



Department of Defense INSTRUCTION

NUMBER 6025.19

June 9, 2014

USD(P&R)

SUBJECT: Individual Medical Readiness (IMR)

References: See Enclosure 1

1. PURPOSE. This instruction:

a. Reissues DoD Instruction (DoDI) 6025.19 (Reference (a)) to update the responsibilities, procedures, and key element standards for IMR in accordance with the authority in DoD Directive (DoDD) 5124.02 (Reference (b)).

b. Implements policy, assigns responsibilities, and prescribes procedures to improve IMR in accordance with the authority in Reference (b). This implementation is in accordance with sections 1074a, 10149, and 10206 of Title 10, United States Code and DoDD 6200.04 (References (c) and (d), respectively).

2. APPLICABILITY. This instruction applies to OSD, the Military Departments (including the Coast Guard at all times, including when it is a Service in the Department of Homeland Security by agreement with that Department), the Office of the Chairman of the Joint Chiefs of Staff and the Joint Staff, the Combatant Commands, the Office of the Inspector General of the Department of Defense, the Defense Agencies, the DoD Field Activities, and all other organizational entities within the DoD (referred to collectively in this instruction as the "DoD Components").

3. POLICY. It is DoD policy that:

a. The Military Departments will develop and implement a comprehensive plan to achieve IMR and track the IMR status of all Military Service members as prescribed in Reference (d).

b. The Military Departments will report key IMR performance metrics as defined in Enclosure 5 of this instruction to promote a healthy and fit fighting force that is medically prepared to provide the Military Departments with the maximum ability to accomplish their deployment missions throughout the spectrum of military operations.

c. Commanders will have access to IMR data to identify individual and cohort availability for contingency sourcing. They will ensure Service members are IMR current.

d. IMR is a Service member responsibility. Service members have a responsibility to maintain their health and fitness, meet individual medical readiness requirements, and report medical (including mental health) and health issues that may affect their readiness to deploy or

fitness to continue serving in an active status. Each Service member in the Active Component or in the Selected Reserve will, as a condition of continued participation in military service, report significant health information to his or her chain of command. Service members will verify documentation of this information during the Periodic Health Assessment (PHA) and Pre-Deployment Health Assessment processes. In addition, each Service member will authorize and facilitate disclosures of all health information by any non-DoD health care provider(s) to the Military Health System (MHS), and to their respective Reserve Component (RC) Service Health system for those Selected Reserve Service members not on orders for more than 30 days.

4. RESPONSIBILITIES. See Enclosure 2.

5. PROCEDURES. See Enclosures 3 through 5.

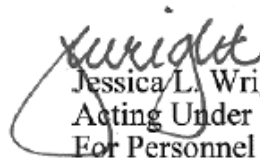
6. INFORMATION COLLECTION REQUIREMENTS. IMR metrics report, referred to in paragraphs 3b and 3c of Enclosure 2 of this instruction, has been assigned Report Control Symbol DD-HA(A,Q)2224 in accordance with the procedures in Directive-Type Memorandum 12-004 and DoD 8910.1-M (References (e) and (f), respectively).

7. RELEASABILITY. **Cleared for public release**. This instruction is available on the Internet from the DoD Issuances Website at <http://www.dtic.mil/whs/directives>.

8. EFFECTIVE DATE. This instruction:

a. Is effective June 9, 2014.

b. Will expire effective June 9, 2024 if it hasn't been reissued or cancelled before this date in accordance with DoDI 5025.01 (Reference (g)).


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1. References
2. Responsibilities
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ENCLOSURE 1

