UNITED STATES MARINE CORPS
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I MARINE EXPEDITIONARY FORCE ORDER 6300.2A

From: Commanding General, I Marine Expeditionary Force
To: Distribution List

Subj: INDIVIDUAL MEDICAL READINESS (IMR)

Ref:
(a) DODI 6025.19 ch 1, 2 Oct 13, Individual Medical Readiness
(b) BUMEDINST 6110.14 ch 3, 16 Jul 12, Documenting and Reporting Individual Medical Readiness Data
(c) ASD (HA) Policy Memo 07-011, 25 Jul 07, Policy on Space Available Dental Care
(d) SECNAVINST 6120.3 ch 1, 1 Dec 09, Periodic Health Assessment for Individual Medical Readiness
(e) DODI 6490.03, 11 Aug 06, Deployment Health
(f) ASD (HA) Policy Memo 02-011, 4 Jun 02, Policy on Standardization of Oral Health and Readiness Classifications
(g) SECNAVINST 5300.30E ch 1, 13 Aug 12, Management of Human Immunodeficiency Virus (HIV) Infection in the Navy and Marine Corps
(h) BUMEDINST 6224.8B, 21 Feb 13, Tuberculosis Control Program
(i) BUMEDINST 6230.15B, 7 Oct 13, Immunizations and Chemoprophylaxis for the Prevention of Infectious Diseases
(j) MARADMIN 452/11, 10 Aug 11 Anthrax Vaccine Immunization Program (AVIP) Update
(k) BUMED 231554Z Sep 08, Update to Clinical Policy For DoD Smallpox Vaccination Program (SVP)
(l) NAVMEDCOMINST 6810.1, 8 Jul 91, Ophthalmic Services
(m) BUMEDINST 6150.35, 8 Jul 91, Medical Warning Tag
(n) NAVMED P-117, MANDMED Chapter 18, 10 Jan 05, Medical Evaluation Boards
(o) MCO 5000.12E ch 1-2, 8 Dec 04, Marine Corps Policy Concerning Pregnancy and Parenthood
(p) OPNAVINST 5100.23G ch 1, 21 Jul 11, Navy Safety and Occupational Health (SOH) Program Manual
(q) MARADMIN 346/06, 26 Jul 06, Update to MRRS Marine Corps Plan Implementation
(r) MARADMIN 294/12, 31 May 12, U.S. Marine Corps Traumatic Brain Injury Program
(s) ASD (HA) Attachment to Policy Memo of 7 Nov 06, Policy Guidance for Deployment-Limiting Psychiatric Conditions and Medications
(t) USCENTCOM Individual Protection and Individual Unit Deployment Policy Series, USCENTCOM Surgeon, MOD 12, 021502Z Dec 13
(u) Commandant's Mandate for ODR 09.11.07
(v) SECNAVINST 6600-5A Dental Health and Readiness
(w) MCO 6600.3A, 23 Mar 07, Dental Health Care Program
(x) BUMEDINST 6600.19, 3 Sep 10, NAVMED 6600/13, Dental Examination Form; NAVMED 6600/14, Dental Treatment Form; and NAVMED 6600/15, Current Status Form
(y) MARADMIN 631/10, 5 Nov 10, Requirement to Track and Improve Individual Medical Readiness for AC and RC

DISTRIBUTION STATEMENT A: Approved for public release; distribution is unlimited

(z) I MEFO 6490, 12 Jul 13, Traumatic Brain Injury Program
(aa) USCINCPACINST 6200.2 ch 1, 29 May 01, Force Health Protection (FHP) Program for Deployments
(ab) ACM 4200.03 CH-2, 20 Sep 11, Force Health Protection Procedures for Deployment and Travel

Encl: (1) Procedures and Documentation Requirements
(2) Individual Medical Readiness Forms
(3) Medical Readiness Reporting System (MRRS)

1. Situation. To establish policy and procedures for assessing, documenting, and reporting Individual Medical Readiness (IMR) and Operational Dental Readiness (ODR) in support of readiness requirements for Active Component (AC) and Reserve Component (RC) service members assigned to I Marine Expeditionary Force (I MEF) and subordinate commands. While readiness is a commander's responsibility, the medical department in each I MEF unit actively supports line commanders by performing periodic assessments and entering IMR data into approved electronic systems and the health record. This Order establishes policy, training requirements, and assigns responsibilities for the utilization of the MRRS and the Dental Common Access System (DENCAS) to provide commanders with IMR and ODR data.

