Summary. This regulation provides policy and procedures for the Army in Europe Soldier Readiness Program, including Soldier readiness processing (SRP) and predeployment processing (PDP).

Summary of Change. This revision—

● Explains the difference in the way SRP and PDP are defined in the continental United States (CONUS) and outside the continental United States (OCONUS) (para 1).

● Requires an annual SRP and other SRPs based on unit needs (para 8b).

● Adds a requirement for completing DD Form 1833 (para 19b(7)).

● Adds a requirement to use the Electronic Military Personnel Office (eMILPO) System to update DD Form 93 (sec VI).

Applicability. This regulation applies to Soldiers in the European theater.

Supplementation. Organizations will not supplement this regulation without USAREUR G1 (AEAGA-M) approval.

Forms. AE and higher level forms are available throughout the Army in Europe Publishing System (AEPUBS).

Records Management. Records created as a result of processes prescribed by this regulation must be identified, maintained, and disposed of according to AR 25-400-2. Record titles and descriptions are available on the Army Records Information Management System website at https://www.arims.army.mil.
Suggested Improvements. The proponent of this regulation is the USAREUR G1 (AEAGA-M, DSN 370-6984). Users may suggest improvements to this regulation by sending DA Form 2028 to the USAREUR G1 (AEAGA-M), Unit 29351, APO AE 09014-9351.

Distribution. B (AEPUBS).

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SECTION I
GENERAL

1. PURPOSE
This regulation—

a. Prescribes policy and procedures for the Army in Europe Soldier Readiness Program.

b. Makes commanders responsible for overall Soldier readiness.

c. Directs installation activities to provide Soldier readiness processing (SRP) and predeployment processing (PDP) support to tenant organizations.

NOTE: In the continental United States (CONUS), the term SRP is the readiness processing that occurs when a unit prepares to deploy outside the continental United States (OCONUS). In the European theater, SRP refers to the annual event that verifies deployment readiness. The readiness processing that occurs when a unit in the European theater is identified for deployment is referred to as PDP. These definitions will be used throughout this regulation.

2. REFERENCES
Appendix A lists references.

3. EXPLANATION OF ABBREVIATIONS AND TERMS
The glossary defines abbreviations and terms.

4. RESPONSIBILITIES

a. The USAREUR G1 is responsible for the Army in Europe Soldier Readiness Program and will—

   (1) Establish deployability criteria.

   (2) Provide specific, mission-unique deployability criteria to the theater during actual deployments.

b. Commanders of medical treatment facilities (MTFs) and medical clinics will provide personnel and equipment to review, update, and record immunization data in the Composite Health Care System (CHCS) and the Medical Protection System (MEDPROS) for scheduled SRP and unscheduled PDP events. Medical personnel at MTFs and medical clinics will use information from the individual’s medical record, Department of Health and Human Services (HHS) Form PHS 731 (individual shot records), and DD Form 2766 to complete and update medical and other required data in the immunization (IMM), individual medical readiness (IMR), and unit medical readiness (UMR) report modules in MEDPROS.

c. Division, brigade, and battalion surgeons, and medical leaders who oversee battalion aid stations will provide personnel and equipment to review, update, and record immunization data in CHCS and MEDPROS for scheduled SRP and unscheduled PDP events. Medical personnel at battalion aid stations will use information from the individual’s medical record, HHS Form PHS 731, and DD Form 2766 to complete and update medical and other required information in the IMM, IMR, and UMR report modules in MEDPROS.
(1) The supporting clinic information management office must be onsite to set up and maintain computers and ensure Internet connectivity is provided throughout the entire SRP and PDP process.

(2) Medical clinics will provide automation equipment (Z-PACs, tablets, and other accessories) to support all SRPs and PDPs for both table of distribution and allowances (TDA) and modification table of organization and equipment (MTOE) units in their areas.

(3) MTFs and local medical clinics will provide battalion aid stations access to CHCS to enter data.

d. Personnel who enter data (b and c above) will require a logon identification (LID) and password issued by the Network Infrastructure Service Agency (NISA). Paragraph 29 provides procedures for requesting an LID and password.

e. Personnel Services Delivery Redesign (PSDR) S1s and heads of IMCOM-Europe personnel-support sections will provide personnel and equipment to the Soldier readiness processing team (SRPT) for scheduled SRPs and unscheduled PDP events.

f. United States Army garrisons (USAGs) will—

   (1) Appoint an SRPT officer in charge (OIC) or noncommissioned officer in charge (NCOIC).

   (2) Provide facilities and resources to conduct PDP events for deploying and supported units.

   (3) Schedule routine SRPs with tenant units and supported agencies (for example, personnel services battalions, legal offices, medical units) at least 60 days in advance so that SRPs can be added to long-range planning calendars at USAGs, supporting agencies, and tenant units.

      (a) USAGs will offer routine SRP activities each month.

      (b) USAGs will provide the Force Health Protection Office (FHPO), Europe Regional Medical Command (ERMC), a list of SRP activities at 60 days before the SRP so the FHPO can monitor compliance with DOD medical-surveillance requirements.

      (c) During actual deployments, USAGs will notify supporting agencies and the FHPO as early as possible of actual PDP activities.

   (4) Ensure resources and equipment provided or supported by the USAG and needed to prepare the SRP and PDP site as well as resources required by the unit conducting the SRP are coordinated with the SRPT before the event. This will ensure Soldiers complete processing. Adequate Internet connectivity must be provided to supporting agencies.

   (5) Establish procedures for the central processing facility (CPF) to set up the Soldier-readiness folder (SRF) (sec IV) during inprocessing (AE Reg 612-1).

   (6) Include the Family assistance plan provided by the Army Community Service into the overall USAG Family-support plan.

   g. Battalion and separate company commanders will—

      (1) Ensure Soldiers’ administrative, medical, and dental deployability status are accurate.
(2) Report the deployability percentage (para 11) every month in the comment section of the unit status report.

(3) Ensure supervisors and leaders review SRFs each quarter and correct any readiness deficiencies.

