Leader's Handbook

U.S.ARMY
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MEDPROS
FORCE HEALTH PROTECTION

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Introduction

The medical readiness of our Soldiers is critical to success on the battlefield. Maintaining our Human Weapon Systems, similar to mission essential vehicles or equipment on the battlefield, will allow for predictability of personnel resources. Medically ready Soldiers are less likely to be missing from training while at home station and are less likely to be a preventable loss while deployed. Maintaining Soldier and unit medical readiness is the responsibility of every commander and leader in the Army.

The Army system to track Soldier and unit medical readiness across a spectrum of numerous medical and dental elements is the Medical Protection System, or MEDPROS. This system is fed by a variety of DoD/Army databases and by your unit to give you the most readily available and complete medical picture of your Soldiers and units.

This handbook is designed to provide you and your leaders a complete guide to accessing and using MEDPROS. The Army Medical Department stands ready to support you with quality training and assist you in leveraging this powerful tool. Most importantly, accurate medical readiness provides Commanders and key leaders visibility of their Soldiers' readiness status and ensures that these Human Weapons Systems are available to support world-wide deployments.

WILLIAM H. THRESHER
Chief of Staff

1 What is MEDPROS?

The acronym MEDPROS stands for Medical Protection System. MEDPROS is the Army's automated database designed to meet Department of Defense requirements in maintaining Unit and Individual Medical Readiness. It is designed to provide commanders with a real-time, world-wide operational system to manage the Medical Readiness and deployability of their unit. MEDPROS provides commanders at all levels with the capability to track medical and dental readiness by Unit Identification Code (UIC), individual SSN and/or task force. MEDPROS captures data for Soldiers in all Army Components – the Active Army, National Guard, and Army Reserves, DA Civilians, DA Contractor personnel – and all sister services. The table below is used to identify a status on Individual Medical Readiness (IMR) indicators. Red is only used for Pregnancy and Medical Non-Deployable Profile as these two indicators cannot be waived for deployment.

CODE	DESCRIPTION
Green (**G** or **Go**)	Soldier meets the requirement.
Amber (**A** or **No Go**)	Information for the requirement is present, but does not meet current standard (i.e., expired immunization).
Red (**R** or **No Go**)	Soldier has a requirement that must be corrected prior to deployment.
Blank (**B** or **No Go**)	No Information for this requirement is posted in MEDPROS.

Fig. 1.1: Codes and Abbreviations Table

Note: Codes or abbreviations used will be highlighted throughout this document.

2 MEDPROS Key Leaders' Roles and Responsibilities

Medical Treatment Facility (MTF) Commander

- Identify authorized users to input IMR data into MEDPROS. MTF Commanders or your designated representatives can coordinate training for your data entry personnel through your local MEDPROS Readiness Coordinator (click on MEDPROS Points of Contact link on the MEDPROS Homepage) or through the Help Desk if there is not a local Readiness Coordinator at your installation.
- Ensure sustainment of Soldiers' IMR records by entering Medical Readiness data into MEDPROS as changes occur. (i.e., Soldier receives a permanent profile and is pending a board, update Medical Non- Deployable (MND) field.)

Company Commander/First Sergeant

- Ensure unit status rosters are accurate in MEDPROS and eMILPO arrival and departure transactions are processed in a timely manner. Use the Commander's Fully Medically Ready (FMR) exemptions as appropriate.
- Track your unit's readiness through the Unit Status Reporting (USR) Module of MEDPROS Web Reporting. Refer to the Access Management section (pg. 20) in this guide for instructions on MEDPROS Web Reporting login information.
- Identify current and projected IMR shortfalls and coordinate with appropriate clinics in your health care facility for Soldiers to take corrective action in a timely fashion with the objective to update prior to the requirement expiring when possible (not possible for immunizations).
- Monitor Soldiers to ensure completion of Pre-Deployment Health Assessment (within 30 days of deployment) and Post Deployment Health Assessments (within 30 days of redeployment) and the Post Deployment Health Reassessment (between 90-180 days after redeployment).

MEDPROS Unit Data Entry Clerk

- Designated in writing by Commander as an additional duty.
- Enter accurate and timely data.
- Perform quality control checks to ensure valid data.
- Keep the Commander and First Sergeant informed of any pending or current delinquencies.
- Continue monitoring MEDPROS for any changes in business logic or enhancements.

MEDPROS Readiness Coordinator

- Be responsive to Commander's schedule.
- Provide coordinated training within their catchment area.
- Provide clear and concise training.
- Provide feedback on unit readiness to installation leaders.
- Provide support for the train-the-trainer program.

Individual Soldier

- Ensure maintenance of your IMR record by monitoring AKO Medical Readiness alerts.
- Download your IMR Record, Immunization Record and complete Pre-, Post- and Post Deployment Health Reassessment information prior to Soldier Readiness Processing. Data entry errors should be addressed with unit MEDPROS Clerk.

3 MEDPROS Unit Status Report (USR) Tool

Background: The MEDPROS Unit Status Report (USR) Tool was developed to assist commanders in completing the USR. It was made available to the Army on 17 May 2005. The tool identifies all Medical Non-Availability codes assigned to Soldiers of a particular UIC. It draws together the latest available IMR data on Soldiers and can be accessed at any time to identify Soldier Medical Readiness status prior to the submission of the monthly USR.

Overview: The MEDPROS USR Tool provides a snapshot of the unit at the time the report is retrieved. It can be used not only to complete the USR worksheet and report, but also to assist in resolving medical shortcomings before they are reported.

Example: If Commanders run the report before the USR is due, they can identify delinquent Soldiers and direct corrective actions to get their Medical Readiness updated and posted in MEDPROS before the USR report date, and therefore avoid the negative impact on the unit's P-Rating.

The AR 220-1 (16 March 2006) USR requirements added **Immunizations** (Routine Adult profile) and **Periodic Health Assessment** (current physical exam on record) to the individual Medical Readiness requirement of the USR.

