



UNITED STATES MARINE CORPS
MARINE CORPS RECRUIT DEPOT/EASTERN RECRUITING REGION
PO BOX 19001
PARRIS ISLAND, SOUTH CAROLINA 29905-9001

DepO 6600.2
RCTG

JUL 08 2014

DEPOT ORDER 6600.2

From: Commanding General
To: Distribution List

Subj: EASTERN RECRUITING REGION INDIVIDUAL MEDICAL READINESS
(IMR)

Ref: (a) DODINST 6025.19
(b) SECNAVINST 6120.3 CH1
(c) MCO 6600.3A
(d) BUMED NOTICE 6110
(e) MANMED Ch. 16-10
(f) MARADMIN 010/12

Encl: (1) Periodic Health Assessment and Dental Process Flow
(2) Recruiting Station Medical/Dental Liaison Appointment
Letter template
(3) MRRS 12-month forward review process
(4) Periodic Health Assessment NAVMED Form 6120/8
(5) Tuberculosis Annual Risk Assessment NAVMED 6224/8
(6) Dental Exam DD Form 2813

1. Purpose. To establish policy and procedures for the tracking and reporting and of Eastern Recruiting Region (ERR) Individual Medical Readiness (IMR).

2. Cancellation. DepO 6600.1 Dental Appointment Failures

3. Applicability. This policy applies to all Marines and Sailors within Eastern Recruiting Region.

4. Background. While commanders have overall responsibility to ensure Marines comply with IMR requirements, individual Marines must also actively track and maintain their own medical readiness. IMR is monitored through the Medical Readiness Reporting System (MRRS). When administered properly, the ERR IMR program should accomplish the following: first, provide District Commander's and Recruiting Station (RS) Commanding Officers (CO's) with a systematic approach for meeting DoD IMR requirements within their commands; second, it should provide

8 JUL 2014

District Commanders and RS CO's with the tools and resources necessary to hold their Marines accountable for their own IMR; third, it should assist the individual Marine with maintaining their individual medical and dental readiness and records, while minimizing the impact to recruiting operations. The target metrics of order are: greater than 75% of the Marines and Sailors within ERR are fully medically ready statuses (with the ideal goal being 100%), and less than 10% Medical Readiness Indeterminate (MRI).

5. Information.

a. Reporting. The United States Marine Corps uses MRRS as the primary system for determining current medical readiness data for the Marine Corps. The IMR data is generated via an IMR report in MRRS, and is briefed as Fully Medically ready (FMR), (PMR), (NMR), and (MRI). The IMR data is briefed monthly at the Key Indicators brief and the Commanding General's Campaign Plan Meeting. The data is coded as: FMR > 75% green, 51-74% yellow, 50% or less red.

d. Check-ins. Upon checking into the Recruiting District, all active duty Marines must register online in their respective TRICARE region. Per reference (e), a patient may not retain his or her original health and/or dental records, therefore all Marines serviced by an MTF will relinquish his or her medical and dental records to that facility. All Marines serviced by civilian facilities on TPR will relinquish their medical and dental records to the District CO for storekeeping and maintenance by the DMRC or RS MRO, at the discretion of the District CO.

c. IMR. All PHA and Dental exam documentation will be presented to the RS Executive officers (XO) and/or Medical Readiness Officer for inclusion in the individual medical record. The RS MRO will forward the documentation to the DMRC via encrypted email. The DMRC is responsible for ensuring the IMR data is properly entered into MRRS. The seven IMR elements as defined by reference (a) are: Physical Health Assessment (PHA), Dental Readiness, Immunization Status, Medical Readiness Laboratory, Individual Medical Equipment, No Deployment-limiting Conditions and Hearing Conversation.

(1) Physical Health Assessment

(a) As outlined by reference (b), all Marines are required to have an annual PHA. The PHA was created to capture the individual readiness of Marines and to identify unresolved health issues. The PHA also includes an annual assessment of medical readiness for deployment. Any gender or age specific preventive exams or tests (e.g., pap, mammogram, colorectal cancer screening, lipid screening, etc.) will be completed per Clinical Preventive Services (CPS) guidelines. A visual acuity test is completed during the PHA. Any service member who does not meet the 20/40 acuity standard shall obtain and wear required eyewear. The visual screening information is documented under the "Eyes/Audio" tab in MRRS. Tuberculosis screening is completed during the PHA using the Tuberculosis Annual Risk Assessment (TARA) (enclosure 5). The tuberculosis skin test (TST) is only performed on those individuals deemed to be at risk of acquiring tuberculosis. The risk assessment date and TST requirement (Y/N) is documented under the "Tests" tab in MRRS.