2. Cancellation. I MEFO 6300.2.

3. Mission. IMR and ODR are an integral component of force health protection and a key indicator of each service member's readiness status for rapid deployment. Tracking IMR and ODR benefits the service member and the unit by ensuring service members are immunized against infectious and endemic diseases, can safely receive prophylaxis and treatments, possess all required individual medical equipment, are in a high state of dental readiness, have completed all deployment health requirements, and received appropriate medical care. A joint service committee has established requirements for service level tracking and quarterly reporting of IMR data to the Assistant Secretary of Defense (Health Affairs) (ASD(HA)), as outlined in reference (a). Reference (a) to (n) and Reference (p) to (z) outline service specific requirements associated with the elements of IMR, ODR, and deployment health. Reference (o) establishes MRRS as the only approved IMR tracking and reporting system for the Marine Corps. Procedures and documentation requirements for IMR are defined in enclosure (1). Required IMR forms are listed in enclosure (2). Procedures for MRRS implementation, utilization, and training are outlined in enclosure (3).

4. Execution

a. Commander's Intent and Concept of Operations

(1) Commander's Intent. Commanding General, I MEF policy is as follows:

(a) In accordance with reference (a), a minimum of 75 percent of the force must be Fully Medically Ready (FMR) at all times. Readiness definitions are found in enclosure (1).

1. Units will achieve and maintain a 10 percent or less Medical Readiness Indeterminate (MRI) status.

2. Each deploying individual will be FMR on date of deployment to ensure 100 percent medical readiness of the deploying force.

(b) In accordance with references (s) and (t), operational ODR shall be 100 percent for deploying units, and at least 95 percent for all other units. Dental readiness will be maintained in accordance with references (b), (c), and (f).

(c) Per reference (o), Installation Personnel Administrative Centers (IPAC), Joint Reception Centers (JRC), Manpower Information Systems Support Offices (MISSO), G-1s and S-1s will coordinate efforts to ensure standardized data integrity of the Marine Corps Total Force System (MCTFS) to support accurate IMR and ODR reporting.

(2) Concept of Operations. All Commanders are directed to implement the IMR program upon receipt. Commanders are responsible for compliance with the requirements established by this Order.

b. Coordinating Instructions

(1) Commanders. Ensure all G-1/S-1 administrative sections coordinate with all IPACs, JRCs, and MISSO to standardize business practices to ensure all Navy and Marine Corps personnel are assigned in the MCTFS under appropriate codes including, but not limited to: the Reporting Unit Codes (RUC), Monitored Command Codes (MCC), Duty Status Codes, Duty Limit Codes, Location Codes, and Strength Category Codes.

(2) G-1/S-1s

(a) Coordinate with IPACs and/or JRCs to ensure all Command/Unit personnel are joined or attached to the appropriate RUC and MCC in MCTFS.

(b) Coordinate with IPACs and/or JRCs to ensure all unit personnel are assigned to appropriate duty status codes, duty limit codes, and strength category codes in MCTFS to facilitate accurate IMR reporting.

(c) Coordinate with MISSO to provide each unit's medical sections with updated lists of MCTFS code definitions used by MRRS.

(d) Coordinate with MISSO to provide MRRS Account Managers (AM) with changes of RUCs/MCCs to ensure all unit RUCs/MCCs in MRRS are current and assigned to the proper organizational hierarchy.

(3) Health Service Support Sections and Dental Sections

(a) Follow all procedures as outlined in enclosure (1).