(4) Ensure each MEDPROS NCOIC updates IMR and UMR data every month.

(5) Schedule one SRP event each year.

(6) Coordinate and verify the SRP schedule with the supporting USAG at least 60 days in advance or as early as possible during actual deployments.

(7) Determine the unit’s POV storage requirements and—

(a) Coordinate with the staff judge advocate (SJA), the USAG, and installation commander to identify appropriate POV storage sites.

(b) Coordinate with the SJA, the USAG, and the installation registry of motor vehicles to develop storage procedures and policy (including turn-in and delivery procedures, inspection forms and procedures, registration procedures, private insurance requirements, and claims procedures and limitations).

(c) Notify the USAREUR Registry of Motor Vehicles of the deployment. Military personnel on operational deployments may have their POV registrations suspended for the period of their deployment if their POV is stored in Government storage (AE Reg 190-1, para 3-11).

(d) Coordinate with the SJA to determine the applicability of AR 27-20 and DA Pamphlet 27-162 to loss or damage to vehicles in deployment storage.

(e) Direct Soldiers with questions or claims to the servicing legal assistance office.

(8) Arrange storage for personal property. Commanders will—

(a) Determine the unit’s personal property storage requirements.

(b) Coordinate with the SJA and the installation transportation office to develop plans and procedures for personal property storage and retrieval.

(c) Coordinate with the SJA and the installation transportation office to develop procedures for inventorying and securing stored personal property.

(d) Coordinate with the SJA to determine the applicability of AR 27-20 and DA Pamphlet 27-162 to loss or damage to personal property in deployment storage.

(e) Direct Soldiers with questions or claims to the servicing legal assistance office.

(9) Send units with organic medical assets to conduct required medical processing in areas where unit medical personnel are qualified to work. For actual deployments when 100 percent of the unit’s medical assets deploy, the USAG commander with the supporting MTF will provide the PDP medical processing station.
(10) Provide blank ID tags to the SRPT so that the SRPT may update or replace tags.

(11) Provide the following:

(a) A Unit Personnel Accountability Report (AAA-162) to medical, dental, and personnel-support agencies within the times specified by USAG policy. This action will ensure records are available at the SRP site.

(b) A list of attached units (supporting units based on task force organization) and any updated AAA-162 information at least 7 days before the annual SRP.

NOTE: During actual deployments, commanders will provide updates to medical, dental, and personnel agencies as soon as possible.

(12) Conduct a 100-percent check of ID cards, ID tags, and chains. If time permits, brief Soldiers on the SRP and conduct more complete, unit-deployability checks using individual SRFs.

(13) Appoint a unit-site OIC and NCOIC to control unit personnel and activities. OICs and NCOICs will be the POCs for the SRPT to resolve issues.

NOTE: The USAG or SRPT OIC or NCOIC will have overall site control for the SRP or PDP event.

h. Supervisors and leaders will—

(1) Review and update SRFs each quarter with the Soldier.

(2) Ensure deployment deficiencies are resolved as quickly as possible.

i. The SRPT OIC or NCOIC will—

(1) Ensure all supporting agencies (for example, personnel, legal, medical, dental, and chaplain offices) are notified of and prepared for scheduled SRP and unscheduled PDP events.

(2) Ensure supporting agencies receive a copy of the AAA-162 within the times specified by USAG policy.

(3) Ensure facilities can support the equipment needed to conduct SRP or PDP events (for example, local area network and e-mail connections; electrical outlets).

(4) Coordinate SRP or PDP setup and operation with the unit-site OIC or NCOIC.

(5) Send the deploying unit chain of command (during or after the PDP) a report listing the percent of deployable Soldiers and the general condition of SRFs.

5. PHILOSOPHY

a. Unit commanders conducting SRPs—

(1) Are responsible for Soldier readiness.

(2) Will maintain readiness to meet future requirements for rapid deployment.

(3) Will correct readiness deficiencies.
(4) Will assess medical and dental readiness of individuals and units on a regular basis using the
IMR and UMR reporting options in MEDPROS.

b. Active Army unit commanders will review their SRP programs each year to ensure—
   (1) Units stay ready.
   (2) Individual readiness and unit deployability is assessed.
   (3) Ensure major training events support individual readiness and unit deployability. Unit
commanders may schedule SRP based on convenience and unit, USAG, or USAREUR requirements.
   (4) SRFs are complete and current, and that deficiencies are corrected.

6. IMPLEMENTATION
MEDPROS is the Army’s automated medical readiness- and immunization-tracking system. MEDPROS
must be used to maintain and update IMM and IMR (deployment surveillance) information.

7. OVERVIEW
The USAREUR mission often involves out-of-sector deployments and contingency operations with little
or no notice. For this reason, Soldiers must be administratively ready to deploy immediately as
individuals or as part of a unit. Commanders must ensure Soldiers meet the highest readiness standards.

   a. A Soldier is administratively deployable if he or she meets the criteria of deployability levels 1
and 2 (AR 600-8-101, paras 4-5 and 4-6b). Paragraph 10 explains readiness levels.

   b. The number of Soldiers a commander can deploy determines the actual unit readiness level.
Actual deployability is mission-dependent and includes the criteria of deployability levels 1 and 2 (AR
600-8-101).

8. STANDARDS
AR 600-8-101 provides Army policy on deployability. The Army in Europe deployability standard is
90 percent of reportable Soldiers always being administratively deployable.

   a. After inprocessing, Soldiers reporting to their units should be ready to deploy (except for meeting
unit-unique requirements or having unit-unique equipment).

   b. SRPs must be conducted each year. (This requirement is in addition to the 30-day PDP for
deployment.) Commanders should conduct the SRP more than once a year to ensure their units meet
deployability standards. Each Soldier will attend at least one SRP each year.

   c. The SRPT OIC or NCOIC will control the SRP operation with chain of command assistance for
Soldier accountability. DA Form 7425 provides the essential elements that must be reviewed.

   d. The SRPT will use appendixes B through I to conduct SRP. The SRPT will make as many on-the-
spot corrections as possible.

   e. USAGs will supervise SRP activities and coordinate facilities and other required support (for
example, network connections) for units in their area of responsibility. Supported units will provide
assistance when requested.
SECTION II
DEPLOYABILITY AND READINESS CRITERIA

9. GENERAL
This section defines the criteria to qualify Soldiers for deployment and to determine a Soldier’s readiness level. Unit commanders will use DA Form 7425 to determine each Soldier’s deployability status.

