

Headquarters
United States Forces Korea
Unit #15237
APO AP 96205-5237

United States Forces Korea
Regulation 40-7

1 May 2015

Medical Services

INDIVIDUAL MEDICAL READINESS (IMR)

***This regulation supersedes USFK Regulation 40-7, dated 21 July 2014.**

FOR THE COMMANDER:

MARK C. DILLON
Major General, USAF
Deputy Chief of Staff

OFFICIAL:



GARRIE BARNES
Chief, Publications and
Records Management

Summary. This regulation sets policies, assigns responsibilities, establishes reporting requirements, and defines procedures to improve and maintain Individual Medical Readiness (IMR) within United States Forces Korea (USFK).

Summary of Change. This regulation is substantially revised and must be completely reviewed. This revision incorporates: a quarterly readiness reporting requirement from component surgeon's to USFK Surgeon's Office; delineation of special threat-based immunizations from general immunization requirements; an added a section on occupational specific health requirements; and applies an acceptable readiness standard across components.

Applicability. This regulation applies to United States Forces Korea, component commands, major subordinate commands and all U.S. military organizations attached or assigned to USFK.

Supplementation. Supplementation of this regulation and issuance of command and local forms by subordinate commands are prohibited unless prior approval is obtained from Headquarters (HQ) USFK Surgeon (FKSG), Unit #15237, APO AP 96205-5237, email: fksg@korea.army.mil.

Forms. USFK forms are available at <http://www.usfk.mil>.

Records Management. Records created as a result of processes prescribed by this regulation must be identified, maintained, and disposed of according to AR 25-400-2. Record titles and descriptions are available on the Army Records Information Management System website at: <https://www.arims.army.mil>.

Suggested Improvements. The proponent of this regulation is Office of the Command Surgeon, HQ USFK Surgeon (FKSG). Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) to HQ USFK Surgeon (FKSG), Unit #15237, APO AP 96205-5237, email: fksg@korea.army.mil.

Distribution. Electronic Media Only (EMO).

CONTENTS

Chapter 1

Introduction, page 1

- 1-1. Purpose
- 1-2. References
- 1-3. Explanation of Abbreviations and Terms
- 1-4. Commander's Intent

Chapter 2

Responsibilities, page 1

- 2-1. Service Component Commanders and Major Subordinate Commands
- 2-2. Commanding General, Eighth Army
- 2-3. Commander, Seventh Air Force (7th AF)
- 2-4. Commander, Naval Forces Korea (CNFK)
- 2-5. Commander, Marine Forces Korea (MARFOR-K)
- 2-6. Commander, Special Operations Command Korea (SOCKOR)
- 2-7. USFK Command Surgeon
- 2-8. Personnel Required to Complete USFK IMR Requirements

Chapter 3

Individual Medical Readiness Program, page 4

- 3-1. USFK IMR Elements and Requirements
- 3-2. Occupational Specific Health Requirements
- 3-3. USFK IMR Classification

Chapter 4

Policy, page 7

Glossary, page 9

Chapter 1

Introduction

1-1. Purpose

To prescribe policies, assign responsibilities and establish reporting procedures to monitor individual and unit medical readiness according to Individual Medical Reporting (IMR) requirements identified in this regulation and pursuant to references listed in appendix A.

1-2. References

a. Required Publications

- (1) DOD Directive 6200.4, Force Health Protection (FHP).
- (2) DOD Directive 6205.02, Policy and Program for Immunizations to Protect the Health of Service Members and Military Beneficiaries.
- (3) DOD Instruction 6025.19, Individual Medical Readiness (IMR).
- (4) DOD Instruction 6200.05, Force Health Protection (FHP) Quality Assurance (QA) Program.
- (5) AR 40–562/BUMEDINST 6230.15B/AFI 48–110_IP/CG COMDTINST M6230.4G, Immunizations and Chemoprophylaxis for the Prevention of Infectious Diseases, 7 October 2013.

b. Related Publications

- (1) Assistant Secretary of Defense (Health Affairs) Policy Memorandum 03-009, Policy for Individual Medical Readiness Metrics, 2 May 2003.
- (2) Assistant Secretary of Defense (Health Affairs) Policy Memorandum 06-006, Periodic Health Assessment Policy for Active Duty and Selected Reserve Members, 16 February 2006.
- (3) Chairman, Joint Chiefs of Staff Memorandum, Procedures for Deployment Health Surveillance, 2 Nov 2007.

1-3. Explanation of Abbreviations and Terms

Abbreviations and terms used in this regulation are explained in the glossary.