USR REQUIREMENT	NON-AVAILABILITY CODE
Immunization	IM
Periodic Health Assessment	HA

Fig. 3.1: New USR Requirements and Non-Availability Code Table

The previously existing USR requirements are as follows:

USR REQUIREMENT	NON-AVAILABILITY CODE
P3/P4 Profile (Permanent or Temporary)	PP
Temporary Profile	TP
Dental Readiness	DR
No DNA Record	DA
Deployment Limiting Conditions	LC

Fig. 3.2: USR Requirements and Non-Availability Code Table

These added requirements will increase our focus and awareness on unit and individual Soldier readiness and will further ensure the tracking of the Human Weapon System, much like all other weapons systems tracked within the Unit Status Report.

In order for this tool to be effective, Commanders must ensure their Soldiers' medical data is posted, available, and current in MEDPROS, and also that the personnel data is updated in the electronic Military Personnel Office (eMILPO), which is the USR source of assigned personnel. Commanders are also encouraged to ensure they maintain trained and sufficient MEDPROS data entry personnel within their units. Refer to the Access Management section (pg. 20) in this guide for instructions on obtaining MEDPROS access.

USR Tool Functions:

The USR Tool is found on the MEDPROS Dashboard.

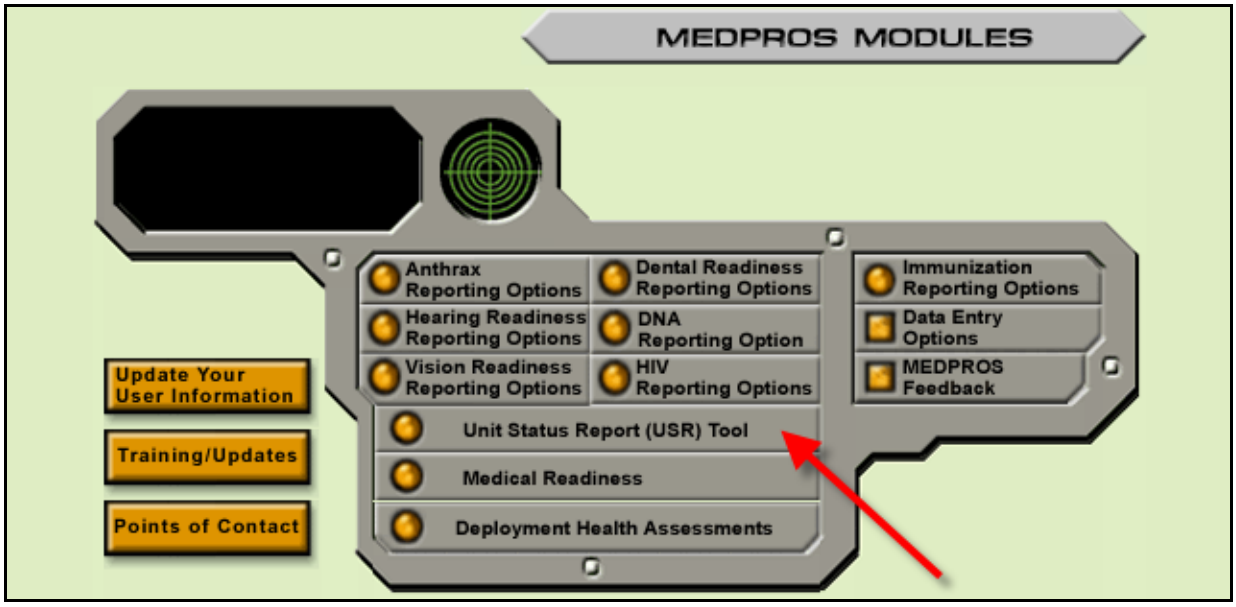


Fig. 3.3: MEDPROS Dashboard

Step 1: Enables you to load and create a MEDPROS USR Roster by entering your UIC. Users may save up to eight UICs in this module, enabling those at Battalion level to create and save USRs for each of their subordinate units.

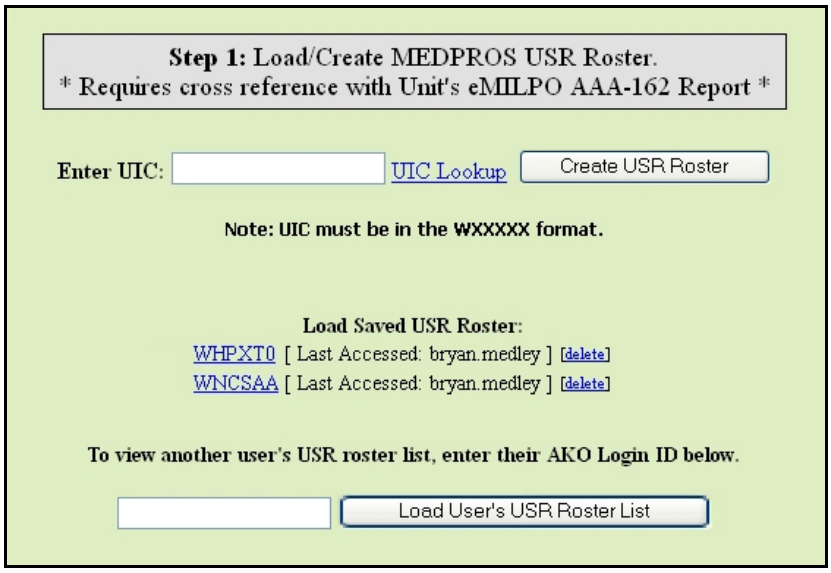


Fig. 3.4: USR Tool – Step 1 Screen

Step 2: Enables you to add or remove Soldiers from your MEDPROS USR Roster (such as those who have recently arrived or departed from your unit but are still carried against your UIC by Human Resources Command) so the report matches your Personal Accountability Report (AAA-162). You can also print the USR Roster.