10. READINESS LEVELS
   a. AR 600-8-101 defines readiness levels. The following readiness levels are used in the European theater:

      (1) Level 1. Under level 1, all processing requirements must be checked and declared a “go” before a Soldier may participate in a combat or contingency mission. This level may be waived only by a general officer in the Soldier’s chain of command.

      (2) Level 2. Level 2 requirements apply only when a unit is actually deploying and specific requirements exist. Specific processing requirements must be checked and declared a “go” before a Soldier may deploy to a specific mission area. These requirements include but are not limited to having the following:

          (a) A passport.

          (b) Special area-specific immunizations.

          (c) A completed DD Form 2795.

          (d) A valid physical examination (a current periodic examination on file documented in the Electronic Military Personnel Office (eMILPO) System and MEDPROS for Soldiers 30 years or older, or as required for flight and special skills).

          (e) A completed G6PD (glucose 6-phosphate dehydrogenase) screening annotated in CHCS and MEDPROS.

          (f) Knowledge of local laws.

          (g) Attended antiterrorism briefings.

   b. The following terms apply to deployability status:

      (1) Administratively Deployable. A Soldier is administratively deployable if he or she meets the requirements of level 1 with no waivers.

      (2) Actually Deployable. A Soldier is actually deployable if he or she meets the requirements of levels 1 and 2 with or without a waiver. Soldiers also must meet deployment-specific level 2 requirements for the deployment area of operation or receive a waiver for the requirements.

   c. Commanders will use information on administrative deployability for their monthly reports. During an actual deployment, commanders will also report actual deployability. They will apply for a MEDPROS read-only access code and review medical readiness (by individual or unit) reports using the command drilldown reporting option. Section VII provides information on requesting access to MEDPROS.
11. DEPLOYABILITY CALCULATIONS
Unit deployability percentages will be calculated as follows:

   a. The administratively deployable percentage is the number of administratively deployable Soldiers divided by total reportable Soldiers (all assigned Soldiers whose status is present for duty, on ordinary leave, on emergency leave, or on temporary duty).

   b. The actually deployable percentage is the number of actually deployable Soldiers divided by the number of total reportable Soldiers.

NOTE: Soldiers who are within 90 days of an approved separation (such as expiration term of service, retirement, or release from active duty) must not be included when calculating deployable percentages. This rule does not apply when HQDA implements a “stop loss” bar to personnel movements.

SECTION III
INPROCESSING

12. GENERAL
This section establishes inprocessing responsibilities and procedures to ensure newly arrived Soldiers meet readiness requirements before they are sent to their units for duty.

13. REQUIREMENTS
   a. USAG commanders will ensure CPFs—
      (1) Create an SRF for each Soldier who inprocesses.
      (2) Complete DA Form 7425 and send it and the SRF to the Soldier’s unit. Instructions for completing DA Form 7425 are at http://www.apd.army.mil/pub/eforms/pdf/a7425b.pdf.
      (3) Perform deployability checks.
      (4) Update DD Form 2766 (yellow-trim folder), transcribe all required data elements from the permanent health record (blood type, chronic medication status, medical warning tags, summary sheet of medical problems, IMM record from the current MEDRPOS printout, corrective lens prescription, and baseline human immunodeficiency virus (HIV) results) to the appropriate blocks on the DD Form 2766, and place the DD Form 2766 inside the individual’s permanent medical record.
      (5) Provide medical sections read and write access to MEDPROS. Medical sections are responsible for reviewing and updating IMM and IMR data in MEDPROS. CPF medical personnel will ensure that once the DD Form 2766 is updated, the MEDPROS IMR, UMR, and data screen, page 2, are updated (sec VII).
   b. Units will ensure—
      (1) An SRF is completed within 30 days after the Soldier arrives and that deployment deficiencies are corrected.
      (2) A Family-care plan (FCP) is completed (if required) (AR 600-20, para 5-5) and filed with the DA Form 7425 in the SRF.
      (3) Soldier deployment surveillance medical information in the MEDPROS IMR and UMR report is reviewed and updated within 3 workdays after inprocessing (sec VII).
SECTION IV  
SOLDIER-READINESS FOLDER

14. GENERAL
Each Soldier must have an SRF (app B) with documents that support his or her readiness status. The SRF raises the level of assurance that Soldiers meet the readiness level required to deploy.

15. CONFIDENTIALITY
Disclosure of the information required for the SRF is voluntary. The SRF includes personal information that is protected by the Privacy Act (Section 552a, Title 5, United States Code) and AR 340-21. Information and documents in the SRF must be marked For Official Use Only (FOUO) when disclosed, and may be disclosed only as authorized by the Privacy Act and routine uses established for the system of records. (See 69 Federal Register 791, 6 Jan 04, A0001bAHRC.)

16. PROCEDURES

a. CPFs will create an SRF for each inprocessing Soldier as prescribed in appendix B.

b. Appendix B—

(1) Lists required documents for the SRF.

(2) Explains where the documents should be placed in the SRF.

c. Unit responsibilities include—

(1) Receiving initial deployability data obtained during inprocessing (including the items in app B).

(2) Ensuring Soldiers and their leaders review SRFs each quarter and correct readiness deficiencies. Leaders will annotate any deficiencies found and deficiencies corrected on the DA Form 7425 after each SRF review. Deficiencies will be corrected as follows:

(a) If a Soldier needs to update a form, the unit must give the Soldier the form, help the Soldier complete it, and file it in the SRF.