1-4. Commander's Intent

To set reporting requirements and establish defined, measurable medical elements, standards, and goals for medical readiness for USFK, service components, major subordinate commands and all units attached or assigned to USFK. Develop a medical readiness construct that enables commanders and higher headquarters the ability to continuously monitor the medical readiness and deployability of all assigned forces.

Chapter 2

Responsibilities

2-1. Service Component Commanders and Major Subordinate Commands

The USFK IMR Program is a Commander's program that will improve the medical readiness of

Service Members. Service Component Commanders and major subordinate commands will support and give emphasis to the USFK IMR Program by accomplishing the following:

a. Publish and enforce procedures and guidance to ensure all personnel assigned or attached to their command understand and comply with this regulation.

b. Utilize service specific immunization tracking systems to capture, manage and report medical readiness status. Identify an appropriate IMR Program Manager to monitor, track and report individual and unit medical readiness to USFK Surgeon. Provide quarterly IMR reports with data rolled-up to summarize readiness elements and final classifications. Quarterly medical readiness reports to the USFK Surgeon will include:

(1) The overall readiness category for each service component and all major subordinate commands.

(2) Compliance with special immunizations and/or chemoprophylaxis requirements as determined by the most recent health threat assessment for the Korean Theater of Operation (KTO).

c. Establish a command expectation that subordinate commanders and individuals will be responsible for meeting and maintaining IMR requirements and readiness goals.

d. Ensure unit commanders establish procedures for designated unit personnel to monitor IMR status at least monthly using service IMR systems and reports.

e. Ensure appropriate action is taken regarding units and individuals with excessive IMR delinquencies.

f. Ensure subordinate commanders and leaders work closely with supporting medical treatment facilities to obtain and maintain a high level of medical readiness.

g. Ensure subordinate units designate primary unit IMR Program Managers and prescribe the necessary resources and authority to enable them to effectively manage unit IMR status.

h. Ensure Permanent Change of Station (PCS) reporting instructions require inbound personnel to meet USFK IMR elements to include special immunizations prior to reporting to Korea.

i. Ensure new USFK service members arriving on the Korean peninsula complete an IMR element screening during in-processing.

j. Assure unit medical readiness meets and maintains the USFK goal of 75 percent or better Fully Medically Ready (FMR) status or greater than 90 percent of individuals classified as Fully or Partially Medically Ready (PMR) as established by this regulation and DOD Instruction 6025.19, Individual Medical Readiness (IMR).

k. Implement procedures to ensure IMR information is reported into the Status of Resources and Training System (SORTS)/Defense Readiness Reporting System (DRRS) to facilitate readiness and deployability assessments.

l. Issue directives to implement guidance on IMR.

2-2. Commanding General, Eighth Army

- a. Establish procedures to guarantee accuracy of data entry into the Medical Protection System (MEDPROS) for electronic tracking of IMR elements.
- b. Coordinate with subordinate unit commanders or their designated unit IMR Program Manager to maximize the number of unit personnel classified as FMR.
- c. Provide IMR electronic tracking system training (MEDPROS) on IMR data entry, data maintenance, and the tracking and monitoring of unit status, to unit commanders, their designated unit IMR Program Manager and data entry personnel.
- d. Provide feedback on unit IMR status to supported commands as appropriate.

2-3. Commander, Seventh Air Force (7th AF)

- a. Establish procedures to guarantee accuracy of data entry into the Aeromedical Services Information Management System (ASIMS) for electronic tracking of IMR elements.
- b. Coordinate with unit commanders or their designated unit IMR Program Manager to maximize the number of unit personnel classified as FMR.
- c. Monitor IMR status and report IMR requirements that are due or overdue to the appropriate unit commanders or their designated unit IMR Program Manager at least monthly.
- d. Track and report to unit commanders the names of their individual unit service members who fail to take action to meet IMR requirements after notifications to the member and unit.
- e. Ensure the provision of training necessary to maintain and operate the IMR electronic tracking system.

2-4. Commander, Naval Forces Korea (CNFK)

- a. Provide medical support to and IMR tracking for Commander, Marine Forces Korea (MARFOR-K).
- b. Establish procedures to guarantee accuracy of data entered into the Medical Reporting Readiness System (MRRS) for electronic tracking of IMR elements.
- c. Monitor IMR status and report IMR requirements that are due or overdue to the appropriate unit(s) or their designated unit IMR Program Manager at least monthly.
- d. Track and report CNFK and MARFOR-K members who fail to take action to meet IMR requirements after notifications to the Chain of Command.
- e. Coordinate with unit commanders or their designated unit IMR Program Manager to maximize the number of unit personnel classified as FMR.
- f. Ensure the provision of training necessary to maintain and operate the IMR electronic tracking system.