(b) The PHA can be completed by a Military Treatment Facility (MTF) or a civilian doctor for Marines enrolled in TRICARE Prime Remote (TPR). If completed by a civilian medical provider, examination results, and any immunizations or lab tests completed during the PHA, must be documented on NAVMED 6120/8 (enclosure 4) and returned to the RS Medical Readiness Officer (MRO) for inclusion in the medical record. The District Medical Readiness Coordinator (DMRC) will ensure documentation in MRRS. The PHA is hereby established as the business process for the annual review, verification, and correction of deficiencies in IMR data. The PHA completion date is documented in the "Exams" tab in MRRS. An overdue PHA will result in a "Medical Readiness Indeterminate" IMR status in MRRS. All components of the PHA will be performed within 30 days of each Marine's birth month to allow for ease of completion and reporting.

(c) Ensure that recruits who are identified as not retainable are assigned to Recruit Separations Platoon (RSP) pending discharge action. Not-retainable is defined as: those recruits whose mental, moral or physical qualifications are beyond waiver able limits as set forth in current Orders.

(2) Dental Readiness. As outlined by reference (b) a dental examination is an annual requirement completed during the PHA. The dental exam can be completed by a MTF or a civilian dentist for Marines enrolled in TPR.

8 JUL 2014

If completed by a civilian dentist, examination results must be documented on DD Form 2813 (Dental Exam DD Form 2813) and returned to the RS MRO for inclusion in the dental record. The DMRC will ensure documentation of the exam date and dental class in MRRS. Dental classifications: Class one and two (exam and cleaning) deployable, Class 3: (Dental work required), non-deployable. A Dental class three will result in a "Not Medically Ready," and Dental Class four will result in a "Medical Readiness Indeterminate" IMR status in MRRS.

(3) Immunizations. As outlined by reference (b) the DMRC will review immunization status during the birth moth IMR review to verify any month. Per reference (d), required immunization for non-operating forces Marine include annual influenza vaccine (required beginning 1 September and overdue if not administered by 1 January of the current flu season), and Tetanus booster required every 10 year). Any immunization that are, or will become overdue will be administered during the PHA and documented either directly in MRRS (if administered at an MTF) or on the information (date of immunization, vaccine lot number, location of vaccine placement, etc.) should be carefully transcribed from the 6120/8 and documented under the "immune" tab in MRRS. Overdue immunizations will result in a "partially Medically Ready" IMR status in MRRS.

(4) Laboratory tests. As outlined by reference (b) an Human Immunodeficiency Virus (HIV) test is required every two years, and is considered overdue 30 days after the scheduled due date and should be completed during the PHA when feasible. Overdue lab studies will result in a "Partially Medically Ready" status in MRRS.

(5) Individual Medical Equipment. During recruiting duty, the only individual medical equipment required are two pair of eye glasses for those who require vision correction. Compliance is documented in the "Spectacles" block under the "Eyes/Audio" tab in MRRS. Incomplete documentation will result in a "Medical Readiness Indeterminate" IMR status in MRRS.

(6) No Deployment-limiting Conditions. As outlined by reference (b) assessment for future deployability will include a review of the medical history and administrative issues (e.g., pregnancy requirements, medical or dental problems ensuring any potential future deployability issues or health concerns are addressed). To be deployable, members should not be on limited duty, undergoing a physical evaluation board, pregnant, or in the postpartum period. Deployment-limiting conditions will result in a "Not Medically Ready" IMR status in MRRS.

(7) Hearing Conversation. Audiograms will be scheduled annually with the PHA appointment or as directed by the District medical Readiness Coordinator.

6. Action

a. District Medical Readiness Coordinator

(1) Supervise the District IMR program.

(2) Complete the online Health Information Portability Accountability Act (HIPAA) training on Privacy, Security, and Breach notification rules by logging onto <https://mhslearn.csd.disa.mil> and selecting MHS Staff Training.