(b) The unit must allow Soldiers to process with another unit to correct a deficiency if they need assistance from an outside agency. (For example, if a Soldier needs immunizations and the rest of the unit has been immunized already, the unit commander will allow the Soldier to go to another unit where Soldiers are being immunized. If no other unit is undergoing SRP, the unit will coordinate directly with the servicing medical facility to obtain immunizations for the Soldier.)

(c) If many Soldiers require the same correction, unit commanders may schedule a correction team from the appropriate agency to correct the deficiency (short of a full SRP).

(3) Ensuring Soldier deployment surveillance medical information for IMR and UMR is reviewed and updated in the MEDPROS within 3 workdays (sec VII).

d. HQDA and HQ USAREUR/7A may direct that additional deployability information be filed in the SRF.

e. A copy of DA Form 7425 must remain at the losing unit on deployment.
17. SRF TRANSFER

a. When a Soldier is reassigned within the European theater, the SRF and a diskette with the Soldier’s record or unit computer-generated data will be hand-carried by the Soldier to the gaining unit.

b. When a Soldier is deployed as an individual or with a unit, the complete SRF and the DD Form 2766 will be hand-carried by the Soldier or the commander’s designee to the deployment site. At the deployment site, the local personnel office will maintain the SRF until the Soldier or unit redeploy to home station.

c. The personnel office will send the DD Form 2766 to the servicing MTF.

d. On redeployment, the MTF will return the DD Form 2766 to the servicing personnel office to accompany the Soldier’s SRF.

SECTION V
PREDEPLOYMENT PROCESSING

18. GENERAL
This section establishes required PDP stations in order of precedence, lists optional PDP stations based on deployment-specific circumstances, and explains PDP responsibilities.

19. REQUIRED PDP STATIONS
The stations in subparagraphs a through k below must be staffed for PDP. Optional stations (para 20) may be combined or configured as the SRPT OIC directs and the situation requires.

a. Station 1: Unit Control. Representatives at this station will—

(1) Check each Soldier present for PDP on the AAA-162 Report to show that the Soldier has started the PDP process.

(2) Ensure Soldiers have a complete SRF and a blank DA Form 7425.

(3) Give the completed AAA-162 Report to the SRPT OIC.

b. Station 2: Personnel. Representatives at this station will—

(1) Bring DA Form 201 files to the PDP site for Soldiers undergoing PDP. All items on DA Form 7425, section II, will be checked and validated.

(2) Check ID cards and issue new ones if required.

(3) Ensure Soldiers have two sets of ID tags. ID tags will be issued as required. Units will supply blank tags.

(4) Screen Department of Veterans Affairs (VA) Form SGLV-8286 and DD Form 93. These forms will be reviewed and initialed by the Soldier, or new ones will be prepared and a copy will be given to the Soldier.

(5) Review FCPs.
(6) Ensure Soldiers complete DA Form 3955, DD Form 2258, or Postal Service (PS) Form 3801.

(7) Help Soldiers complete DD Form 1833.

c. **Station 3: Finance.** Appendix C provides finance station responsibilities.

d. **Station 4: Legal.** Appendix D provides legal station responsibilities.

e. **Station 5: Supply and Logistics.** Responsibilities at this station are unit-unique.

f. **Station 6: Medical.** Appendix E provides medical station responsibilities.

g. **Station 7: Dental.** Representatives at this station will—

   (1) Bring dental-readiness information for Soldiers who will undergo processing. If dental-readiness information is not available, representatives must be given online access to the Corporate Dental Application (CDA) Program at the site.

   (2) Explain dental deployability criteria and identify personnel who do not have panoramic radiograph confirmation.

   (3) Prescreen records to identify Soldiers who are in dental fitness category 3 or 4. Soldiers in category 3 or 4 will schedule appointments for a dental examination or panographic x-ray at their dental clinic.

   (4) Compile a list of deploying Soldiers to enter in the CDA. This will code the Soldier as deployed for up to 18 months for system reporting purposes.

**NOTE:** During actual deployments, the dental clinic will provide enough time to process the unit and provide examinations and treatment required to ensure Soldiers are deployable.

h. **Station 8: Training.** Responsibilities at this station are unit-unique.

i. **Station 9: Security.** Responsibilities at this station are unit-unique.

j. **Station 10: Provost Marshal.** Appendix F provides the provost marshal station questionnaire.

k. **Station 11: Quality Assurance (QA) (Unit Checks).** Appendix G provides QA station unit-check responsibilities. This station will be staffed by the unit conducting the SRP and will always be the last station through which Soldiers process. If one or more of the optional PDP stations in paragraph 20 exist, Soldiers will process through those stations before going through the QA station. Representatives at this station will—

   (1) Ensure Soldiers have processed through all stations and that the DA Form 7425 is complete.

   (2) Check Soldiers off the AAA-162 Report (a(1) above). QA personnel will review each DA Form 7425 and compile a list of overall SRF deficiencies (for example, “no go” blocks that were checked on the form). This list will be provided to the unit commander and SRPT OIC or NCOIC after the PDP is completed.
20. OPTIONAL PDP STATIONS
The stations in subparagraphs a through g below are optional for the PDP. To prepare for an actual deployment, these stations must be operational when required and available. Local needs and deployment-specific circumstances will determine required stations, items to be checked, and services to be provided in these areas.

a. Station 12: Army Community Service.

b. Station 13: American Red Cross.

c. Station 14: Bank or Credit Union. Representatives at this station will provide financial assistance to Soldiers.

d. Station 15: Chaplain. Representatives at this station will ensure that religious handouts are available. A chaplain should be available, and Soldiers should be referred when they desire individual counseling.

e. Station 16: Family Readiness Group Representatives.

f. Station 17: Housing Office.

g. Station 18: Transportation.

21. AGENCIES SUPPORTING THE SRPT
Agencies supporting the SRPT must—

a. Have a copy of this regulation on hand and in use during all PDP sessions.

b. Be familiar with required deployability checks in their functional areas.

c. Review Soldier SRFs for deployability problems and make on-the-spot corrections when possible. Supporting agencies will schedule appointments for Soldiers with any requirements that were not met during the PDP.

d. Mark the appropriate blocks on DA Form 7425.