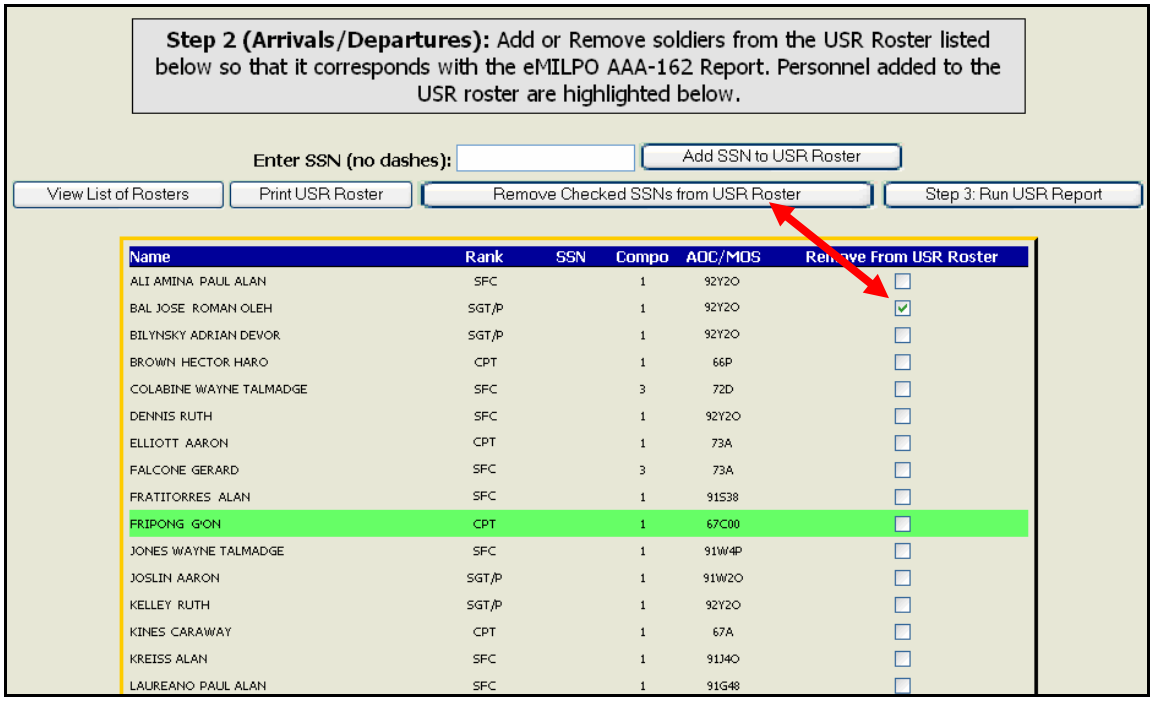


Fig. 3.5: USR Tool – Step 2 Screen

Step 3: Enables you to generate a MEDPROS USR Report that identifies Soldiers with Medical Readiness shortfalls. This report can be used as supporting documentation for a unit's USR. You can print this report and export it to an Excel spreadsheet for use as a part of your USR submission.

By hovering over a particular Medical Non-Availability Code, a description of the code will appear and a regulating requirement will be outlined (see example in figure 3.6 below).

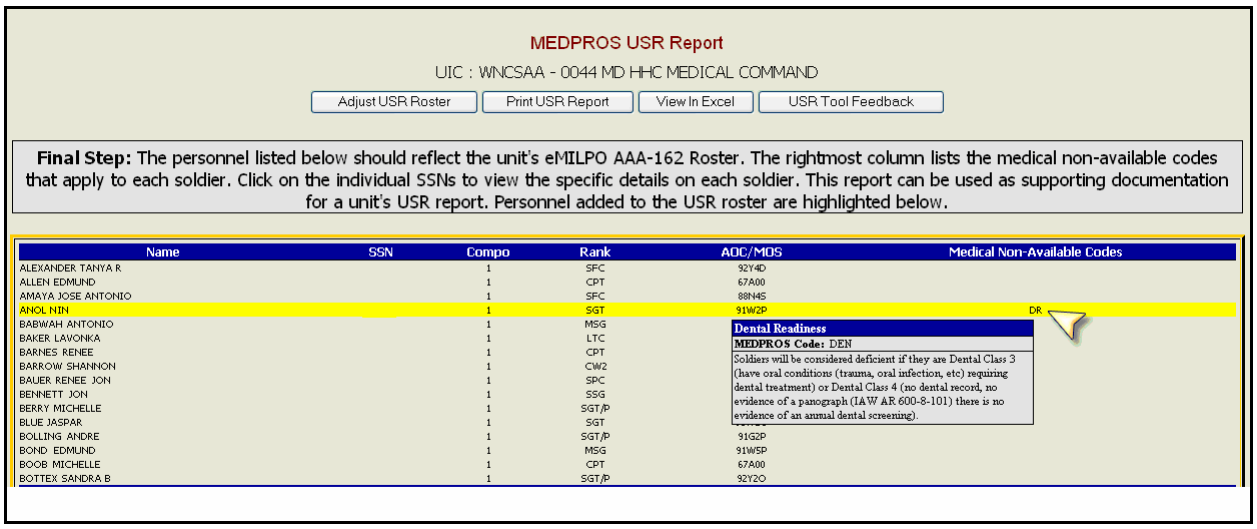
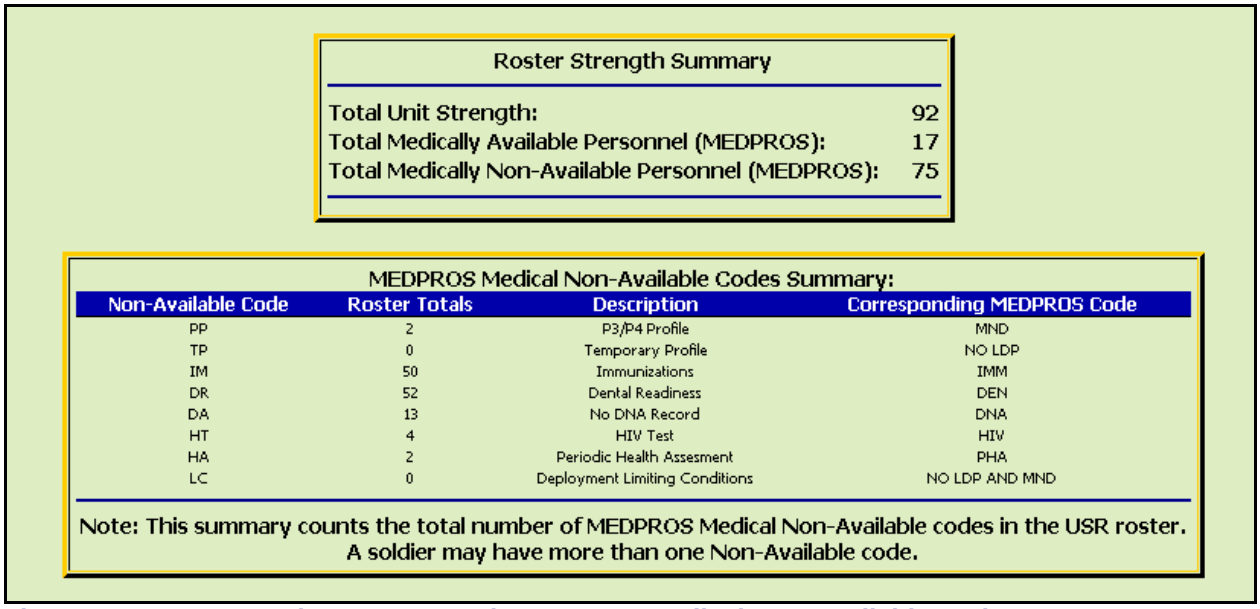