(3) Implement a medical readiness tracker via excel spreadsheet utilizing the MRRS 12-month forward review process, enclosure (3).

(4) Document all PHA components in MRRS.

(5) Generate monthly IMR reports from MRRS and forward them to the District XO.

b. RS CO

(1) Assign in writing, the duties of the RS MRO to the XO per enclosure (2).

(2) Ensure RS MRO completes the online HIPAA.

c. Recruiting Station Medical Readiness Officer. The RS MRO works in conjunction with the DMRC on issues, objectives, priorities, or deadlines forwarded from the District XO. The RS MRO will:

(1) Understand the PHA and dental process per enclosure (1)

(2) Complete the online HIPAA training on Privacy, Security, and Breach notification rules by logging onto <https://mhslearn.csd.disa.mil> and selecting MHS Staff Training.

(3) Send the DMC a copy of the RS MRO Appointment Letter.

8 JUL 2014

(4) Update the RS check-in sheet to include the local MTF TRICARE office and Dental clinic (when applicable).

(5) Ensure Marines enroll into TRICARE Online. Direct Marines living outside the 50 mile radius to use TPR and keep their medical and dental record in a secure location. Marines will select a contracted civilian physician from the respective Tricare service organization physician list, located on www.hnfs.net.

(6) Direct and verify Marines living within 50 miles of a MTF to turn their medical and dental records in to the MTF.

(7) Notify the DMRC when the Marine has completed steps 5 and/or 6 above.

(8) Provide medical form NAVMED 6120/8 (Rev. 08-2013), enclosure (3), and the Tuberculosis Annual Risk Assessment form, enclosure (4) to any Marines using Non-Navy physicians or civilian doctors for completion during the PHA process.

(9) Provide dental DD Form 2813 (Oct 2013), enclosure (5), <http://www.dtic.mil/whs/directives/infomgt/forms/eforms/dd2813.pdf>, to any Marine using Non-Navy dentists or civilian dentists.

(10) Ensure Marines imitate their PHA NLT 30 days prior to their birth month.

(11) Ensure Marines complete the PHA and all requirements prior to the last day of their birth month.

(12) Ensure that IMR documentation is filed in the member's medical/dental record (if maintained at the RS), and all IMR data is forwarded to the DMRC for entry into MRRS.

d. Individual Marine

(1) Verify TRICARE treatment region is appropriate Region On <https://www.tricareonline.com/portal/page/portal/Tricareonline/portal> (this is different from Registering in TRICARE)

(2) If located within 50 miles of an MTF and dental clinic, relinquish medical and dental records to the servicing MTF and dental clinic. If located more than 50 miles from an MTF and dental clinic, use relinquish medical and dental records to the RS Medical Readiness Officer.

8 JUL 2014

- (1).
 - (3) Understand the PHA and dental process per enclosure
 - (4) Complete IMR requirements/appointments during his/her birth month.
 - (5) Follow the PHA and dental process in accordance with enclosure (1).
 - (6) Bring the following documentation to your medical appointment:
 - (7) Complete the Online Health Risk Assessment (HRA) located at <http://www.med.navy.mil/sites/nmcphc/health-promotion/Pages/hra.aspx> and bring printout to your PHA appointment.
 - (8) Periodic Health Assessment NAVMED 6120/8, enclosure (4).
 - (9) Tuberculosis Annual Risk Assessment, enclosure (5, located at <http://www.med.navy.mil/directives/ExForms/NAVMED%206224%208.pdf>
 - (10) DoD Active Duty/Reserve Forces Dental Examination DD Form 2813 (civilian dentist only), enclosure (6).
 - (11) Schedule an audiogram when making a PHA appointment. If the MTF denies the hearing conservation test, notify the RS Medical Readiness Officer immediately.
 - (12) Schedule an eye exam when making a PHA appointment (if needed).
 - (13) Request IMR documentation for all medical assessments/tests/procedures (including HIV lab draw, immunizations, PAP test, etc.).
 - (14) Submit all IMR documentation (PHA, immunization, hearing conservation, dental, etc.) to the RS MRO.