22. UNIT COMMANDER SRP OR PDP RESPONSIBILITIES
Before arriving at the SRP or PDP site, unit commanders will—

a. Conduct the deployability checks (app G), if practical.

b. Ensure Soldiers bring mandatory items (app H) to the SRP or PDP site.

c. Review unit SRFs to ensure completeness and consistency.

23. CONDUCTING SRP OR PDP EVENT

a. Units must report to the SRP or PDP site at the designated time and stay together as much as practical. The unit being processed must maintain control of its Soldiers to ensure efficient and prompt processing.

b. The SRPT OIC or NCOIC will brief Soldiers on the SRP or PDP before processing begins (app I).
c. Soldiers will proceed through stations according to SRPT OIC or NCOIC instructions.

d. Each station representative will make deployability reviews of each Soldier and annotate DA Form 7425. Soldier SRFs will include the documents in appendix B.

24. AFTER PDP

a. The SRPT OIC or NCOIC and a deploying unit OIC or NCOIC will discuss SRP or PDP and SRF deficiencies. They will determine ways to improve or sustain the unit’s deployability status.

b. The unit commander or first sergeant will ensure that the following actions are completed:

   (1) Data from DA Form 7425 is entered into MEDPROS within 3 duty days after the SRP or PDP.

   (2) DA Form 7425 is filed in the SRF.

   (3) Followup is made on deployment deficiencies.

SECTION VI
USING eMILPO TO UPDATE DD FORM 93 AND USE OF DA FORM 7425

25. eMILPO

a. The eMILPO System provides a way to prepare and maintain Family-member data on DD Form 93.

b. The Army must notify families of wounded and deceased Soldiers in a timely manner. The eMILPO System is the only system authorized to complete and record information on DD Form 93 for Active Army units and mobilized Reserve component personnel. No other system or module (including the installation support module (ISM)) may be used to generate DD Form 93. The DD Form 93 must still be printed, signed by the Soldier, and witnessed. Units will continue to follow current procedures for maintaining DD Form 93.

c. The eMILPO System will give commanders and military personnel offices the capability of monitoring their units to ensure Soldier readiness through accurate and timely submission of the DD Form 93. The eMILPO database can be queried to identify Soldiers without DD Form 93 information or to identify outdated information. To do this, use the AD HOC query function filtering on HOME_UIC_CD in the Soldier core dimension, then apply another filter on the EMERG_NTFN_DT in the Family member and beneficiary data dimension.

d. Military personnel offices will update DD Form 93 in eMILPO during inprocessing, outprocessing, SRPs, and redeployment processing.

26. DA FORM 7425

DA Form 7425 guides Soldiers through an SRP check. This form is available through http://www.apd.army.mil. Appropriate parts of the DA Form 7425 must be completed at each processing station during SRP or PDP.
27. SOURCE DOCUMENTS

a. The following must be used to validate information on DA Form 7425:

   (1) DD Form 93, updated in eMILPO.

   (2) VA Form SGLV-8286.

   (3) One of the following showing the HIV test date:

      (a) SF 600.

      (b) DA Form 5668.

      (c) Local MTF HIV test receipt (only if time constraints make the use of these test results necessary).

   (4) A record of completed required immunizations (SF 601, HHS Form PHS 731, or online MEDPROS IMM module reports.)

   NOTE: The MEDPROS website (http://www.mods.army.mil) includes individual and unit reports on DNA, HIV, and dental readiness by social security number or unit identification code. Reports generated from this website include data that may be used to augment medical source documents (sec VII).

   (5) A completed DD Form 2795 before deploying and DD Form 2796 before redeploying.

   (6) A weapons-qualification scorecard or unit training record that shows the Soldier’s most recent weapons qualification.

b. Source documents must be filed in the Soldier’s SRF (except medical records).

c. All deploying Soldiers must have the following documentation before movement:

   (1) DD Form 2766.

   (2) A completed online electronic version of the DD Form 2795 on file at the Army Medical Surveillance Activity (AMSA).

   NOTE: Appendix E provides disposition instructions for Soldier documents.

SECTION VII
USING MEDPROS AND MODS TO MAINTAIN MEDICAL READINESS

28. GENERAL

a. MEDPROS is the Army’s automated immunization and medical-readiness tracking system. Commanders will use the MEDPROS to monitor and update IMM and IMR data. MEDPROS also provides information about current DA programs (for example, anthrax, Hepatitis B, and area-specific immunization profiles).
b. IMM, IMR, and UMR data for each Soldier will be printed and placed inside DD Form 2766 before deployment.

**NOTE:** A printed IMM report form will substitute for transcribing the historical immunizations to the DD Form 2766 (AR 40-66).

c. Commanders will have enough formally trained MEDROS personnel with “write capability” to maintain and update the database as needed.

d. Use of table PCs at the SRP and PDP sites is mandatory. Having automated medical documentation prevents loss of records and allows deployed commanders to view medical readiness data anytime and anywhere the Internet is available.

e. DD Form 2795 and DD Form 2796 must be completed electronically and sent to AMSA as explained in subparagraph h below.

f. Vision readiness screening must be performed as prescribed in the vision readiness screening guide available through MEDPROS.

g. The Defense Occupational Environmental Health Readiness System for Hearing Conservation (DOEHRs-HC) will be used to conduct hearing tests. All Soldiers routinely exposed to hazardous noise must receive an annual audiogram. All Soldiers must have an audiogram within 12 months before deployment (DA Pam 40-501).

h. The data fields in the MEDPROS medical readiness module must be completed for both deploying and redeploying Soldiers. All deployment forms must be submitted electronically. The following methods must be used:

   1. On-line Medical Occupational Data System (MODS) website using the Remote Immunization Data Entry System-Enhanced (RIDES-E) application.