Fig. 3.6: USR Tool – Final Step Screen

Roster Strength Summary: The Roster Strength Summary appears at the bottom of the roster created in Step 3 and provides a summary of Medically Available and Non-Available personnel.

MEDPROS Medical Non-Available Codes Summary: This summary counts the total number of MEDPROS Medical Non-Available Codes in the USR roster. A Soldier may have more than one Non-Available Code so the "Roster Totals" column will usually not add up to match the Total Medically Non-Available Personnel number in the Roster Strength Summary.



Roster Strength Summary

Total Unit Strength:	92
Total Medically Available Personnel (MEDPROS):	17
Total Medically Non-Available Personnel (MEDPROS):	75

MEDPROS Medical Non-Available Codes Summary:

Non-Available Code	Roster Totals	Description	Corresponding MEDPROS Code
PP	2	P3/P4 Profile	MND
TP	0	Temporary Profile	NO LDP
IM	50	Immunizations	IMM
DR	52	Dental Readiness	DEN
DA	13	No DNA Record	DNA
HT	4	HIV Test	HIV
HA	2	Periodic Health Assesment	PHA
LC	0	Deployment Limiting Conditions	NO LDP AND MND

Note: This summary counts the total number of MEDPROS Medical Non-Available codes in the USR roster. A soldier may have more than one Non-Available code.

Fig. 3.7: Roster Strength Summary and MEDPROS Medical Non-Available Codes Summary

MEDPROS Unit Status Report Tool
Frequently Asked Questions (FAQs)

What is the purpose of a Unit Status Report (USR)?
As stated in AR 220-1, the USR is intended to enable the commanders of reporting organizations to uniformly determine and accurately report an overall readiness level indicating the ability of their units to accomplish the wartime missions for which the units were organized or designed via the category level (C-level) and, when applicable, the ability of their units to accomplish currently assigned missions via the percent effective (PCTEF) level. For each of these overall levels, the USR indicates the degree to which a unit has achieved prescribed levels of fill for personnel and equipment, the operational readiness status of available equipment, and the training proficiency status of the unit.

Who submits a USR?
Designated MTOE and TDA units submit recurring Unit Status Reports in accordance with the guidance in AR 220-1.

Are there changes to the new AR 220-1 that impact Medical Readiness?
The new USR requirements added Immunizations (Routine Adult profile) and Periodic Health Assessment (current physical exam on record) to the Individual Medical Readiness requirements of the USR. The Non-Availability Code for Immunization is IM and Health Assessment is HA. The other Medical Non-Availability Codes remain the same according to the AR 220-1, appendix D – Individual Medical Readiness (IMR). These added requirements will increase our forces awareness on unit and individual Soldier readiness and will further ensure the tracking of the Human Weapon System, much like all other weapons systems tracked within the Unit Status Report.

How does the MEDPROS USR Report tool assist Commanders?
The MEDPROS USR Tool provides a snapshot of the Medical Readiness Status of their unit at the time the report is retrieved. It can be used not only to complete the USR worksheet and Report, but also to assist in resolving medical delinquencies before they are reported. For example, if Commanders run the report before the USR is due, they can identify delinquent Soldiers and get their Medical Readiness updated before the USR report date, and therefore avoid the negative impact on the unit's P-Rating.

How can Commanders make this tool effective?
In order for this tool to be effective, Commanders must ensure their Soldiers' medical data is available and current in MEDPROS, and also that the personnel data is updated in the electronic Military Personnel Office (eMILPO). eMILPO feeds the Total Army Personnel Database (TAPDB), which is used as MEDPROS's USR source of assigned personnel. Commanders are also encouraged to ensure they maintain sufficient MEDPROS data entry personnel in their units. At a minimum, Commanders, Platoon Leaders, First Sergeants, and Platoon Sergeants are encouraged to have "Read Access" to MEDPROS.

How can I look up the UIC for my unit?
There is a UIC Lookup function built into the USR Report Tool. Click on the words "UIC Lookup" and a pop-up box will appear. You can either enter a partial UIC or find the UIC by selecting a location. If you click on a UIC, it will auto-populate the UIC field.

Does the system automatically save any changes I made to the UIC?
Yes. Any changes made to a UIC are saved automatically. The changes made to the UIC are tied to your login ID. Another user can go into the USR Report tool and make changes to the same UIC and it will not affect your changes.

How many UICs can I have saved?
You are allowed to keep up to eight UICs active at one time.

The information on my USR Roster is old, how can I update it?
Click on the button labeled "Refresh USR Roster From MEDPROS Database (TAPDB)". The button is located at the bottom of Step 2.