DepO 6600.1A

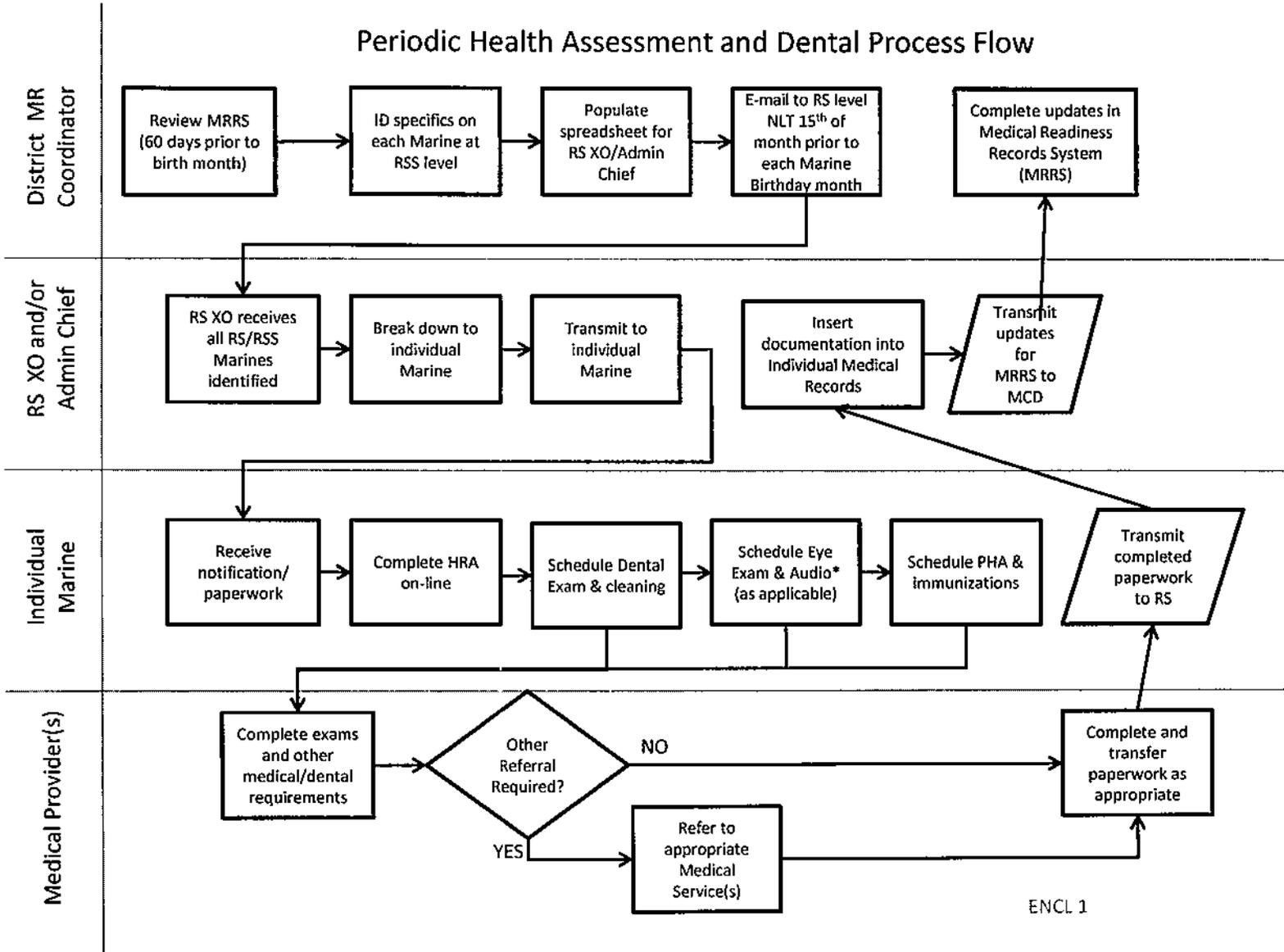
8 JUL 2014

(15) Ensure all documentation is entered into MRRS and filed in permanent medical or dental record.


