are encouraged to establish medical liaisons with the receiving mobilization site medical director to clarify any questions regarding fitness for deployment prior to mobilization to active duty.

2. MISSION. USAMEDCOM medical treatment facilities (MTF), dental treatment facilities (DTF), as well as non-MTF and non-DTF facilities, supporting mobilization installation SRP locations conduct SRP to standard for mobilizing RC units in accordance with current polices effective immediately.

3. EXECUTION.

Intent. Soldier readiness processing will be accomplished on all RC Soldiers processing through the mobilization installation's SRP site. The SRP, conducted to

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standard, provides medical/dental validation for deployment or correctly identifies and facilitates the disposition of RC Soldiers who do not meet deployment and/or retention standards.

a. Concept of Operations.

(1) The mobilization concept is for the maximum time to be used in Soldier pre-mobilization deployment training. Unit Commanders are required to conduct a Soldier Readiness Check (SRC), to standards, of unit personnel within the 30 day notification period prior to reporting to the mobilization installation. All requirements are stated in the Personnel Policy Guidance (PPG); additional tests, forms, or other requirements will not be added at the local level.

(2) HQDA Message 171736Z NOV 03, paragraph 4b, states that the SRP at the mobilization installation is not a duplication of the SRC conducted by the unit commander at home station. The SRP is the tool the mobilization installation commander uses to validate the personnel readiness portion of the unit's overall readiness for deployment. The SRP is designed to allow the mobilization installation commander to review/check what was completed at home station, and to take remedial action to fix pre-mobilization SRC tasks not completed to standard.

(3) Soldiers will be physically present during the mobilization installation SRP to facilitate the remediation of medical/dental readiness issues. This process will be a record review with the Soldier present validating requirements to standard and determining if there have been changes since the pre-mobilization SRC was completed. Soldiers will not be required to repeat stations with satisfactory standards met and recorded in MEDPROS. Soldiers will bypass the stations and proceed to the face-to-face final screening with the medical and dental providers.

(4) Soldiers with medical or dental conditions which cannot be corrected within the first 25 days of the initial mobilization order will have their records annotated as medically/dentally unqualified for deployment and be identified for Release From Active Duty (REFRAD) according to the REFRAD policy. Those soldiers unqualified for deployment should be annotated in the 25 Day release From Active Duty (REFRAD) module of the Medical Occupational Data System (MODS). The decision to REFRAD should be made as soon as possible for the medical/dental disqualifying conditions that are identified.

(5) DA Form 7425, Readiness and Deployment Checklist. The DA Form 7425 is the checklist to be used for SRP/SRC, and the detailed instructions are provided in the PPG.

(6) All units/individual personnel reporting to mobilization installations must meet medical/dental readiness standards as outlined in the Personnel Policy Guidance (PPG), and report with the following:

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(a) Military medical treatment records. No official electronic record exists in MODS. The Health Readiness Record (HRR) is currently available in MODS for ARNG Soldier's records as a repository. The ARNG unit may use those records to locate and provide hard copy as evidence of missing documents during SRP at the mobilization station.

(b) Military dental treatment record containing: (1) a current annual dental examination to include supporting radiographs, (2) a panoramic radiograph, and the Soldier's current dental readiness classification.

(c) Proof of immunization. Smallpox is completed at the mobilization station and Anthrax is initiated at the mobilization station.

(d) DD Form 2795 (Pre-deployment Health Assessment). This assessment must be completed not more than 30 days prior to deployment.

(e) Current Health Assessment. A current health assessment is defined as: A periodic physical less than five years (60 months) old; an annual physical which is current (if required under special programs such as aviation) or an Annual Periodic Health Assessment (PHA) is reported.

(f) DD 2766 (Adult Preventive and Chronic Flow Sheet).

(g) HIV. RC personnel shall be required to have a current HIV-1 test within two years of the date called to active duty for 30 days or more.

(h) Deoxyribonucleic Acid (DNA) Specimen.

(i) Hearing Readiness Screening.

(j) Vision Readiness Screening.

(k) Pregnancy. All female Soldiers deploying overseas will be administered a pregnancy test as part of their pre-deployment medical screening.

(l) Glucose 6-Phosphate Dehydrogenase (G6-PD) Deficiency Screening.

(m) Medication. Personnel who require medication will deploy with no less than a 180-day supply of their medication. (Medication will be provided at the mobilization station.)

(n) Corrective eye wear, if required, to include eyeglasses and inserts.

(o) Hearing aids and hearing aid batteries, if required.

b. Tasks to Subordinate Units.

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(1) Regional Medical Commands will:

(a) Conduct SRP within their area of operation following the Concept of Operation and in accordance with the standards depicted in reference a.

(b) Provide assistance to mobilizing unit commanders that are establishing medical liaisons with the receiving mobilization site medical director.

(2) DENCOM will:

(a) Conduct SRP within their area of operation following the Concept of Operation and in accordance with the standards depicted in reference a.

(b) Provide assistance to mobilizing unit commanders that are establishing medical liaisons with the receiving mobilization site dental director.

c. Task to Staff. N/A.

d. Coordinating Instructions. RMCs and DENCOM will apply the medical readiness standards outlined in the PPG when conducting the SRP process.

4. SERVICE SUPPORT. N/A.

5. COMMAND AND SIGNAL.

a. Command relationships. No change.

b. Signal. MEDCOM Plans Division POC is Dr. Alan B. Compton, (210) 221-8280, fax (210) 221-7114, DSN 471.

ACKNOWLEDGE:

**POLLOCK
MG**

OFFICIAL:



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ANNEXES: Not used.

Distribution:

ERMC

GPRMC

NARMC

PRMC

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DENCOM

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