Where are the definitions for the Medical Non-Available Codes?
If you place your cursor over any of the Medical Non-Available Codes, a pop-up box will appear that displays the USR definition for that specific Non-Available Code. These definitions are also found in validation tables at the bottom of each page and in the USR under Appendix D.

4 Fully Medically Ready

Similar to PMCS cycles for vehicles and aircraft, the Soldier is a Human Weapon System and has eight points of check-up as they relate to the Medical Readiness status.

To be considered **Fully Medically Ready** (FMR), a Soldier must be **Green** for all eight FMR requirements. If a Soldier is **Red**, **Amber** or **Blank** for any of the FMR requirements, they are not Fully Medically Ready. The FMR percentage for each unit is calculated by taking the number of Soldiers who are **Green** in all eight of the FMR categories and dividing that number by Commander's Adjusted Strength.

> **Exception**: Blanks count as **Green** for No Limited Duty Profile (NO LDP) and Not Pregnant (NOT PRG).

FMR REQUIREMENT	DEFINITION	GO / NO GO	MEDPROS DATA ENTRY SOURCE
Not Pregnant **(NOT PRG)**	Female Soldiers who are pregnant will be considered not available.	**Go:** Not pregnant or Blank. **No Go**: Pregnant.	Unit MEDPROS clerk.
Medical Non-Deployable **(MND)**	Personnel with permanent profiles or P3/P4 are considered deficient unless they have been cleared as deployable via the MOS Medical Retention Board (MMRB) and/or have been found fit by a MEB/PEB (or medically cleared to mobilize (RC only)). Personnel with a 3 or 4 PULHES series temporary profile who cannot be cleared for deployment will be considered unavailable. This category does not include pregnant Soldiers (includes prenatal and postpartum profiles issued in accordance with AR 40–501)	**Go:** Medically Fit to deploy. **No Go**: Undergoing MEB, Not Cleared by MMRB as Fit For Duty or temporary condition not cleared by provider.	Unit MEDPROS clerk.
DNA	Soldiers will be considered deficient if there is no evidence of a DNA sample on file at the Armed Forces Institute of Pathology (AFIP). This is a one time requirement.	**Go:** AFIP has DNA sample. **No Go**: DNA Sample missing.	Armed Forces Institute of Pathology (AFIP)
DENTAL **(DEN)**	Soldiers will be considered deficient if they are Dental Class 3 (have oral conditions, trauma, infections, etc) requiring treatment or Dental Class 4 (no dental records, no evidence of a Panograph (IAW AR 600-8-101) or no evidence of an annual dental examination).	**Go:** Dental Class 1 or 2. **No Go**: Dental Class 3 or 4.	Dental Clinic then fed from the Corporate Dental Application (CDA) or manual entry for Reserve Components.

HIV	Soldiers will be considered deficient if there is no evidence of a current HIV antibody test or the test is not current (see next column).	Active Army = 2 years Reserve Component = 5 years	Army Medical Surveillance Activity (AMSA)
Immunizations **(IMM)**	Soldiers will be considered deficient if all mandatory immunizations are not current: - Hepatitis A - Tetanus/Diphtheria - Influenza (annually Jan-Apr) - Hepatitis B (if series started, must be completed).	**Go:** Hepatitis A series is complete or on schedule, Tetanus-Diphtheria is up to date and Hepatitis B series (if started) is complete or on schedule. Seasonal Influenza (when required) for Active Army. **No Go**: Missing or overdue any of the required immunizations.	DEERS, Army Medical Treatment Facility (including Battalion Aid Stations) that administered the immunization is responsible for MEDPROS data entry. Unit MEDPROS clerks may update these and historical Immunization information if they have access to Soldiers' immunization record.
No Limited Duty **(NO LDP)**	Soldiers who will not deploy with the unit for various medical reasons (less permanent profiles) will be considered unavailable for this category. This includes hospitalized Soldiers, Soldiers on convalescent leave (less postpartum), and HIV tested positive Soldiers. This category does not include pregnant Soldiers	**Go**: No duty limitations or Blank. **No Go**: Hospitalized, convalescent leave, geographical or physical limitations for the region of deployment. Commander's assessment of ability to function in the deployment/assignment area.	Unit MEDPROS clerk.
Current Periodic Health Assessment **(PHA)**	Soldiers will be considered deficient if there is no record of a current physical examination as defined in AR 40-501, Chapter 8, paragraphs 8-19, 10-8 and 10-10. An annual is required for all Army components.	**Go:** Current Physical Exam. **No Go**: Missing or outdated Physical.	Army Military Facility that the exam was performed. Exams conducted outside of the Army MTF will be entered by the unit or unit administrator.

Fig. 4.1: FMR Requirements Table

How to calculate the FMR Percentage for a unit using MEDPROS:

YOU CANNOT ADD THE PERCENTAGES AND DIVIDE BY EIGHT TO GET THE FULLY MEDICALLY READY PERCENTAGE. YOU MUST LOOK AT EVERY SOLDIER INDIVIDUALLY TO DETERMINE WHETHER OR NOT THEY ARE FULLY MEDICALLY READY.

UIC	Assigned	Commander's Exemptions	Commander's Adj. Strength	FMR Go	FMR %	NOT PRG %	MND %	DNA %	DEN %	HIV %	IMM %	NO LDP %	PHA %
W37NAA	23	0	23	2	8.70%	100%	100%	91.30%	21.74%	65.22%	56.52%	100%	56.52%
W37PAA	147	0	147	20	13.61%	98.08%	99.32%	95.24%	40.14%	70.07%	41.50%	98.64%	70.07%
W37RAA	121	1	120	19	15.83%	100%	99.17%	97.50%	38.33%	59.17%	50.83%	94.17%	66.67%
Totals	291	1	290	41	14.14%	99.01%	99.31%	95.86%	37.93%	65.17%	46.55%	96.90%	67.59%