REFERENCES

- (a) DoD Instruction 6025.19, "Individual Medical Readiness (IMR)," January 3, 2006 (hereby cancelled)
- (b) DoD Directive 5124.02, "Under Secretary of Defense for Personnel and Readiness (USD(P&R))," June 23, 2008
- (c) Title 10, United States Code
- (d) DoD Directive 6200.04, "Force Health Protection (FHP)," October 9, 2004, as amended
- (e) Directive-Type Memorandum 12-004, "DoD Internal Information Collections," April 24, 2012, as amended
- (f) DoD 8910.1-M, "DoD Procedures for Management of Information Requirements," June 30, 1998
- (g) DoD Instruction 5025.01, "DoD Issuances Program," June 6, 2014
- (h) DoD Directive 8320.02, "Sharing Data, Information, and Information Technology (IT) Services in the Department of Defense," August 5, 2013
- (i) DoD Instruction 6200.05, "Force Health Protection (FHP) Quality Assurance (QA) Program," February 16, 2007
- (j) DoD Directive 5125.01, "Assistant Secretary of Defense for Reserve Affairs (ASD(RA))," December 27, 2006, as amended
- (k) Title 32, Code of Federal Regulations
- (l) DoD 5400.11-R, "Department of Defense Privacy Program," May 14, 2007
- (m) DoD Directive 7730.65, "Department of Defense Readiness Reporting System (DRRS)," June 3, 2002, as amended
- (n) DoD Instruction 6490.07, "Deployment-Limiting Medical Conditions for Service members and DoD Civilian Employees," February 5, 2010
- (o) DoD Instruction 1332.38, "Physical Disability Evaluation," November 14, 1996, as amended

ENCLOSURE 2

RESPONSIBILITIES

1. UNDER SECRETARY OF DEFENSE FOR PERSONNEL AND READINESS (USD(P&R)). Pursuant to Reference (c), the USD(P&R):

- a. Establishes policy on the administration of the IMR Program.
- b. Oversees and evaluates the effectiveness and implementation of the IMR Program.

2. ASSISTANT SECRETARY OF DEFENSE FOR HEALTH AFFAIRS (ASD(HA)). Under the authority, direction, and control of the USD(P&R), the ASD(HA):

- a. Oversees the DoD IMR Program and monitors and evaluates its implementation.
- b. Recommends changes or revisions to IMR policy and issues MHS guidance as necessary to implement this instruction.
- c. Establishes IMR goals, provides guidance for the development of metrics, and monitors their implementation, collection, analysis and reporting.
- d. Oversees appropriate information sharing (except where limited by law, policy, or security classification) and that data produced as a result of the assigned responsibilities are visible, accessible, and understandable to the rest of the DoD as appropriate, in accordance with DoDD 8320.02 (Reference (h)).

3. DIRECTOR, DEFENSE HEALTH AGENCY (DHA). Under the authority, direction, and control of the USD(P&R) through the ASD(HA), the Director, DHA:

- a. Monitors the implementation of this instruction and ensures that quality assurance (QA) and quality control programs are in place through the DoD Force Health Protection QA program pursuant to DoDI 6200.05 (Reference (i)).
- b. Monitors, tracks, collects, analyses, and establishes procedures to report IMR metrics including gap analysis and recommended action.
- c. Consolidates IMR data and issues DoD IMR reports to DoD leadership and the Military Departments for use in monitoring effectiveness of IMR measures as defined in this instruction.
- d. Establishes and manages a DHA IMR Working Group (IMRWG) to monitor, revise, evaluate, validate data results in conjunction with commanders and readiness counterparts and recommend IMR goals.

4. ASSISTANT SECRETARY OF DEFENSE FOR RESERVE AFFAIRS (ASD(RA)). Under the authority, direction, and control of the USD(P&R), the ASD(RA) monitors IMR policies for the Selected Reserve and ensures they are consistent with IMR policies established for the Active Component in accordance with DoD Directive 5125.01; part 44 of Title 32, Code of Federal Regulations (References (j) and (k), respectively); and sections 1074a, 10149, and 10206 of Reference (c).

5. DIRECTOR, DEPARTMENT OF DEFENSE HUMAN RESOURCES ACTIVITY (DoDHRA). Under the authority, direction, and control of the USD(P&R), the Director, DoDHRA, ensures the Director, Defense Manpower Data Center, in cooperation with the Department of Veterans Affairs (VA) and ASD(RA), and in accordance with requirements of DoD 5400.11-R (Reference (l)), identifies active status members of the RC who receive VA disability benefits and report that information to the applicable RC for potential impact on IMR of such members.