(b) Utilize MRRS and DENCAS as the only authorized IMR and ODR data collection system within I MEF.

(c) Ensure all medical personnel receive the required MRRS training prior to receiving access.

(d) Accurately record all IMR data for all uniformed service members in their service area of responsibility including all new accessions at the time medical care is rendered.

(e) Provide Commanders with periodic IMR reports as necessary to meet mission requirements.

5. Administration and Logistics. Directives issued by this Headquarters are published and distributed electronically. Electronic versions of the I MEF directives can be found at:

http://www.imef.marines.mil/StaffSections/PrincipalStaff/G1(Admin)/IMEFOrders

6. Command and Signal

a. Command. This Order is applicable to all I MEF units.

b. Signal. This Order is effective the date signed.

M. J. GOUGH
Chief of Staff

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Procedures and Documentation Requirements

1. IMR. A means to assess an individual service member's, or larger cohort's, medical readiness level against established metrics applied to key elements of health and fitness to determine medical deployability. Reference (a) defines the six elements and four categories of IMR across the Department of Defense (DoD). It also provides guidance on the use of electronic data systems to capture, track and report IMR.

a. Individual Medical Readiness Elements

(1) Periodic Health Assessment (PHA) and Deployment Health

(a) The PHA is an annual assessment of the IMR of service members as directed by references (a) and (d). The PHA is the business process for annual review and identification of IMR status. During the PHA, data in MRRS will be reviewed, verified, and updated appropriately. For AC service members, the PHA will be performed within 30 days of each service member's birth month (unless precluded by operational contingencies, otherwise it is required yearly), per reference (d). RC service members will have the PHA performed based on an annual requirement due date. The PHA clinical note will be documented on the NAVMED 6120/4, PHA, if AHLTA (electronic medical record system) is not accessible. Per reference (d), DD Form 2766, Adult Preventive and Chronic Care Flowsheet, will be updated in either the electronic or paper record. For the IMR report, all personnel will be considered 'Indeterminate' one year plus one month from the last PHA completion date.

(b) Precise procedures for conducting the PHA are provided in enclosure (1) to reference (d). During the PHA, the provider will ensure the deployment health requirements have been assessed and updated in MRRS. Per references (d) and (e), members who have deployed or re-deployed, will be assessed during the PHA to ensure the following forms have been completed from the most recent deployment: DD Form 2795, Pre-Deployment Health Assessment (PreDHA); DD Form 2796, Post Deployment Health Assessment (PDHA); and, DD Form 2900, Post Deployment Health Re-Assessment (PDHRA). If it is beyond 89 days since redeployment, it is not necessary to complete DD Form 2795 or 2796, as DD Form 2900 will suffice.

(c) Conversely, if a PHA is due during the deployment screening process, the PHA can be conducted at the same time as the deployment screening. All deployment screening is conducted using the Navy's electronic Deployment Health Assessment (eDHA) program. The eDHA is accessible as noted in the enclosure (2).

(d) The provider will also assess whether the service member has unresolved deployment-related health concerns or referrals pending. Members reporting current adverse signs or symptoms will be appropriately referred for care. The PHA is considered complete when all required components have been completed as required by reference (d), all required deployment health assessment forms are completed as required by reference (e), the provider and service member have discussed a plan for any necessary follow up, and required referrals have been ordered through the appropriate system.

(e) PreDHA, DD Form 2795, are required prior to deployment. All service members must complete medical screening and have a current PHA completed and in the record prior to deployment to update IMR and to

determine if there are any deployment-limiting conditions, as per reference (e) for all deployments.

(f) Per reference (p), all deploying service members are required to complete a baseline pre-deployment neurocognitive assessment. Per reference (p), baseline pre-deployment neurocognitive functional assessments should be administered four to six months prior to deployment, and sequenced with the Pre-Deployment Training Plan (PTP). This sequencing allows the respective commander and command surgeon the timely opportunity to evaluate service members who may screen positive. This window also provides the greatest opportunity for organic medical assets to evaluate, re-evaluate, refer, and/or begin a medical regimen based upon local treatment protocols. This timeliness allows commanders and Navy MTFs the opportunity to better manage manpower resources to meet mission requirements.