W. D. HARROP III
By Direction

DISTRIBUTION: A

Periodic Health Assessment and Dental Process Flow



ENCL 1



UNITED STATES MARINE CORPS
4TH MARINE CORPS DISTRICT
BLDG 54, SUITE 3, BOX 806
NEW CUMBERLAND, PENNSYLVANIA 17070-0806

IN REPLY REFER TO:
6000
S-4

From: Commanding Officer, Recruiting Station XXXXXXXXX
To: Rank First M. Last EDIPI xxxxxxxx/PMOS/BMOS USMC

Subj: APPOINTMENT AS THE RECRUITING STATION XXXXXXXXX MEDICAL
AND DENTAL READINESS OFFICER

Ref: (a) DOD 6025.18R
(b) SECNAVINST 6120.3
(c) SECNAVINST 6025.19

1. In accordance with the references, you are hereby appointed as the Medical and Dental Readiness Officer.
2. You will be responsible for collecting birth-month rosters and providing updated information to the 4MCD Medical Coordinator. You will be Recruiting Station's xxxxxxxx point of contact for all medical and dental matters.
3. You will use and disclose protected health information protected by the Privacy Act for the sole purpose of directing personnel to medical and dental appointments.
4. This appointment will remain in effect until it is revoked or reassigned.

I. M. COMMANDER

FIRST ENDORSEMENT

From: Rank First M. Last XXX XX (EDIPI, xxxxxxxx/PMOS/BMOS USMC
To: Commanding Officer, Recruiting Station XXXXXXXXX

1. I have assumed all duties in conjunction with my appointment as the Medical and Dental Readiness Officer.

F. M. LAST

Enclosure (2)

Medical Readiness Reporting System (MRRS)

12-month forward view process:

1.	Log-in to MRRS	
2.	From Medical Entry drop down, select:	<ul style="list-style-type: none"> - Comprehensive Medical Entry - Command: MCRC - Activity: Select appropriate District - Unit: Select specific unit, or All - Personnel status: Select birth month - Click Apply
3.	Select member to review	
4.	Review PHA elements	
	a. Exams tab	<p>Verify last PHA completion: *Decision point: If not during birth month, how long ago? Complete during this birth month, or wait until next year?</p>
		<p>Females: Last PAP? Last mammogram?</p> <ul style="list-style-type: none"> - See Clinical Preventive Services guidelines, http://innovations.ahrq.gov/content.aspx?id=1662 <p>Pregnancy/post-partum: Indicate pregnancy due date / post-partum date. Member will be Not Medically Ready during this period.</p> <ul style="list-style-type: none"> - See OPNAVINST 6000.1C, Navy Guidelines Concerning Pregnancy and Parenthood, http://doni.daps.dla.mil/Directives/06000%20Medical%20and%20Dental%20Services/06-00%20General%20Medical%20and%20Dental%20Support%20Services/6000.1C.PDF
	b. Tests tab	<p>Tuberculosis assessment:</p> <ul style="list-style-type: none"> - Risk assessment is an annual requirement, completed by PCM. - Click Annual Risk Assessment, print and take to PHA appointment. http://www.med.navy.mil/directives/ExForms/NAVMED%206224%208.pdf <p>-</p> <p>** If TB skin test is required, select YES for TST Required and enter all information under Tuberculosis Skin Test.**</p>
	c. Immune tab	<p>Per BUMEDINST 6110.14 CH-1 (16 Jun 2009):</p> <p>Influenza</p> <ul style="list-style-type: none"> - Flu season is 1 Sept – 30 June. - Annual requirement, due 1 Sept, delinquent 1 Jan. <p>Tetanus</p> <ul style="list-style-type: none"> - Required every 10 years. - Due within 12 months of birth month? If yes, member must receive Tetanus