6. SECRETARIES OF THE MILITARY DEPARTMENTS. The Secretaries of the Military Departments:

- a. Direct command responsibility for IMR. Require that unit commanders are briefed and kept updated on their units' IMR status to ensure required evaluations, assessments, and other medically related actions are accomplished to improve individual and overall unit readiness.
- b. Ensure unit commanders develop programs to monitor and achieve their unit's IMR goals.
- c. Ensure unit commanders, in coordination with supporting medical units, require that all Service members comply with their obligations in accordance with this instruction.
- d. Ensure supporting medical units establish and implement a referral management process to track all clinical referrals and specialty consultations for those Service members identified during the different health assessments and other medical encounters for which a referral was generated.
- e. Ensure supporting medical units provide non-medical unit commanders with health services to support command efforts to ensure personnel remain physically, mentally and medically ready to deploy.
- f. Ensure IMR information is reported into the Defense Readiness Reporting System (DRRS), providing the means to manage and report the readiness of the DoD, in a format that facilitates readiness and deployability assessments in accordance with DoDD 7730.65 (Reference (m)).
- g. Implement QA metrics and quality control systems to ensure compliance with this instruction.

h. Provide appropriate guidance, training, and support to implement the requirements of this instruction.

i. Evaluate and recommend changes or improvements to the IMR program.

j. Maintain, review, and report quarterly and annual metric goals to ASD(HA). These reports should provide an analysis of the reason for its current status and an initiative or process to close any gaps if the established goal is not met.

ENCLOSURE 3

PROCEDURES

1. SERVICE-SPECIFIC PROCESS. Each Military Department will develop a process to:
 - a. Ensure the medical readiness of individual Service members is considered during each clinical encounter.
 - b. Establish defined, measurable medical elements for all Military Departments. The IMR elements are:
 - (1) PHA.
 - (2) Deployment-limiting medical and dental conditions.
 - (3) Dental assessment.
 - (4) Immunization status.
 - (5) Medical readiness and laboratory studies.
 - (6) Individual medical equipment.
 - c. Track these key IMR elements across the DoD, and provide operational commanders and Military Departments and Service headquarters the ability to continuously monitor their military personnel for medical readiness and deployability.
 - d. Establish metrics and goals for the Military Departments to measure key elements across the DoD to provide a current, defined measure of medical readiness status of the force.
 - e. Ensure that with each PHA, the Service member will reaffirm the obligation of all Active Component and Selected Reserve members of the Military Services to report health information to their chain of command and facilitate disclosure of health information by any non-DoD health care providers in the MHS.
 - f. Require quarterly reports summarizing the IMR status of all Service members, officer and enlisted, of the Active Component and Selected Reserve. Do not include Service members who:
 - (1) Have not completed initial entry training.
 - (2) Have not completed required follow-on technical skills training to achieve a military specialty.

(3) Are assigned to a designated non-deployment position - recruiters, Reserve Officer Training Corps cadre, students in a deferred status pursuing advanced academic degrees.

(4) Selected Reserve members coded as in non-participating status.

2. PHA

a. Military Departments will accomplish annual PHAs to:

(1) Provide an opportunity to assess the overall health and medical readiness status of each Service member.

(2) Initiate preventive services as warranted, refer Service members to the primary healthcare provider for further evaluation as indicated, and document any further plan that may be needed.

b. The PHA must be current. The PHA is overdue if not completed within 3 months of the month due date (e.g., a PHA due in October 2014 will be counted as overdue if it has not been completed by the last day of January 2015).

c. The PHA is considered “complete” for reporting purposes when all of the following are accomplished:

(1) Medical history review is complete. Health assessment (including medical history review and review of Service member’s self-assessment) is completed and signed by authorized personnel.

(2) Required clinical preventive services (CPS), education, and counseling have been ordered, and referrals made. CPS, including laboratory results and educational or counseling programs, are not required to complete a PHA for IMR and unit reporting purposes.

(3) The PHA completion date has been recorded in the Service-specific IMR electronic tracking system.