(g) During the PHA, immunization status will be updated to ensure all required booster immunizations coming due during the subsequent year are administered at the time of the PHA. The term booster refers to routine periodic immunizations administered to maintain an immune status. This assumes successful completion of the initial immunization series.

(2) Dental Readiness. As indicated by the dental classification system outlined in reference (f), a service member who is dental Class 1 or 2 is worldwide deployable. A service member who is dental Class 3 or 4 is considered at increased risk to experience a dental emergency and is not deployable because dental emergencies during deployment compromise unit integrity and combat effectiveness.

(a) Dental classification is determined during the initial dental examination and again at the annual exam (Type 2 dental examinations). The annual Type 2 dental examination should be synchronized to the greatest extent possible with the PHA and documented as part of the PHA. Dental classification is entered into the dental treatment record as required by enclosure (w) on the EZ 603.2 form (trial), Dental Exam form, Dental Common Access System (DENCAS), and MRRS. The DENCAS is utilized to determine and track unit operational dental readiness. Developed by the U.S. Navy Medical Information Management Command (NMIMC) and the Bureau of Medicine and Surgery (BUMED), it is a web-based tool that gathers information on dental readiness, provider productivity and patient treatment needs for near real-time analysis by the operational forces. The MCTFS directly feeds personnel and unit information to DENCAS.

(b) While there is an annual requirement for a service member's Type 2 dental examination, the member's dental examination remains current for 12 months and one month following the month of the last Type 2 dental examination. The one month grace period is added to allow for leave, Temporary Additional Duty (TAD), deployments or other periods of non-availability. Therefore, the member's status remains current through the last day of the 13th month following the month of the last Type 2 dental examination, and is not considered delinquent until the first day of the 14th month following the month of the last Type 2 dental examination. Wherever possible, service members who are deploying with operational units without organic dental assets are expected to have a current annual Type 2 dental examination.

(c) Dental Classification

1. Class 1 (Oral Health). Service members with a current dental examination who do not require dental treatment or re-evaluation. Class 1 service members are worldwide deployable.

2. Class 2. Service members with a current dental examination who require non-urgent dental treatment or re-evaluation for oral conditions that are unlikely to result in dental emergencies within 12 months. Class 2 service members are worldwide deployable.

3. Class 3. Service members who require urgent or emergent dental treatment. Class 3 service members are not worldwide deployable.

4. Class 4. Service members who require periodic dental examination, have an unknown dental classification, or have no dental record. Class 4 service members are not worldwide deployable.

(3) Readiness Laboratory Studies. The basic laboratory studies required for a service member to be deployable are: Blood type and Rh factor, G6PD status (normal/deficient), Deoxyribonucleic Acid (DNA) specimen on file (verified receipt at Armed Forces Institute of pathology repository), and Human Immunodeficiency Virus (HIV) antibody. The HIV antibody test shall be repeated at the frequency outlined in reference (g) and is considered overdue for IMR reporting 30 days after the scheduled due date. Samples submitted for HIV testing, processed via a Navy Medical Treatment Facility (MTF), and DNA specimens do not require manual entry into MRRS.

(a) Screening or testing for latent tuberculosis infection shall be completed at the frequency outlined in reference (h).

(b) All readiness laboratory study results shall be documented in the health record and in MRRS. Readiness laboratory studies that are not documented in MRRS will be reflected as deficient on IMR reports. If readiness laboratory studies are not documented in MRRS, review the health record, and manually enter the studies until MRRS is available.