Fig. 4.2: FMR Percentage Calculation

TO BE CONSIDERED FULLY MEDICALLY READY, A SOLDIER MUST BE GREEN FOR ALL 8 FMR INDICATORS. IF A SOLDIER IS RED, AMBER OR BLANK FOR ANY OF THE FMR INDICATORS, THEY ARE NOT FULLY MEDICALLY READY. **EXCEPTION: BLANKS COUNT AS GREEN FOR NO LIMITED DUTY PROFILE (NO LDP) AND NOT PREGNANT (NOT PRG).**

Below are some examples of Soldiers that are Fully Medically Ready:

	Rank	AOC/ MOS	UIC	Station	COMPO**	NOT PRG	MND	DNA	DEN	HIV	IMM	NO LDP	PHA
AKERS, DAVID	MAJ	65D	WEAGLE CP PHILI		1	G	G	G	G	G	G	B	G
BROWN, SHELDON	SPC	91W	WEAGLE CP PHILI		1	G	G	G	G	G	G	G	A
LEAVENS, DORSEY	1SG	91W	WEAGLE CP PHILI		1	G	G	G	G	G	G	G	A
MITCHELL, FREDDIE	CPT	62B	WEAGLE CP PHILI		1	B	B	G	G	G	G	B	B
OWENS, TERRELL	SPC	42A	WEAGLE CP PHILI		1	G	G	G	G	G	G	G	G
REED, J.R.	SGT	91W	WEAGLE CP PHILI		1	G	G	G	G	G	G	G	A
RUNYAN, JOHN	PFC	91W	WEAGLE CP PHILI		1	G	G	G	G	G	G	G	G
SIMON, COREY	SPC	42L	WEAGLE CP PHILI		1	G	G	G	G	G	G	G	G
SMITH, L.J.	PFC	91P	WEAGLE CP PHILI		1	B	B	G	G	G	G	B	G
WESTBROOK, BRIAN	CPT/P	67A	WEAGLE CP PHILI		1	B	G	G	G	G	G	G	G

Fig. 4.3: Fully Medically Ready By-Name Report

In the example above, there are 5 Fully Medically Ready Soldiers. To determine the FMR percentage for the unit, divide the FMR Go number by the number of Soldiers in the Commander's Adjusted Strength column. The FMR percentage for this ten (10) soldier Unit is 50%.

FMR reports:

1. **UMR Command Drilldown**: Organized by MACOM with the ability to view individual Soldiers' information.

2. **By Location Report**: Organized by installation or location. The report can also be filtered by location or MACOM.

UMR Command Drilldown

By clicking on the UIC, one can view the units within each MACOM. This breakdown continues to the final state – each individual Soldier.

By hovering over the column headers, a description and definition of the acronym will appear.

UIC	UIC Description	Assigned	Commander's Exemptions	Commander's Adj. Strength	FMR Go	FMR %	NOT PRG %	MND %	DNA %	DEN %	HIV %	IMM %	NO LDP %	PHA %	VRC %	2PG %	1MI %
W002AA	W002 USA ELEMENT NSA	32	0	32	21	65.62%	100%	100%	100%	90.62%	90.62%	93.75%	100%	87.5%	65.62%	90.62%	90.62%
W1U3AA	W1U3 USA FIELD SUPPORT CENTER	202	0	202	53	26.24%	100%	100%	96.53%	40.59%	92.57%	56.93%	99.01%	87.13%	18.32%	49.01%	48.51%
W39CAA	W39C USA FOREIGN CI ACTIVITY	35	0	35	16	45.71%	100%	97.14%	94.29%	62.86%	88.57%	65.71%	94.29%	94.29%	31.43%	94.29%	94.29%
W3QNAA	W3QN USA CRYPTOLOGIC SPT GROUP	9	0	9	6	66.67%	100%	100%	100%	100%	100%	88.89%	88.89%	88.89%	66.67%	100%	88.89%
W4FWAA	W4FW USA ASIAN STUDIES DET	3	3	0	0	0%	100%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
W6GBAA	W6GB USA INTEL OPERATIONS CTR	49	0	49	29	59.18%	100%	97.96%	100%	77.55%	83.67%	91.84%	95.92%	89.8%	22.45%	73.47%	73.47%
WBU0AA	0109 MI GRP SIGINT	55	0	55	19	34.55%	100%	98.18%	100%	72.73%	92.73%	76.36%	100%	78.18%	9.09%	43.64%	41.82%
WBU4AA	0115 MI GRP STRAT SIGINT	120	0	120	69	57.5%	100%	100%	99.17%	92.5%	80.83%	80.83%	98.33%	90%	80.83%	84.17%	90%
WBU5AA	0116 MI GRP	60	1	59	24	40.68%	94.12%	100%	100%	89.83%	67.8%	69.49%	96.61%	88.14%	37.29%	74.58%	72.88%
WBVLAA	0527 MI BN STRAT SIGINT	249	0	249	172	69.08%	100%	100%	99.6%	90.76%	95.18%	87.95%	99.6%	92.37%	49%	74.3%	76.31%
WC8RAA	0406 MI CO	67	0	67	34	50.75%	100%	100%	100%	95.52%	76.12%	85.07%	97.01%	82.09%	88.06%	92.54%	92.54%
WC8SAA	0407 MI CO	69	0	69	44	63.77%	100%	100%	98.55%	98.55%	81.16%	84.06%	100%	89.86%	31.88%	46.38%	47.83%
WDAMAA	0404 MI CO HHD	104	0	104	46	44.23%	100%	100%	100%	69.23%	90.38%	74.04%	99.04%	86.54%	10.58%	32.69%	33.65%
WDLFAA	0409 MI CO	62	0	62	38	61.29%	100%	100%	98.39%	98.39%	83.87%	90.32%	96.77%	87.1%	40.32%	58.06%	59.68%
WGN6AA	0408 MI CO	75	0	75	43	57.33%	100%	98.67%	100%	96%	86.67%	89.33%	100%	80%	42.67%	60%	60%
WGNTAA	0206 MI BN SIGINT EAC	270	0	270	149	55.19%	95.18%	100%	100%	94.81%	76.67%	78.52%	98.15%	90.37%	35.19%	71.85%	69.63%
UIC	UIC Description	Assigned	Commander's Exemptions	Commander's Adj. Strength	FMR Go	FMR %	NOT PRG %	MND %	DNA %	DEN %	HIV %	IMM %	NO LDP %	PHA %	VRC %	2PG %	1MI %
WJHDAA	0314 MI BN STRAT SIG EAC	402	0	402	106	26.37%	98.28%	99.75%	99%	48.76%	75.62%	65.67%	95.52%	84.58%	15.42%	40.55%	40.05%
Totals		1,863	4	1,859	869	46.75%	98.45%	99.73%	99.09%	75.26%	83.43%	75.9%	97.85%	87.52%	34.32%	60.57%	60.73%