	<p>immunization during PHA.</p> <p>Any immunizations received during the PHA must be documented on the 6120/8. Immunization information (date of immunization, vaccine lot number, location of vaccine placement, etc) should be carefully transcribed from the 6120/8 and documented under the "Immune" tab in MRRS.</p> <p>Per reference (d) Hepatitis A and B, Polio vaccine, tetanus/diphtheria/pertussis (Tdap); Measles, Mumps, and Rubella (MMR); and annual Influenza are required vaccines. If Hepatitis A, Hepatitis B, and IPV are complete and documented in MRRS, no further action is required.</p> <p>The yellow fever vaccine is deferred while on recruiting duty and should be flagged as "medical temporary" in MRRS.</p> <p>Other vaccines are considered "flagged" vaccines and are only administered based on geographic area of operation, occupation, or immediate superior in command (ISIC) specific requirements. These vaccines should be "unchecked" in MRRS.</p>
d. Dental tab	<p>Annual requirement. Print DD Form 2813 (Oct 13) and take to dental appointment. Return completed form for dental class and exam date entry into MRRS.</p>
e. Eyes/Audio tab	<p>Annual requirement. Document exam date and findings in MRRS. *Note: Audiogram is required per MARADMIN 010/12.</p>
f. Blood tab	<p>HIV</p> <ul style="list-style-type: none"> - Required every 2 years. - Is it due within the next 12 months? If yes, complete at PHA. <p>Completion of the HIV test is documented in the HIV block on the "Blood" tab in MRRS. Per reference (d) samples submitted for HIV testing that are processed via a Navy MTF do not require manual entry into MRRS. HIV tests completed at all other facilities will require manual entry of the completion date.</p> <p>As outlined by reference (b) basic laboratory studies required for a member to be deployed include blood type and Rh factor, G6PD status, DNA specimen, and an current HIV antibody specimen. If the blood type and Rh factor, G6PD status, and DNA specimen dates are documented in MRRS, no further action is required. If not, input data from member's medical record.</p>

ENCLOSURE (3)

PERIODIC HEALTH ASSESSMENT (CIVILIAN PROVIDER)

Authority: 5 U.S.C. 301, Departmental Regulations; 10 U.S.C. 1095, Collection from Third Party Payers Act; 10 U.S.C. 5131 (as amended); 10 U.S.C. 5132; 44 U.S.C. 3101; 10 CFR part 20, Standards for Protection Against Radiation; and, E.O. 9397 (SSN). **Purpose:** This system is used by officials, employees and contractors of the Department of the Navy (and members of the National Red Cross in naval medical treatment facilities) in the performance of their official duties relating to the health and medical treatment of Navy and Marine Corps members; physical and psychological qualifications and suitability of candidates for various programs; personnel assignment; law enforcement; dental readiness; member's physical fitness for continued naval service. **Routine uses:** In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, these records or information contained therein may specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3); When required by federal statute, by executive order, or by treaty, medical record information will be disclosed to the individual, organization, or government agency, as necessary. The DoD 'Blanket Routine Uses' that appear at the beginning of the Navy's compilation of system of records notices also apply to this system. **Disclosure:** Voluntary. However, failure to provide the requested information may result in failure to receive required treatment and future benefits.

1. SERVICE MEMBER'S NAME (Last, First, Middle Initial)	2. SOCIAL SECURITY NUMBER	3. BRANCH OF SERVICE
4. UNIT OF ASSIGNMENT	5. UNIT ADDRESS	

6. SUBJECTIVE AGE: _____

ALLERGIES (Medications and other): _____

CHRONIC ILLNESSES with date of onset: _____

MEDICATIONS/Supplements/Food/Rx/OTC (dosage and frequency): _____

SURGERY/HOSPITALIZATIONS (Hx of all): _____

ILLNESSES/INJURIES in last 12 months: _____

FAMILY RISK FACTORS (with date of onset): Heart Disease _____ High Blood Pressure _____ Diabetes _____ Cancer _____

Other- Please Specify _____

TOBACCO USE NO YES List quantity/frequency of current and past use _____

ALCOHOL USE NO YES List quantity and frequency of use _____

7. OBJECTIVE

VITAL SIGNS: Height (Inches) _____ Weight (pounds) _____ BMI _____ Temp _____ Blood Pressure _____ / _____ Pulse _____