   3. RIDES-E stand-alone (no immediate connectivity to the Internet).

**NOTE:** The latter two methods requires file downloading and e-mailing on a daily basis, whenever possible. Pre- or post-deployment health assessment (PPDHA) forms may be accessed at [http://www.mods.army.mil](http://www.mods.army.mil). Click on the Health Assessment link to the left, and [http://www.behavioralhealth.army.mil](http://www.behavioralhealth.army.mil) for further background and guidance.

**29. PROCEDURES FOR REQUESTING A MEDPROS LOGON ID AND PASSWORD**

a. Medical and unit personnel who have write-level LIDs and passwords may create deployment forms and update IMM, IMR, and UMR data in MEDPROS through the MEDPROS website at [http://www.mods.army.mil/](http://www.mods.army.mil/), the QWS3270 secure MEDPROS (mainframe) connection, or the RIDES-E.

b. A write-level LID and password from the MODS is required to enter data in MEDPROS. To obtain a write-level LID and password, a NISA Form 9R must be completed and sent to the FHPO. The FHPO (DSN 371-2737/2940/3349) can provide assistance on completing and submitting the form. Fax completed forms with security verifications to DSN 371-3315.
c. A read-only LID and password from the MODS is required to generate reports and view information. To obtain a read-only LID and password, go to http://www.mods.army.mil/ and click on MEDPROS. Read-only access does not require NISA Form 9R.

SECTION VIII
FAMILY READINESS GROUPS

30. GENERAL
Family readiness affects Soldier readiness. Deployed Soldiers who are confident that their Families are taken care of during a deployment can better focus on the mission.

31. RESPONSIBILITIES
Battalion and separate company commanders will—

a. Establish and assist Family readiness groups (FRGs).

b. Provide time, facilities, and administrative assistance to develop and maintain FRGs.

c. Include FRG leaders in nonsensitive predeployment, deployment, and redeployment unit briefings and activities.

d. Provide command information to FRGs and promote the “chain of concern” information process.

e. Help with FRG activities and foster cooperation between FRGs and rear detachment commanders (RDCs) who serve as Family readiness liaisons (FRLs).

f. Ensure each unit has an RDC appointed at all times. The RDC must be trained before a deployment. The Seventh United States Army Joint Multinational Training Command sponsors a rear detachment course and FRL training each quarter. Training includes detailed instruction on Family-readiness responsibilities and a general overview of RDC and FRL responsibilities. Local Army Community Service centers also provide training in each community.

32. POLICY
During routine SRP and actual deployment PDP events, commanders may ask Family members to participate in appropriate SRP or PDP activities with the deploying sponsor.

a. Commanders of USAREUR major subordinate commands may grant waivers of the PDP 30-day rule, up to 90 days, when unit deployment dates are delayed.

b. USAG commanders may schedule PDP or SRP dates for deploying units without deployment orders.

SECTION IX
RESERVE COMPONENT SOLDIERS

33. GENERAL
This section applies to Reserve component (RC) Soldiers in Europe, regardless of their status (for example, as troop program unit (TPU) members, members of the Individual Ready Reserve (IRR), individual mobilization augmentees (IMAs), retirees).
34. RESERVE COMPONENT POLICY

a. TPU commanders will ensure TPU members attend an SRP each year. TPU commanders may coordinate with the local USAG for TPU members to attend an SRP scheduled for Active Army Soldiers. DD Form 2795 and DD Form 2796 must be completed for RC personnel who are called to active duty for 30 consecutive days or more.

b. TPU units will create and maintain SRFs for TPU members. The SRF will include the same documents as for Active Army Soldiers, and the following documents (or copies):

1. Child-support documents to prove court-ordered support payments are being made.
2. Copy of bonus contract or leave and earnings statement (LES) showing bonus payments.
3. Copy of LES showing accrued leave payments.
4. Divorce decree.
5. Marriage certificate.
6. Housing rental contract.
7. DD Form 93.
8. Copies of all DD Form 214, DD Form 215, DD Form 220, and National Guard Bureau (NGB) Form 22.
9. DA Form 2-1.
10. DA Form 3053.
11. DA Form 4187 showing the number of sharers for overseas housing allowance consideration and the declaration of cost of living allowance and Family members.
12. DA Form 5960.
13. An approved DA Form 5305-R, if required.
14. SGLV Form-8286.
15. VA Form 21-8951-2.

c. When directed by USAREUR, the 7th Army Reserve Command will activate the Mobilization Support Center (MSC) to support mobilization and deployment operations for European-based RC Soldiers. IRR member, IMA, and retiree SRFs will be created at the MSC. The MSC will ensure that individuals are deployable before they depart for their units of assignment. When the MSC is not activated, mobilization of IRR members, IMAs, and retirees is the responsibility of the sponsor unit or staff agency. Documents in the SRF for IRR members, IMAs, and retirees are the same as for TPU members.
d. TPU members will review their SRF each year.

e. Regional Level Application Software (RLAS) is the standard United States Army Reserve Command automation system for assessing RC Soldier readiness. Unit personnel will enter information from the completed DA Form 7425 in the RLAS within 2 weeks after completing an SRP.

f. RC unit commanders will use MEDPROS to maintain and update—

   (1) IMM information.

   (2) IMR (deployment surveillance) data.

      (a) Completed IMM, IMR, and UMR data will be printed and placed inside DD Form 2766 before deployment. A complete printed IMM report will substitute for transcribing the immunization history to the DD Form 2766 (AR 40-66).