Fig. 4.4: UMR Command Drilldown Screen

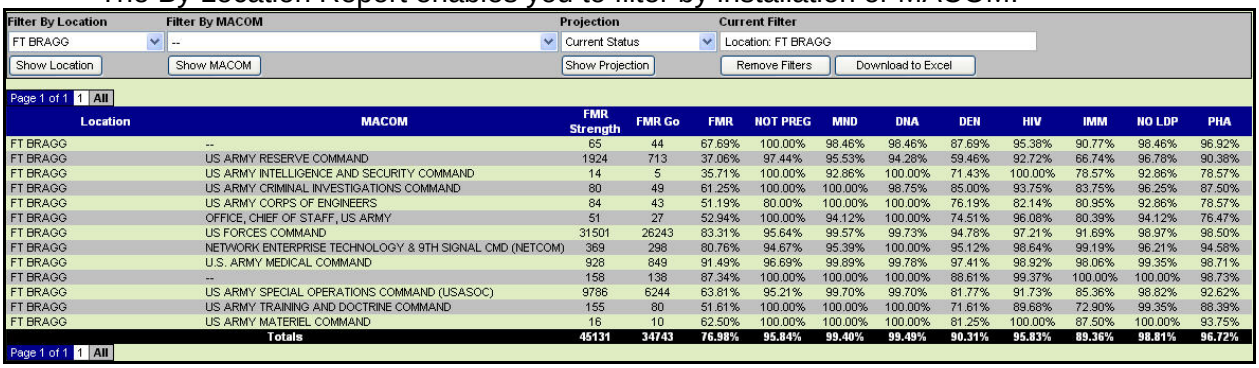
Exemptions are reported using an **Exemption Code**.

FMR Exemption Definitions	**FD** = Admin Deceased (Service member deceased) Duration – Permanent **FM** = Admin Missing (Missing in Action or POW) Duration – Permanent **FS** = Admin Separation (Pending Discharge, Separation or Retirement) Duration - 90 Days **FT** = Admin Temporary (Permanent Change of Station(PCS), Terminal Leave, Absent without Leave, Hospitalization, Medical Hold, Convalescent Leave, Legal action pending) Duration - 90 Days **FR** = Non-Activated Reservists Duration - 365 Days

Fig. 4.5: Exemption Code Table

FMR By Location Report

The By Location Report enables you to filter by installation or MACOM.



Filter By Location: FT BRAGG | Filter By MACOM: -- | Projection: Current Status | Current Filter: Location: FT BRAGG

Show Location | Show MACOM | Show Projection | Remove Filters | Download to Excel

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Location	MACOM	FMR Strength	FMR Go	FMR	NOT PREG	MND	DNA	DEN	HIV	IMM	NO LDP	PHA
FT BRAGG	--	65	44	67.69%	100.00%	98.46%	98.46%	87.69%	95.38%	90.77%	98.46%	96.92%
FT BRAGG	US ARMY RESERVE COMMAND	1924	713	37.06%	97.44%	95.53%	94.28%	59.46%	92.72%	66.74%	96.78%	90.38%
FT BRAGG	US ARMY INTELLIGENCE AND SECURITY COMMAND	14	5	35.71%	100.00%	92.86%	100.00%	71.43%	100.00%	78.57%	92.86%	78.57%
FT BRAGG	US ARMY CRIMINAL INVESTIGATIONS COMMAND	80	49	61.25%	100.00%	100.00%	98.75%	85.00%	93.75%	83.75%	96.25%	87.50%
FT BRAGG	US ARMY CORPS OF ENGINEERS	84	43	51.19%	80.00%	100.00%	100.00%	76.19%	82.14%	80.95%	92.86%	78.57%
FT BRAGG	OFFICE, CHIEF OF STAFF, US ARMY	51	27	52.94%	100.00%	94.12%	100.00%	74.51%	96.08%	80.39%	94.12%	76.47%
FT BRAGG	US FORCES COMMAND	31501	26243	83.31%	95.64%	99.57%	99.73%	94.78%	97.21%	91.69%	98.97%	98.50%
FT BRAGG	NETWORK ENTERPRISE TECHNOLOGY & 9TH SIGNAL CMD (NETCOM)	369	298	80.76%	94.67%	95.39%	100.00%	95.12%	98.64%	99.19%	96.21%	94.58%
FT BRAGG	U.S. ARMY MEDICAL COMMAND	928	849	91.49%	96.69%	99.89%	99.78%	97.41%	98.92%	98.06%	99.35%	98.71%
FT BRAGG	--	158	138	87.34%	100.00%	100.00%	100.00%	88.61%	99.37%	100.00%	100.00%	98.73%
FT BRAGG	US ARMY SPECIAL OPERATIONS COMMAND (USASOC)	9786	6244	63.81%	95.21%	99.70%	99.70%	81.77%	91.73%	85.36%	98.82%	92.62%
FT BRAGG	US ARMY TRAINING AND DOCTRINE COMMAND	155	80	51.61%	100.00%	100.00%	100.00%	71.61%	89.68%	72.90%	99.35%	88.39%
FT BRAGG	US ARMY MATERIEL COMMAND	16	10	62.50%	100.00%	100.00%	100.00%	81.25%	100.00%	87.50%	100.00%	93.75%
Totals		**45131**	**34743**	**76.98%**	**95.84%**	**99.40%**	**99.49%**	**90.31%**	**95.83%**	**89.36%**	**98.81%**	**96.72%**