(4) Immunizations. Individual vaccinations should be administered according to guidance found in reference (i). Enter data into MRRS for transmission to the Defense Enrollment Eligibility Reporting System (DEERS) for administrative documentation and tracking. Medical documentation will be in the health record. If electronic medical documenting is unavailable, the immunization encounter will also be documented on the NAVMED 6230/4, Adult Immunization Record. Per reference (b) and (i), service members shall have the following immunizations or have the appropriate medical and/or administrative exemption documented in their health record:

(a) Hepatitis A (TWINRIX ® may be substituted per CDC and manufacturer recommendations).

(b) Hepatitis B if initiated (TWINRIX ® may be substituted per CDC and manufacturer recommendations).

(c) Polio Vaccine (IPV).

(d) Tetanus/diphtheria/pertussis (Tdap is a one-time booster between ages 11-64 years) or Tetanus/diphtheria (TD).

(e) Measles, Mumps, and Rubella (MMR).

(f) Influenza. The influenza vaccine is required yearly, dates specified in the annual influenza vaccine message.

(g) Typhoid vaccine is required for all I MEF personnel due to the potential for short-notice deployment to typhoid-endemic areas, in accordance with reference (i).

(h) Per reference (i) and (r), service members may require additional immunizations based on geographic area of operation(s), occupational or Immediate Superior in Command (ISIC) specific requirements, or on current outbreaks. Examples include yellow fever, Japanese encephalitis virus, anthrax and smallpox.

(Note: All exemption codes must be validated and entered into MRRS. Do not enter immunization exemption codes not validated by a documented encounter with a healthcare provider. Waiver requests will only be approved at the Major Subordinate Command (MSC) Surgeon level).

(5) Individual Medical Equipment

(a) Per reference (j), all service members who require vision correction are required to have two pair of eyeglasses, in addition to contact lenses, if permitted. It is recommended that members have two pair of military eyewear but one pair of personal eyeglasses may be substituted to meet this requirement.

(b) Those service members under orders for deployment who require corrective lenses will possess gas mask inserts for the model of gas mask in use at their deployment site. Prescriptive inserts for ballistic eyewear will be issued, if required.

(c) NAVMED 6150/5 (11/90), Medical Warning Tag Order, is used to order medical warning tags for service members with medical conditions, as noted in reference (k).

(d) All information regarding Individual Medical Equipment will be entered into MRRS.

(6) Deployment Limiting Conditions. Deployment limiting conditions are those medical and dental conditions that would make a member unsuitable to perform their duties in a deployable status. Please refer to reference (q) for guidance regarding psychiatric conditions.

(a) A medical condition is considered deployment limiting if:

1. The condition is of such a nature or duration that an unexpected worsening or physical trauma is likely to have a grave medical outcome or negative impact on mission execution.

2. The condition is not stable and reasonably anticipated by the pre-deployment medical evaluator to worsen during the deployment, in light of physical, physiological, psychological, and nutritional effects of the duties and location.

3. It is anticipated that the conditions will require ongoing health care or medications needed for the duration of the deployment that may not be available in-theater within the Military Health System for DoD personnel.

4. The condition requires medication that has special handling, storage or other requirements (e.g., refrigeration requirements, cold chain, electrical power requirements, etc.)

5. There is a need for, or anticipation of a need for duty limitations that preclude performance of duty or an accommodation imposed by the medical condition (the nature of the accommodation must be considered) that would hinder job performance.

6. There is a need for routine evacuation out of theater for continuing diagnostics or other evaluations. All such evaluations should be completed before deployment.

(b) Service members on limited duty (LIMDU), under Medical Evaluation Board Report (MEBR), or a Physical Evaluation Board Report (PEBR), per reference (l), are considered to have deployment limiting conditions. Service members hospitalized or convalescing from serious illness or injury expected to require greater than 90 days for full recovery shall be placed on LIMDU, per reference (l).

1. MEBR and PEBR data entered into the Medical Board Online Tri-service Tracking (MEDBOLTT) system will automatically transmit to MRRS.

2. Information for temporary deployment limiting conditions, such as pregnancy, not available in MEDBOLTT, must be manually entered into MRRS.