2-5. Commander, Marine Forces Korea (MARFOR-K)

Commander, MARFOR-K will coordinate with CNFK for medical support and IMR tracking.

2-6. Commander, Special Operations Command, Korea (SOCKOR)

a. Identify a medical readiness program manager to partner with the Regional Military Vaccine Agency analyst, USFK Surgeon's Office, for immunization tracking support.

b. Coordinate with USFK Force Health Protection Officer to ensure all IMR elements are being satisfactorily met by assigned SOCKOR Service Members.

2-7. USFK Command Surgeon

a. Serve as proponent for USFK IMR policy and procedures, evaluate the program's effectiveness, recommend changes and/or revisions to policy as necessary, and maintain program oversight.

b. Monitor IMR medical support capabilities and services, and work with Service Component Command Surgeons to correct discrepancies as appropriate. Evaluate the effectiveness and implementation of the IMR Program and oversee the program.

c. Receive and summarize IMR quarterly status reports from respective service component IMR Program Managers. Ensure quarterly and annual metric goals for the separate IMR elements and for the overall IMR category are met. As mandated in this regulation, the minimum goal for overall medical readiness for USFK and component commands is more than 75% of service members are FMR; or more than 90% are classified as FMR or PMR.

d. Through the Regional Military Vaccine Agency analyst, synchronize immunization compliance reports for USFK and Component Commands to identify trends, determine gaps and recommend areas of focus to ensure maximum immunization coverage levels are maintained throughout the KTO.

e. Assist SOCKOR medical officer with monitoring and reporting IMR status for SOCKOR Service Members. Assist SOCKOR in establishing medical readiness policies to ensure conformance with the USFK medical readiness program requirements.

f. Provide the Commander, USFK with quarterly IMR status reports for USFK staff members and Service Components. Report should adequately address component status along with data from individual medical readiness elements compared to measures of success established by this regulation.

g. Provide appropriate guidance, training and support to Service Components to implement the requirements of this instruction.

2-8. Personnel Required to Complete USFK IMR Requirements

All U.S. military personnel assigned or attached to USFK or any subordinate command within the Republic of Korea must complete IMR requirements and maintain a high level of medical readiness and deployability at all times as prescribed in DOD guidance and this regulation.

Chapter 3

Individual Medical Readiness Program

3-1. USFK IMR Elements and Requirements

The Department of Defense has established requirements for tracking IMR. The six IMR elements as defined by DOD Instruction 6025.19, Individual Medical Readiness (IMR) and the established USFK IMR requirements are:

a. Periodic Health Assessment (PHA) – An annual PHA is required for all USFK service members to monitor their health status and provide timely preventive healthcare, counseling, treatment, or testing, as appropriate. New USFK Service Members arriving on the Korean peninsula will be screened during in-processing for PHA compliance, and scheduled to complete their PHA, as required. Furthermore, the PHA will be performed within 30 days of each service member's birth month, when feasible, but no later than 60 days following the due month. Completion of the PHA will be documented in the service specific IMR electronic tracking system.

b. Dental Readiness – All Service Members are required to maintain a Dental Fitness Category 1 or 2 status with no major dental work required, and will have a panoramic dental x-ray on file. An annual dental examination is required and will be synchronized and documented with the annual PHA, when feasible.

c. Medical Readiness Laboratory Studies – The basic laboratory studies required for all USFK service members in Korea are blood type and Rh (Rhesus) factor, Glucose-6-Phosphate Dehydrogenase (G6PD) status (normal or abnormal), Deoxyribonucleic Acid (DNA) specimen (verified as received and acceptable by the Armed Forces Institute of Pathology repository), and Human Immunodeficiency Virus (HIV) antibody status (as tested and documented by the receiving DOD lab). The HIV antibody testing will be repeated every two years or in accordance with Service-specific requirements, and synchronized as part of the annual PHA. Service-specific policies or specific occupational health requirements may identify additional readiness laboratory test.

d. Immunization Status – All USFK Service Members are required to maintain the following essential immunizations for Korea in order to be medically ready (or they must have the appropriate medical and/or administration exemption from specific immunizations documented in their health record). Vaccinations are overdue 30 days after their due date, with the exception of seasonal influenza vaccination, which is overdue if not received before January 1 of the current flu season. All immunizations will be electronically reported to the Defense Eligibility Enrollment System (DEERS) via the Service-specific Immunization Tracking System (ITS) (i.e. MRRS, ASIMS, MEDPROS). Special immunizations, screening tests, and threat or occupational specific immunizations are required for select service members based on their assigned location and/or identified occupational hazards. While neither JEV nor rabies will be assessed as part of the USFK IMR report, service level ITS have the capability to monitor immunization compliance for these two specific immunizations. Subordinate commands are encouraged to monitor these immunizations internally. The following vaccinations should be obtained prior to arrival (as needed) and is the responsibility of the losing CONUS/OCONUS command. Immunization compliance will be reviewed and updated annually during the member's PHA.