3. FREE OF ANY DEPLOYMENT-LIMITING MEDICAL CONDITIONS. A deployment-limiting medical condition includes any physical or psychological condition that may interfere with the Service member’s ability to perform duties while deployed. These conditions are defined in DoD Instruction 6490.07 (Reference (n)) and in Military Department-specific policies. The presence of a potentially deployment-limiting medical condition will render a Service member not medically ready until:

a. The medical condition or situation is resolved or rehabilitated and the Service member is considered to be without any physical or mental limitations that may interfere with deployment-related duties. This includes acute conditions, hospitalizations, and pregnancy.

b. The medical condition is established and not resolvable, and the Service member has been evaluated by the Integrated Disability Evaluation System (IDES)/Physical Disability Evaluation System (PDES) and retained for continuation of military service without deployment limitations. For IMR purposes, these Service members will be considered as not having a deployment-limiting medical condition.

c. A Service member with a chronic or non-resolvable medical condition who has been assessed through the IDES/PDES and found fit for duty in accordance with DoDI 1332.38 (Reference (o)) but who is non-deployable, is considered to have a deployment-limiting medical condition and is assigned IMR status “not medically ready”.

4. DENTAL READINESS

a. Military Departments will accomplish annual dental readiness assessments to determine a Service member’s Dental Readiness Classification (DRC).

b. DRC:

(1) CLASS 1 (DRC 1). Service members with a current dental examination who do not require dental treatment or reevaluation. DRC 1 Service members are worldwide-deployable in regard to their dental health.

(2) CLASS 2 (DRC 2). Service members with a current dental examination who require non-urgent dental treatment or reevaluation for oral conditions that are unlikely to result in dental emergencies within 12 months. DRC 2 patients are worldwide deployable in regard to their dental health.

(3) CLASS 3 (DRC 3). Service members who require urgent or emergent dental treatment. DRC 3 patients normally are not considered to be worldwide-deployable.

(4) CLASS 4 (DRC 4). Service members’ dental readiness classification is undetermined by virtue of being overdue for their annual dental examination.

c. The dental assessment requirement is met if the Service member is current (not overdue (DRC 4)) for the annual dental examination.

d. The annual dental exam is overdue if it is not completed within 3 months following the due month. Example: a dental exam last completed in October 2014 will be counted as overdue if it has not been completed by the last day of January 2015. DRC 4 Service members are not considered to be worldwide-deployable.

5. IMMUNIZATION STATUS. Required immunizations will be monitored and kept current. The immunization requirement is met if the Service member is current for all his or her Service’s

required vaccines. It is not met if the Service member is not current (overdue) for one or more vaccines. Except for annual influenza vaccinations, vaccinations are overdue 30 days after their scheduled due dates. The annual influenza vaccination is overdue if not administered by January 1 for the current vaccination season.

6. MEDICAL READINESS LABORATORY STUDIES. Core laboratory studies for DoD include a current human immunodeficiency virus test and a deoxyribonucleic acid sample on file in the Armed Forces Repository of Specimen Samples for the Identification of Remains (AFRSSIR). This element is met if a Service member has human immunodeficiency virus test results on file, within the past 24 months, and deoxyribonucleic acid sample on file with AFRSSIR.

7. INDIVIDUAL MEDICAL EQUIPMENT. The issuing of medical equipment will be monitored for individuals subject to deployment based on Service policy. The core requirement is one pair of gas mask inserts for all deployable assets needing visual correction. Service-specific policies may identify additional items of medical equipment, such as two pair of prescription spectacles, laser eye protection, hearing aid batteries, etc., but these are not part of the DoD core-reporting element.

ENCLOSURE 4

IMR CATEGORIES

1. Each Military Department will assess and develop systems to report the overall IMR status of each of their Service members according to the following categories:

a. Fully Medically Ready. Service members who are current in PHA (completed), dental readiness assessment classified as DRC 1 or 2, immunization status, medical readiness and laboratory studies, individual medical equipment; and without any deployment-limiting medical conditions.

b. Partially Medically Ready. Service members who are lacking one or more immunizations, medical readiness laboratory studies, and/or individual medical equipment.

c. Not Medically Ready. Service members with a chronic or prolonged deployment-limiting medical or mental condition as described in Reference (n). These conditions may also include hospitalization, recovery or rehabilitation time from serious illness or injury, and/or individuals in DRC 3.

d. Medical Readiness Indeterminate. Inability to determine the Service member's current health status because of missing health information such as a lost medical record, an overdue PHA, and/or being in DRC 4.