(c) RC service members who are classified as Temporarily Not Physically Qualified (TNPQ), in Medical Retention Review (MRR) status (Navy), Not Physically Qualified status (Navy and Marine Corps), in Line of Duty (LOD-Navy) or Notice of Eligibility (NOE-Marine Corps) status, and/or Temporarily Not Dentally Qualified (TNDQ), are Not Medically Ready (NMR) for deployment.

(d) Service women who are pregnant or in the postpartum period, per reference (l) and (m), are considered to have a deployment limiting condition. Per reference (m), women in the post-partum period are non-deployable for one year from the date of delivery, but are eligible for voluntary deployment six months after delivery.

(e) In all cases, additional medical and physical requirements unique to the service member's deployment theater assignment should be taken into account to determine deployability.

(f) Per reference (n), the respiratory protection program requirements for active duty members must be met, therefore, respirator use and medical conditions interfering with respirator use must be documented in the medical record.

b. Individual Medical Readiness Classification. The medical readiness of each service member will be classified as follows:

(1) Fully Medical Ready (FMR). Current in all six elements.

(2) Partially Medical Ready (PMR). Lacking any readiness laboratory studies, immunizations, or medical equipment.

(3) NMR. Dental Class 3 or with a deployment limiting condition.

(4) Medical Readiness Indeterminate (MRI). Overdue PHA or in a Dental Class 4 status.

2. Data Entry and Reporting

a. IMR Data Display or Reporting. Unit Surgeons and authorized medical department representatives are responsible for ensuring all IMR medical and ODR dental data are recorded in an approved electronic system for uniformed service members in their service area of responsibility including all new accessions. MRRS is the Marine Corps' data display tool for IMR reports, as per reference (o). Ideally, an individual's IMR status should be viewed using the MRRS Force IMR report in Excel format to ensure that MRRS data accurately reflects the service member's status.

b. Categories of MRRS Users

(1) MRRS AM/Security Administrators. Selected personnel who have the capability to create, add, delete, modify, disable, and enable all user accounts under their cognizance.

(2) MRRS Field User with HIV access. Field Users with HIV Access have capability to view and edit detailed individual medical data and have access to generate required detailed and/or summary reports for all personnel under their cognizance. In addition, these users can submit and track HIV samples within their unit/command.

(3) MRRS View Only User. View Only Users have access to view detailed individual medical data and generate reports of personnel under their cognizance, however, cannot edit any medical data in the MRRS system

(4) MRRS Reports Only User. Reports Only Users have access to generate detailed and summary IMR reports for all personnel under their cognizance, however, cannot view or edit any individual medical data in the MRRS system.

3. Points of Contact. For MRRS access, users can obtain a system access authorization form at: https://mrrs.sscno.nmci.navy.mil/mrrs or by contacting the I MEF MRRS Program Office by telephone at (760) 763-9154 or DSN 365-9154 and fax completed SAAR Form to (760) 725-9164 or DSN 365-9164.

4. Resources

a. Resources regarding IMR can be found at the I MEF Surgeon's intranet site at:

http://www.IMEF.marines.mil/StaffSections/SpecialStaff/ForceSurgeon.aspx.

b. Resources regarding immunizations can be found at the DoD immunization information and training portal at: http://vaccines.mil/.

Individual Medical Readiness Forms

1. NAVMED 6150/5 (11/90), Medical Warning Tag Order can be ordered online at:

https://navalforms.documentservices.dla.mil/web/public/home.

2. NAVMED 6120/4 (3/2000), Periodic Health Assessment (PHA) is available on the Navy Medicine website at:

http://www.med.navy.mil/directives/Pages/NAVMEDForms.aspx.

3. NAVMED 6230/4 (10/2007), Adult Immunizations Record, is available in electronic format at:

http://www.med.navy.mil/directives/Pages/NAVMEDForms.aspx.