(1) Inactivated Polio Vaccine (IPV).

(2) Tetanus/Diphtheria. Last dose required within 10 years for adults who have not previously received a dose of Tetanus, diphtheria and acellular Pertussis (Tdap) one dose of Tdap should be given regardless of interval since last Tetanus vaccine.

(3) Measles, Mumps and Rubella (MMR) Two lifetime doses or positive confirmation of serological testing and annotated/documented in Service ITS.

(4) Meningococcal immunization is mandatory for basic trainees and cadets at Service academies within the first two weeks of training and should be validated upon entry into Korea.

(5) Hepatitis A and Hepatitis B (complete series).

(6) Typhoid (Injectable or oral) Current per package insert, within two years for injectable and five years for oral.

(7) Varicella (Chicken Pox) documented or confirmation of immunity via serological testing confirmation and annotated/documented in Service ITS.

(8) Annual Influenza.

(9) Anthrax and Smallpox. All USFK Service Members are required to be vaccinated against Anthrax (shot current in accordance with dosing series and an annual booster dose) and Smallpox. A current Smallpox vaccination is required in order to be medically ready along with a booster dose every 10 years (or appropriate medical and/or administration exemption documented in the health record). Anthrax and Smallpox vaccinations are considered biological vaccines and are required for personnel assigned/attached/deployed or TDY/TAD on the Korean Peninsula for greater than 15 consecutive days.

(10) Japanese Encephalitis. The Japanese Encephalitis vaccination (JEV) is required for all military personnel assigned/attached/deployed or TDY/TAD on the Korean Peninsula 30 days or more during high transmission season (April-September). This also applies to members living in urban areas. JEV is a two shot (Ixiaro) vaccine series and is administered at 0 and 28 days. In addition, a booster dose at one year is required.

(11) Rabies. Pre-exposure rabies vaccine series is required for veterinary workers; those involved in animal control and special operations personnel.

(12) Tuberculosis Skin Testing (TST) using a Purified Protein Derivative (PPD). Tuberculosis skin testing will be repeated annually or in accordance with Service-specific requirements, and synchronized as part of the annual PHA.

e. Individual Medical Equipment – Service Members who require corrective lenses will possess gas mask inserts for the model of gas mask and/or ballistic eyewear issued. Similarly, Service Members who require other personal medical equipment (e.g. hearing aids), will have that equipment. Furthermore, medical warning tags are required for individuals with documented allergies and permanent conditions that would delay medical treatment in the absence of a medical record, or render the routinely indicated course of treatment inappropriate (e.g. diabetes, allergic reaction and hypersensitivity to certain drugs, or insect bites). Service-specific policies may identify additional items of medical equipment.

f. No Deployment Limiting Conditions – To be considered medically ready, service members should be free of any deployment limiting conditions.

3-2. Occupational Specific Health Requirements

Due to the demanding nature of combat operations, select USFK and service component

personnel in operational billets will have additional readiness requirements based on certain characteristics of their occupational specialty. FMR status for this group requires the following:

- a. Vision test required every two years with the results documented in the respective service IMR tracking system.
- b. Baseline audiogram documented in the service specific IMR tracking system.
- c. Personnel identified as being on the hearing conservation program have an annual audiogram documented and entered into the IMR tracking system.
- d. Personnel requiring specific periodic occupational physical examinations (e.g. flight, dive, etc.) must have them completed within the required period with results documented in the respective IMR tracking system.

3-3. USFK IMR Classification

Commanders, the military healthcare system, and the individual service member share responsibility for IMR. The tracking of IMR benefits Service Members and units by ensuring each member of the USFK team is protected against infections and endemic diseases, can safely receive chemoprophylaxis (medications to prevent diseases) and treatments, has the required medical equipment, and possesses an appropriate state of dental readiness. Within USFK, the medical readiness of each service member is classified as follows:

- a. Green-Fully Medically Ready (FMR): Service Members are current in all six elements to include Dental Class 1 or 2.
- b. Yellow (Amber)-Partially Medically Ready (PMR): Service Members are lacking any readiness immunizations, laboratory studies, or medical equipment, and have a published Dental Class 3 treatment plan.
- c. Red-Not Medically Ready (NMR): Service Members are in a Dental Class 3 status or possess a chronic or prolonged deployment limiting condition.
- d. Medical Readiness Indeterminate (MRI): Inability to determine the medical readiness status because of a missing health record, overdue PHA, or Dental Category 4 status.