      (b) Commanders will ensure they have enough formally trained MEDPROS personnel with write-access to maintain and update the MEDPROS database.
APPENDIX A
REFERENCES

SECTION I
PUBLICATIONS

Health Insurance Portability and Accountability Act

Soldiers and Sailors Civil Relief Act

The Privacy Act of 1974 (Section 552a, Title 5, United States Code)

Uniformed Services Employment and Reemployment Rights Act

AR 27-3, The Army Legal Assistance Program

AR 27-20, Claims

AR 40-66 Medical Record Administration and Health Care Documentation

AR 340-21, The Army Privacy Program

AR 600-8-101, Personnel Processing (In- and Out,- Soldier Readiness, Mobilization, and Deployment Processing)

AR 600-20, Army Command Policy

DA Pamphlet 27-162, Claims Procedures

DA Pamphlet 40-501, Hearing Conservation Program

AE Regulation 190-1, Driver and Vehicle Requirements and the Installation Traffic Code for the U.S. Forces in Germany

AE Regulation 612-1, Community Central In- and Outprocessing

SECTION II
FORMS

SF 600, Medical Record - Chronological Record of Medical Care

SF 601, Health Record - Immunization Record

DD Form 93, Record of Emergency Data

DD Form 214, Certificate of Release or Discharge From Active Duty

DD Form 215, Correction to DD Form 214, Certificate of Release or Discharge From Active Duty

DD Form 220, Active Duty Report

DD Form 1833, Isolated Personnel Report (ISOREP)

DD Form 2258, Temporary Mail Disposition Instructions
DD Form 2766, Adult Preventive and Chronic Care Flowsheet
DD Form 2795, Pre-Deployment Health Assessment Questionnaire
DD Form 2796, Post-Deployment Health Assessment
DD Form 2900, Post-Deployment Health Reassessment (PDHRA)
DA Form 2-1, Personnel Qualification Record-Part II
DA Form 201, Military Personnel Records Jacket, US Army
DA Form 2028, Recommended Changes to Publications and Blank Forms
DA Form 3053, Declaration of Retired Pay Benefits Received and Waivers
DA Form 3955, Change of Address and Directory Card
DA Form 4037, Officer Record Brief
DA Form 4187, Personnel Action
DA Form 5305-R, Family Care Plan
DA Form 5668, HIV Screening Test Results
DA Form 5960, Authorization to Start, Stop, or Change Basic Allowance for Quarters (BAQ), and/or Variable Housing Allowance (VHA)
DA Form 7425, Readiness and Deployment Checklist
National Guard Bureau (NGB) Form 22, Report of Separation and Record of Service
Department of Health and Human Services (HHS) Form PHS 731, International Certificates of Vaccination
Network Infrastructure Service Agency (NISA) Form 9R
Postal Service (PS) Form 3801, Standing Delivery Order
Department of Veterans Affairs (VA) Form 21-8951-2, Notice of Waiver of VA Compensation or Pension to Receive Military Pay and Allowances (http://www.vba.va.gov/pubs/forms/21-8951-2.pdf)
VA Form SGLV-8286, Servicemembers’ Group Life Insurance Election and Certificate (http://www.insurance.va.gov/sgliSite/forms/8286.htm)
AE Form 190-1A, U.S. Forces POV Registration/Title Certificate/Zulassungschein/Besitzurkunde für Privatkraftfahrzeuge
AE Form 190-1AD, Special Power of Attorney To Operate, Register, Sell, or Otherwise Dispose of a Privately Owned Vehicle (POV)
AE Form 190-1S, Request for POV Registration/Insurance Cancellation
APPENDIX B
SOLDIER-READINESS FOLDER

B-1. REQUIREMENTS
Soldier-readiness folders (SRFs) must be reviewed and updated each quarter. (App E provides other actions that must be taken to ensure Soldiers are ready for deployment.) When deploying, the Soldier will handcarry the complete SRF to the deployment site. The deployed servicing personnel office will maintain the SRF until the Soldier or unit redeploy to the home station. The SRF will be assembled as follows:

a. Outside. FOR OFFICIAL USE ONLY must be stamped in red ink on the outside of the SRF, and a label with the following information must be attached:

(1) The Army Records Information Management System (ARIMS) file number (1ii).

(2) Privacy Act System notice number (A0001bAHRC).

(3) The Soldier’s first and last name, middle initial, and social security number.

b. Inside Left. The following will be attached inside the SRF on the left side (fig B-1):

(1) If applicable, military medical review board (MMRB), medical evaluation board (MEB), and physical evaluation board (PEB) proceeding documents, and a copy of the Soldier’s permanent profile. If the Soldier has appeared before an MMRB, MEB, or PEB, a copy of the findings must be filed in the SRF. These documents explain—

(a) The Soldier’s assignment limits.

(b) The MMRB’s decision to retain or reclassify the Soldier, place the Soldier on probation, or refer the Soldier to the MEB or PEB.

(c) The MEB or PEB decision stating that the Soldier is fit for duty in his or her primary military occupational specialty.

(2) The Family care plan (FCP) or Family support plan, if applicable. AR 600-20, paragraph 5-5, provides guidance on FCPs. Single-Soldier parents and dual-military couples with dependent Family members must provide an FCP.

(3) DA Form 4037 (Officer Record Brief (ORB)) or AAA-347 (Enlisted Record Brief (ERB)).

(4) A copy of the passport photograph and title pages, if applicable.

(5) If Soldiers will deploy, the following additional documents are required:

(a) DD Form 93.

(b) Department of Veterans Affairs (VA) Form SGLV-8286.
c. **Inside Right.** The following will be attached inside the SRF on the right side (fig B-1):

(1) Soldier deployability record (DD Form 2766).

(2) The most current DA Form 7425.

(3) SRF checklist (para B-2). This checklist helps leaders and Soldiers complete the SRF and check Soldier readiness.

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**Figure B-1. SRF Contents**

(4) If Soldiers will deploy, the following additional documents are required:

(a) DD Form 2766 (yellow-trim folder). An electronically produced and printed DD Form 2795 must be inside the DD Form 2766. The DD Form 2766 can be obtained from the individual’s medical record. It is not to remain in the SRF due to Health Insurance Portability and Accountability Act (HIPAA) compliance requirements.

(b) DD Form 1833.

(c) Deployment orders.
**B-2. SRF CHECKLIST**

Leaders will review Soldier readiness using the SRF checklist (table B-1). Once the review is complete, the leader will initial and date DA Form 7425. The leader’s initials mean that the leader has personally checked every item on the checklist and ensured that the Soldier has all required documents and equipment, and that deficiencies have been corrected or reported to the chain of command.