Respirations _____

DISTANT VISUAL ACUITY: OS _____ OD _____ NEAR VISUAL ACUITY: OS _____ OD _____

BODY SYSTEMS REVIEW	NORMAL	COMMENTS
a. General Appearance	<input type="checkbox"/> YES / <input type="checkbox"/> NO	
b. HEENT	<input type="checkbox"/> YES / <input type="checkbox"/> NO	
c. Lymph Glands	<input type="checkbox"/> YES / <input type="checkbox"/> NO	
d. Cardiovascular (Auscultation)	<input type="checkbox"/> YES / <input type="checkbox"/> NO	
If Murmur present	Standing makes it:	<input type="checkbox"/> Louder <input type="checkbox"/> Softer <input type="checkbox"/> No Change
	Squatting makes it:	<input type="checkbox"/> Louder <input type="checkbox"/> Softer <input type="checkbox"/> No Change
	Valsalva makes it:	<input type="checkbox"/> Louder <input type="checkbox"/> Softer <input type="checkbox"/> No Change
e. Vascular		
Carotid Pulses	<input type="checkbox"/> YES / <input type="checkbox"/> NO	
Femoral Pulses	<input type="checkbox"/> YES / <input type="checkbox"/> NO	
Pedal Pulses	<input type="checkbox"/> YES / <input type="checkbox"/> NO	
f. Lungs: Auscultation/Percussion	<input type="checkbox"/> YES / <input type="checkbox"/> NO	
g. Chest Contour	<input type="checkbox"/> YES / <input type="checkbox"/> NO	
h. Skin	<input type="checkbox"/> YES / <input type="checkbox"/> NO	
i. Abdomen and Viscera	<input type="checkbox"/> YES / <input type="checkbox"/> NO	
j. Genito-urinary	<input type="checkbox"/> YES / <input type="checkbox"/> NO	
k. Extremities	<input type="checkbox"/> YES / <input type="checkbox"/> NO	
l. Spine, other musculoskeletal	<input type="checkbox"/> YES / <input type="checkbox"/> NO	
m. Gross neurological (reflexes)	<input type="checkbox"/> YES / <input type="checkbox"/> NO	

8. ASSESSMENT

GENERAL HEALTH Excellent Good Fair Poor

Examiner's Comments: _____

9. PLAN

a. LABS ORDERED: LIPID PANEL THYROID CBC BMP CMP OTHER _____

b. CLINICAL PREVENTIVE SERVICES RECOMMENDED: Colonoscopy Mammogram Pap Test Prostate Hearing Assessment
 Other _____

c. PREVENTIVE/HEALTHY LIFESTYLE COUNSELING: Smoking Cessation Weight Reduction Stress Management

d. OTHER REFERRALS _____

10. PROVIDER'S NAME (Last, First, Middle Initial)

11. PROVIDER'S ADDRESS (Street, City, State, 9-digit Zip Code)

12. PROVIDER'S TELEPHONE NUMBER (Include Area Code)

13. PROVIDER'S SIGNATURE/STATE LICENSE NUMBER

14. DATE OF EXAMINATION (DD/MM/YYYY)

15. MILITARY USE BELOW THIS LINE

a. Date Fleet and Marine Corps Health Risk Assessment completed (DD/MM/YYYY): _____

b. Date counseling completed (DD/MM/YYYY): _____

c. Immunizations provided this date: _____ Date HIV drawn (<2yrs): _____

d. Medication prescriptions reviewed: YES / NO / NA

e. Corrective lenses prescription reviewed: YES / NO / NA

f. Date dental exam completed (DD/MM/YYYY): _____ Dental Class I II III IV

g. Required medical equipment: Prescription glasses (2 pair) Gas Mask Inserts (1 pair) Contacts
 Hearing Aids Medical Alert Tag (Red Dog Tags)

h. Deployment History: Deployed since the previous PHA? Yes No

Post-Deployment Health Assessment (DD2796) in record? Yes No

Post-Deployment Health Re-Assessment (DD2900) in record? Yes No

Any unresolved deployment-related issues or health concerns? Yes No

Member fit for full duty

Member placed in TNPQ / TNDQ / MRR / LOD status for: _____

MEMBER'S SIGNATURE _____ DATE _____

PROVIDER'S SIGNATURE _____ DATE _____

COUNSELOR/MDR'S SIGNATURE _____ DATE _____

**DEPARTMENT OF DEFENSE
ACTIVE DUTY/RESERVE/GUARD/CIVILIAN FORCES DENTAL EXAMINATION**

OMB No. 0720-0022
OMB approval expires
Aug 31, 2016

The public reporting burden for this collection of information is estimated to average 3 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Information Management Division, 4800 Mark Center Drive, Alexandria, VA 22350-3100 (0720-0022). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION.