Chapter 4 Policy

- a. IMR assessment is a continuous process that will be monitored and reported to the USFK Surgeon quarterly to provide leaders the ability to ensure a healthy and fit force, and evaluate the readiness of USFK Service Members to participate in the full range of military activities and operations.
- b. Commanders and leaders at all levels will emphasize the importance of improving and maintaining medical readiness and will use the USFK IMR program to monitor individual and unit medical readiness.
- c. USFK, service components and major subordinate commands will obtain and maintain 75 percent or better FMR status as documented in the Service specific IMR electronic tracking system or 90 percent combined for FMR and PMR categories.

d. Commanders and leaders will ensure IMR requirements are entered and reported in the service specific IMR electronic tracking system, and SORTS/DRRS to facilitate readiness and deployability assessments.

e. The PHA will be used to appraise, validate, and rectify IMR deficiencies; and substantiate compliance with various elements of deployment health to include: pre-deployment health assessments, post-deployment health assessments, and the post-deployment health reassessment.

Glossary

Section I. Abbreviations

7th AF	Seventh Air Force
ASIMS	Aeromedical Services Information Management System
CNFK	Commander, Naval Forces Korea
DEERS	Defense Eligibility Enrollment System
DOD	Department of Defense
DNA	Deoxyribonucleic Acid
DRRS	Defense Readiness Reporting System
FHP	Force Health Protection
FKSG	Office of the Command Surgeon, USFK
FMR	Fully Medically Ready
G6PD	Glucose-6-Phosphate Dehydrogenase
HIV	Human Immunodeficiency Virus
HQ	Headquarters
IMR	Individual Medical Readiness
ITS	Immunization Tracking System
IPV	Inactivated Polio Vaccine
MARFOR-K	U.S. Marine Forces Korea
MEDCOM	Medical Command
MEDPROS	Medical Protection System
MRRS	Medical Readiness and Reporting System
MMR	Measles, Mumps and Rubella
MRI	Medical Readiness Indeterminate
PCS	Permanent Change of Station
PHA	Periodic Health Assessment

PMR	Partially Medically Ready
PPD	Purified Protein Derivative
Rh	Rhesus
SORTS	Status Of Resources and Training System
Td/Tdap	Tetanus, Diphtheria, and Acellular Pertussis
TST	Tuberculin Skin Test
U.S.	United States
USFK	United States Forces Korea

Section II. Terms

Chemoprophylaxis. The administration of a chemical agent to prevent the development of diseases.

Dental Readiness. A service member's dental health as it relates to their preparedness to participate in the full range of military activities, operations and world-wide deployments.

Force Health Protection (FHP). For purposes of this regulation, it includes all measures taken by commanders, supervisors, individual Service Members, and the military health system to promote, protect, improve, conserve, and restore the mental and physical well-being of service members across the full range of military activities and operations. These measures enable the fielding of a healthy and fit force, the prevention of injuries and illness, and protection of the force from health threats; and the provision of highly effective medical and rehabilitative care to those who become sick or injured.

Glucose-6-Phosphate Dehydrogenase (G6PD). An X-linked (related to the chromosomal gender of the individual) recessive hereditary disease featuring abnormally low levels of the G6PD enzyme, which plays an important role in red blood cell function. Individuals with the disease may exhibit non-immune hemolytic anemia (break down of red blood cells) in response to a number of causes.

Immunization. The process of rendering an individual immune to specific disease-causing agents. Immunization most frequently refers to the administration of a vaccine to stimulate the immune system to produce an immune response.

Individual Medical Readiness (IMR). The extent to which a service member is medically ready to participate in the full range of military activities and operations—to include operational deployments, as measured by six key elements: a current periodic health assessment; the absence of deployment-limiting health conditions; a favorable dental readiness classification; currency in required immunizations; the completion of readiness-related laboratory studies; and the availability of individual medical equipment.

Periodic Health Assessment (PHA). An annual assessment for changes in health status, especially those that could impact a member's ability to perform military duties.

Rhesus Factor (Rh Factor). A classification factor to describe blood types in humans.

Vaccination. The administration of a vaccine to an individual for inducing immunity.

Vaccine. A preparation that contains one or more components that when administered, induces a protective immune response against a pathogen (infectious agent).