2. IMR reports from the Services will be incorporated into the MHS enterprise performance measures and be submitted quarterly to USD(P&R) through ASD(HA).

3. Electronic data collection systems will track, calculate, determine category, and report each member's IMR status. Military Service-specific IMR tracking systems must interact and interface with key enterprise information management or information technology systems, such as the Defense Enrollment Eligibility Reporting System and the Military Health System Data Repository or Warehouse, to facilitate data exchange between Military Services. Additionally, such systems must interface with other line readiness-related reporting systems, such as the DRRS.

ENCLOSURE 5

IMR METRICS AND GOAL

1. PERFORMANCE METRICS. To monitor and ensure the individual medical readiness of DoD Service members, a series of performance metrics have been developed that will provide current and accurate data of the status of the Total Force against an established overall medically ready goal. All of the IMR metrics will be stratified by Active Component and RC.

2. IMR METRICS

a. Total Force Medically Ready. This measure provides the best available indicator of the overall medical readiness of Service members.

(1) Numerator: Total number of Service members partially medically ready and fully medically ready.

(2) Denominator: Number of Service members available to deploy. Includes fully medically ready, partially medically ready, not medically ready, and medically indeterminate Service members.

b. Not Medically Ready

(1) Numerator: Number of all Service members classified as not medically ready.

(2) Denominator: Number of Service members available to deploy. This includes fully medically ready, partially medically ready, not medically ready, and medically indeterminate Service members.

c. Medically Indeterminate

(1) Numerator: Number of Service members who are overdue or non-current in PHA or who are classified DRC 4.

(2) Denominator: Number of Service members available to deploy. Includes fully medically ready, partially medically ready, not medically ready, and medically indeterminate Service members.

3. GOAL. As established by ASD(HA) based on the recommendation of the IMRWG.

GLOSSARY

PART I. ABBREVIATIONS AND ACRONYMS

AFRSSIR	Armed Forces Repository of Specimen Samples for the Identification of Remains
ASD(HA)	Assistant Secretary of Defense for Health Affairs
ASD(RA)	Assistant Secretary of Defense for Reserve Affairs
CPS	Clinical Preventive Services
DHA	Defense Health Agency
DoDD	Department of Defense Directive
DoDI	Department of Defense Instruction
DoDHRA	Department of Defense Human Resources Activity
DRC	Dental Readiness Classification
DRRS	Defense Readiness Reporting System
IDES	Integrated Disability Evaluation System
IMR	individual medical readiness
IMRWG	Individual Medical Readiness Working Group
MHS	Military Health System
PDES	Physical Disability Evaluation System
PHA	Periodic Health Assessment
QA	quality assurance
RC	Reserve Component
USD(P&R)	Under Secretary of Defense for Personnel and Readiness
VA	Department of Veterans Affairs

PART II. DEFINITIONS

Unless otherwise noted, these terms and their definitions are for purposes of this instruction.

care provider. Physician, physician assistant, nurse practitioner, advanced practice nurse, independent duty corpsman, independent duty medical technician, independent health services technician, or Special Forces medical sergeant.

denominator. The part of a fraction that is below the line and that functions as the divisor of the numerator.

IMR. A means to assess an individual Service member's, or larger cohort's, readiness level against established metrics applied to key elements of health and fitness to determine medical deployability in support of contingency operations.

numerator. The part of a fraction that is above the line and signifies the number to be divided by the denominator.

PHA. A medical assessment tool used to evaluate and document a Service member's medical condition and deployability status. It is the cornerstone of force health protection as it is an opportunity for medical providers to identify medical concerns, educate Service members as to their medical condition, and refer Service members for further care as indicated.

significant health information. A medical condition or physical defect of a member that appears to be cause for referral into the Disability Evaluation System in accordance with Reference (o) or for a designation as non-deployable for a period longer than 90 days.

Total Force. All Active Component and Selected Reserve military Service members.

Total Force medically ready. The percentage of those Service members available to deploy who are fully or partially medically ready. Includes all Service members not excluded in paragraph 1f on Enclosure 3 of this instruction.