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 136; 10 U.S.C. 1074f; DoD Directives 1404.10, 5101.1, 5136.01, and 6490.02E; DoD Instruction 6025.19; and E.O. 9397 (SSN), as amended.

PRINCIPAL PURPOSE(S): To obtain information in order to record an assessment of an individual's dental health.

ROUTINE USE(S): Information collected may be used and disclosed generally as permitted under 45 CFR Parts 160 and 164, Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules, as implemented by DoD 6025.18-R, the DoD Health Information Privacy Regulation. Information may also be used and disclosed in accordance with 5 U.S.C. 552a(b) of the Privacy Act of 1974, as amended, which incorporates the DoD "Blanket Routine Uses" published at http://dpclo.defense.gov/privacy/SORNS/blanket_routine_uses.html. Information from this system may be shared with other Federal and State agencies and civilian health care providers, as necessary, to provide medical care and treatment and to guide possible referrals.

DISCLOSURE: Voluntary; however, failure to provide the information may result in delays in assessing your dental health needs for military service and/or for possible deployment outside the United States and its territories and possessions.

1. SERVICE MEMBER'S NAME (Last, First, Middle Initial)		2. SOCIAL SECURITY NUMBER	3. BRANCH OF SERVICE
4. UNIT OF ASSIGNMENT		5. UNIT ADDRESS	

6. EXAMINATION RESULTS

Dear Doctor,

The individual you are examining is an Active Duty/Guard/Reserve/Civilian member of the United States Armed Forces. This member needs your assessment of his/her dental health for worldwide duty. **Please mark (X) the block that best describes the condition of the member, using as a suggested minimum a clinical examination with mirror and probe, and bitewing radiographs. This form is meant to determine fitness for prolonged duty without ready access to dental care and is not intended to address the member's comprehensive dental needs.**

<input type="checkbox"/>	(1) Patient has good oral health and is not expected to require dental treatment or reevaluation for 12 months.
<input type="checkbox"/>	(2) Patient has some oral conditions, but you do not expect these conditions to result in dental emergencies within 12 months if not treated (i.e., requires prophylaxis, asymptomatic caries with minimal extension into dentin, edentulous areas not requiring immediate prosthetic treatment).
<input type="checkbox"/>	(3) Patient has oral conditions that you do expect to result in dental emergencies within 12 months if not treated. Examples of such conditions are: (X the applicable block or specify in the space provided)
<input type="checkbox"/>	(a) Infections: Acute oral infections, pulpal or periapical pathology, chronic oral infections, or other pathologic lesions and lesions requiring biopsy or awaiting biopsy report.
<input type="checkbox"/>	(b) Caries/Restorations: Dental caries or fractures with moderate or advanced extension into dentin; defective restorations or temporary restorations that patients cannot maintain for 12 months.
<input type="checkbox"/>	(c) Missing Teeth: Edentulous areas requiring immediate prosthodontic treatment for adequate mastication, communication, or acceptable esthetics.
<input type="checkbox"/>	(d) Periodontal Conditions: Acute gingivitis or pericoronitis, active moderate to advanced periodontitis, periodontal abscess, progressive mucogingival condition, moderate to heavy subgingival calculus, or periodontal manifestations of systemic disease or hormonal disturbances.
<input type="checkbox"/>	(e) Oral Surgery: Unerupted, partially erupted, or malposed teeth with historical, clinical, or radiographic signs or symptoms of pathosis that are recommended for removal.
<input type="checkbox"/>	(f) Other: Temporomandibular disorders or myofascial pain dysfunction requiring active treatment.

(4) If you selected Block (3) above, please indicate the condition(s) you identified in this patient if they appear above, or briefly describe the condition(s) below:

(5) Were X-rays consulted?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF YES, DATE X-RAY WAS TAKEN (YYYYMMDD)
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7. DENTIST'S NAME (Last, First, Middle Initial)	8. DENTIST'S ADDRESS (Street, City, State, 9-digit ZIP Code)
9. DENTIST'S TELEPHONE NUMBER (Include Area Code)	

10. DENTIST'S SIGNATURE/STATE LICENSE NUMBER	11. DATE OF EXAMINATION (YYYYMMDD)
--	------------------------------------