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Fig. 4.6: FMR By Location Report Screen

Other Individual Medical Readiness Elements

IMR ELEMENT	DEFINITION	GO / NO GO	MEDPROS DATA ENTRY SOURCE
Vision Readiness Classification **(VRC)**	Each Soldier will complete vision screening annually. Soldiers required to wear glasses must possess 2 pair of glasses and 1 pair of mask inserts if their uncorrected visual acuity is worse than 20/40.	**Go**: VRC 1-2 **No Go**: VRC 3O/3V-4	Unit MEDPROS clerk.
Hearing Readiness Classification **(HRC)**	Each Active Army TOE and PROFIS soldier will have an annual DD Form 2215 or DD Form 2216 on file. All other Soldiers will have hearing test on file.	**Go**: HRC 1-2 for all Active Army TOE and PROFIS Soldiers. - Test on file for all Soldiers. **No Go**: HRC 3A-3E and HRC 4A-B for all Active Army TOE and PROFIS Soldiers. - No test on file for all Soldiers.	Unit MEDPROS clerk. Defense Occupational & Environmental Health Readiness System (DOEHRS).
Medications **(MED)**	Soldiers required to take medications on a daily basis, to include birth control, must have at least a 180 day supply of the medication for all deployments.	**Go**: Soldier does not require medication or Soldier has 180 day supply of medication. **No Go**: Soldier requires medication but does not have 180 day supply.	Unit MEDPROS clerk.

Medical Warning Tags **(MWT)**	Soldiers that have an allergy or condition that require MWT are required to possess a set of medical warning tags.	**Go**: Soldier does not have an allergy or condition or possesses all required MWTs. **No Go**: Missing required Medical Warning tags.	Unit MEDPROS clerk.
Occupational Protection for Hearing, Respiratory and Vision **(OPH, OPR, OPV)**	Special Safety Equipment required by the Soldier to perform their mission. (Examples are Laser Eye protection, fireman's respirator or overpressure hearing devices.)	**Go**: Special safety equipment not required or the Soldier has the equipment required. **No Go**: Missing Special Safety equipment	Unit MEDPROS clerk.
Panograph **(PAN)**	All Soldiers are required to have a Panograph on file.	**Go**: Panograph on file. **No Go**: Panograph not on file	Corporate Dental Application (CDA) or manual entry for Reserve Components

Fig. 4.7: Individual Medical Readiness Elements

5 MEDPROS Training

Overview – Training is necessary to provide Soldiers with the proper skills to use MEDPROS. Failure to conduct proper training may result in incomplete data in MEDPROS, which will in turn result in inaccurate reporting of Individual and Unit Medical Readiness reports. Ultimately it may result in Soldiers being unprotected from the medical threat or receiving more shots than necessary to meet deployment requirements.

- **Centralized Training**: A bimonthly training session is held at ASM Research for Mainframe data entry, Pre, Post, and PDHRA, and Web Reporting (other training provided upon request). There is no registration fee for this training. Standard TDY applies for traveling personnel. For class details and schedule contact mods-help@asmr.com or the MODS help desk 1-888-849-4341.

- **Regional Training**: For training in your region please contact one of our MRC's (MEDPROS Readiness Coordinators) or the MODS help desk at 1-888-849-4341 for locations and schedules. A contact list for all MRC's can be found at https://apps.mods.army.mil/MEDPROS/Secured/MRCList.asp.

- **Online Training**: Typically, the preferred method is to attend a formal in-classroom training session. However, online training is available on the MEDPROS Modules homepage under **Training/Updates**.

- **Train-the-trainer program**: Regular and aggressive train-the-trainer programs provide valuable benefits that gradually spread through the unit. These include a base of expertise, proficiency, and esprit de corps. Maintaining this base is easier than recreating it. Successful trainers should know how to perform accurate and timely data entry to include routine quality control. The trainers must know the appropriate MEDPROS Logic and be well-versed in both the reporting and data entry capabilities. The train-the-trainer program allows for a sustainment of knowledge within a unit as users rotate throughout their careers.

6 Access Management

MEDPROS Access is available in two forms.

1. **Read-Only Access** will allow the user to view Individual or Unit Medical Readiness information.

2. **Write Access** users can update Individual or Unit Medical Readiness information.

FORM OF MEDPROS ACCESS	DESCRIPTION
Read-Only Access (MEDPROS Web Reporting)	To obtain Read Access to MEDPROS you must register online at www.mods.army.mil. Soldiers will be required to provide duty requirement and supervisor's information in order for access to be approved. Not all personnel will be approved for read access. MEDPROS uses the AKO single sign-on and Common Access Card (CAC) login for those approved access. All Commanders and First Sergeants should have Read Access.
Write Access	To obtain MEDPROS Write Access, an individual will require a Logon ID and Password issued by the security office at the Pentagon. The NISA Form 9R needs to be completed (a minimum of a favorable initiated National Agency Check (NAC) Investigation is necessary to access the system) and returned to the MODS Support Team for processing. A turn around time of approximately 3 - 5 days is normally seen for return receipt of your NISA Logon ID and Password. If more than seven working days have passed and you have not been contacted, call the MODS Help Desk at DSN 761-4976 or 1-888-849-4341 to check status. This access requires the signature of the commander (Active Army), the approval of the State Surgeon's office (National Guard) or approval of AR-MEDCOM (USAR).

Fig. 6.1: Forms of MEDPROS Access Table

7 Acronyms

ACRONYM	DEFINITION
DOEHRS	Defense Occupational and Environmental Health Readiness System
eMILPO	Electronic Military Personnel Office
FMR	Fully Medically Ready
IMR	Individual Medical Readiness
MEDPROS	Medical Protection System
MTOE	Modified Table Of Organization & Equipment
PCTEF	Percent Effective
PMCS	Preventive Maintenance Checks and Services
TDA	Table of Distribution & Allowances
UIC	Unit Identification Code
USR	Unit Status Report

Fig. 7.1: Table of Acronyms

8 References

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