4. DD Form 2766, Adult Preventive and Chronic Care Flowsheet. The hard copy DD Form 2766 and DD Form 2766C may be electronically generated within an approved system, or the card stock format ordered through navy Forms Online at: http://navalforms.daps.dla.mil/web/public/home. The stock number for DD Form 2766 is 0102-LF-984-8400 and DD Form 2766C is 0102-LF-984-9600. The MRRS generated DD Form 2766 is available electronically from MRRS.

5. DD Form 2795, PreDHA, DD Form 2796, PDHA, and the DD Form 2900, PDHRA are all available through the eDHA application. The eDHA application is accessed at: https://data.nmcphc.med.navy.mil/edha. A user name and password are required to gain access. A passphrase, provided by the local administrator, is required for new users. For assistance, contact the NMCPHC Help Desk at (757)953-0717 or DSN: 377-0717.

6. CDC-731, International Certificate of Vaccination or Prophylaxis (formerly the PHS-731, Yellow Shot Card) is available from the Government Printing Office Web site at: http://bookstore.gpo.gov, using National Stock Number (NSN) 017-001-00566-5 for packages of 100, or NSN 017-001-00567-3 for packages of 25, or by calling Toll Free (866)512-1800.

Medical Readiness Reporting System (MRRS)

1. General. MRRS is a web-based, individual readiness reporting system that provides functionality to meet current DOD, Navy, and Marine Corps medical readiness reporting requirements. MRRS provides Commanders and their medical section leadership the ability to record, monitor, assess and report individual and aggregated medical readiness status. Because the administrative move of "exempt" or "not required" allows for falsely elevated readiness, as the members marked in these two categories are not counted against the readiness reporting, periodic monitoring will be performed by the I MEF Surgeon's office to ensure requirements are not left in "exempt" or "not required" status beyond a reasonable time. Requirements placed in an "exempt" or "not required" status should be returned to "required" 120 days prior to deployment. MRRS is compliant with the Health Insurance Portability and Accountability Act (HIPAA) of 1996. Individual demographics, duty station assignments, and duty status are automatically extracted from the Marine Corps Total Force System (MCTFS) on a daily basis. Additionally, MRRS interfaces with authoritative updates on IMR tests, etc. These automated interfaces, particularly the feed from MCTFS, established MRRS as the "one-time" data entry point for all Marine Corps units' medical readiness information.

2. Requirements. References (d) and (e) outline requirements for MRRS implementation, utilization and training. To meet these requirements, MSC Surgeons will appoint MRRS AM at the MSC level to manage all aspects of MRRS utilization, security and training as follows: I MEF Headquarters Group, 1st Marine Division, 1st Marine Logistics Group, and 3rd Marine Aircraft Wing will each: Appoint two Health Services personnel, rank E-6 and above, as MSC level primary and alternate MRRS AM.

3. System Security

a. MRRS website access. The website address (https://mrrs.sscno.nmci.navy.mil/mrrs/secure/welcome.m) is accessible via and .mil computer system and requires Public Key Infrastructure (PKI) certificates. MRRS has various levels of access based on user requirements as outlined in this enclosure.

b. AM. Selected personnel are assigned as MRRS system AM at the MEF and MSC level. Additional AM may be assigned based on geographical, administrative, or Marine Air Ground Task Force operational needs. These personnel have the capability to add/delete, modify, disable and enable all user accounts under their cognizance. The MEF level AMs have the capability to view and assign commands, activities, and units to AMs that fall under their cognizance. AMs will perform the following functions:

(1) Account access and management. AMs will be responsible for providing levels of access authorization for personnel within their subordinate commands/units. Additionally, AMs will set/reset/delete passwords and maintain a current list of authorized MRRS users within their cognizance.

(2) System Authorization Access Request (SAAR) Form (DD Form 2875, Aug 2009). AMs will maintain a copy of SAAR forms for all personnel who have been authorized MRRS access.

(3) Marine Echelon Maintenance. MEF level AM will have access to maintain these tables to assign units to appropriate organization hierarchy. AMs should coordinate with their respective G-1/S-1 sections to ensure unit RUC and MCCs are current and assigned to organization hierarchy.

(4) Training. AMs will coordinate MRRS training efforts within their commands as needed.

(5) MRRS Change Requests. AMs will review, comment, and forward copies of change requests forms to their next higher level AM for further action to ensure all requests reach HQMC and SPAWAR for review.

c. View Only user. These are authorized personnel who have access to view detailed individual medical data and generate reports of personnel within their unit/command however, cannot edit any medical data in the MRRS system. View only users are assigned by AMs upon completion of required training and command approval. Personnel currently assigned as view only users are:

(1) Commanding Officers

(2) Medical and Dental personnel who are not directly involved with record entry but require detailed access to provide supportive Health Services.

d. Reports only user. These are authorized personnel who have access to view and generate individual and summary reports within their unit/command. Reports only users are authorized by AMs upon completion of required training and command approval. Personnel authorized as reports only users include:

(1) MSC and MEF level Commanders, Surgeons, Preventive Medicine personnel, Medical Planners and Dental Personnel.

(2) Regimental/Group level Commanders, Medical Officers and Senior Medical Department Representatives.

(3) Other personnel as designated by Commanders.

e. Field User. These are authorized personnel who have access to manage individual medical record data entry and generate individual and summary reports within their unit/command. Field users are assigned by AMs upon completion of required training and command approval. Personnel required as Field users are:

(1) All unit Medical personnel who are responsible for Health Record maintenance and data entry.

(2) Primary Field User personnel include, but are not limited to:

(a) Senior Company Corpsmen.

(b) Aid Station Corpsmen.

(c) Independent Duty Corpsmen (IDC).

f. Field User with HIV access. These are authorized personnel who have the same assess as Field Users and additional access to submit and track HIV

samples within their unit/command. These users are assigned by AMs upon completion of required training and command approval to manage the HIV sampling process. Personnel assigned as Field users with HIV access are:

(1) Medical personnel who are responsible for Health Record maintenance, data entry and managing the HIV sampling program.

(2) Primary personnel include, but are not limited to:

(a) Senior Company Corpsmen.

(b) Aid Station Corpsmen.

(c) IDC.

g. Account Access Procedure. To obtain a MRRS account, individuals who are authorized any level of access are required to:

(1) Complete MRRS training. Step-by-step instructions on how to generate a MRRS Force IMR report in Excel format are located on the I MEF Surgeon's intranet site at:

http://www.IMEF.marines.mil/StaffSections/SpecialStaff/ForceSurgeon.aspx.

(2) Submit a SAAR (DD Form 2875, Aug 2009), via their chain of command to their command AMs.

(3) Required to notify their AMs upon transfer to another command to ensure access privileges are reassigned.

4. Training

a. All Users. Upon assignment, all users are required to complete the following:

(1) Computer-based training program located on the MRRS website.

(2) Review the step-by-step instructions on how to generate a MRRS Force IMR report in Excel format, located on the I MEF Surgeon's intranet site.

(3) Complete a SAAR (DD Form 2875, Aug 2009) and submit to responsible AMs for system access.

b. Initial Training for Trainers. Per reference (d) and (e), unit's within each MSC will provide at least one member of the unit's medical section to attend a one-time, "Train the Trainer" course. This individual will be required to provide training to their respective unit with assistance from their responsible AMs, as needed.

c. Unit Training. Training of personnel will be conducted by the unit's primary MRRS Field user who will:

(1) Coordinate with the responsible AMs to grant authorized access levels to personnel to be trained.

(2) Provide MRRS training for all unit medical personnel.

(3) Provide MRRS training for all personnel authorized by the unit's Commanding Officer to obtain "Reports Only" and "View Only" access.

d. Training Media Requirements. Personnel to receive training must have internet access via any military computer system to access the MRRS website. Training may be by lecture and demonstration methods using the following media:

(1) Computer-based training program located on the MRRS website.

(2) Step-by-step instructions on how to generate a MRRS Force IMR report in Excel format are located on the I MEF Surgeon's intranet site.