<table>
<thead>
<tr>
<th><strong>Table B-1</strong></th>
<th><strong>SRF Checklist</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Inside Left</strong></td>
<td><strong>Inside Right</strong></td>
</tr>
<tr>
<td><strong>Document Review</strong></td>
<td></td>
</tr>
<tr>
<td>Statement of profile and MMRB, MEB, or PEB documents, if applicable</td>
<td>DD Form 2766 (yellow-trim folder) (if actually deploying)</td>
</tr>
<tr>
<td>FCP</td>
<td>DA Form 7425</td>
</tr>
<tr>
<td>ORB or ERB</td>
<td>Deployment Orders (if actually deploying)</td>
</tr>
<tr>
<td>Copy of photograph and title pages of passport (if applicable)</td>
<td>DD Form 2795 (inside DD Form 2766)</td>
</tr>
<tr>
<td>DD Form 93 (if deploying)</td>
<td>DD Form 2796 (inside DD Form 2766)</td>
</tr>
<tr>
<td>VA Form SGLV-8286 (if deploying)</td>
<td>DD Form 1833</td>
</tr>
<tr>
<td><strong>Equipment Inspection</strong></td>
<td></td>
</tr>
<tr>
<td>Valid ID card</td>
<td>One pair of optical inserts (if applicable)</td>
</tr>
<tr>
<td>Two ID tags with chains</td>
<td>Hearing aids with batteries (if applicable)</td>
</tr>
<tr>
<td>Two pairs of eyeglasses (if applicable)</td>
<td>Two red medical warning ID tags (if applicable)</td>
</tr>
<tr>
<td><strong>Optional Requirements</strong></td>
<td></td>
</tr>
<tr>
<td>Allotments for support or to a financial institution</td>
<td>Last will and testament</td>
</tr>
<tr>
<td>Current power of attorney</td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX C
FINANCE STATION PROCESSING CHECKS

Finance stations will—

a. Have Soldiers complete a finance processing questionnaire (fig C-1) if they have not already done so. The questionnaire will be maintained in the Soldier-readiness folder.

b. Check and validate all items on DA Form 7425, section XII (finance).

c. Certify emergency-pay authorizations.

d. Help Soldiers solve pay-related problems.

e. Ensure Soldiers are receiving the correct entitlements.

NOTE: The glossary explains abbreviations used in figure C-1.

FINANCE PROCESSING QUESTIONNAIRE

Privacy Act Statement (Privacy Act of 1974)

Authority: 10 USC 3013, Secretary of the Army and EO 9397 (SSN)
Purpose: To provide supervisors and unit commanders a ready source of information for day-to-day operations and administrative determinations pertaining to assigned/attached personnel.
Routine uses: In addition to those disclosures generally permitted under 5 USC 552a(b) of the Privacy Act, these records or information contained therein may specifically be disclosed outside the DOD as a routine use pursuant to 5 USC 552a(b)(3) as follows: The DOD Blanket Routine Uses set forth at the beginning of the Army’s compilation of systems of records notices also apply to this system.
Disclosure: Voluntary. However, failure to provide or update requested information may impede processing time and deployability.

<table>
<thead>
<tr>
<th>PLEASE ANSWER ALL QUESTIONS</th>
<th>CIRCLE ONE</th>
</tr>
</thead>
</table>
| 1. Is your ETS date correct on your LES?  
If not, what is your correct ETS date? | YES NO |
| 2. Is your pay grade correct?  
If not, what is your correct pay grade? | YES NO |
| 3. Do you have a meal card? | YES NO |
| 4. Do you live in the barracks? | YES NO |
| 5. Are you assigned Family-type Government quarters? | YES NO |
| 6. Do you live in a private rental and pay rent?  
(NOTE: If your lease is terminated, overseas housing allowance stops.) | YES NO |
| 7. How many nonmilitary Family members do you have at your present duty station?  
1  2  3  4  more than 4 | |

Figure C-1. Finance Processing Questionnaire
<table>
<thead>
<tr>
<th></th>
<th>Question</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>Will Family members return to CONUS for more than 30 days while you are deployed?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><em>NOTE:</em> If so, cost-of-living allowance will be reduced.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>If Family members are currently residing in CONUS, what is their zip code? ______________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Do you have direct deposit or SurePay?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>If yes to either of the above, to what type of account does your pay go? (circle one):</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>CHECKING                                      SAVINGS</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>If a savings account, how do you or your Family members plan to obtain funds? ______________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Do you wish to change your pay option?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Are you entitled to special or incentive pay (for example, demolition, dental, flight, medical, parachute)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Do you need dental insurance for Family members still in CONUS?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><em>(NOTE: If Family members are outside CONUS, they do not need dental insurance?)</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Do you have SGLI?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Is your current leave balance correct?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Do you have a support allotment?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Do you need to start an allotment before deployment?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Do you need a general power of attorney for someone to act on your behalf?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Do you have outstanding travel advances?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Do you have a Government credit card?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Do you have pay problems? If yes, explain:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Do you need a special power of attorney for someone to start, stop, or change an allotment for you (including allotments for the Savings Deposit Program)?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Figure C-1. Finance Processing Questionnaire—Continued**
APPENDIX D
LEGAL STATION PROCESSING CHECKS

D-1. PROCESSING CHECKS
Before deployment, Soldiers will receive the Sexual Assault-Prevention and Response Awareness Briefing as a predeployment requirement. The following must be checked at the legal station:

a. **Power of Attorney.** Legal station personnel will discuss requirements with Soldiers to help them determine if they need or want a power of attorney (POA) (para D-2).

b. **Servicemembers’ Group Life Insurance (SGLI) Benefits.** Legal station personnel will discuss with Soldiers their designation of beneficiaries for their SGLI policy.

c. **Wills.** Legal station personnel will discuss wills with Soldiers to help them determine if they need or want a will (para D-3). If a Soldier already has a will, the Soldier will be asked if the will is current. Soldiers who want new wills must complete a will worksheet and be scheduled for an appointment with an attorney. Wills must be prepared and executed according to AR 27-3.

D-2. POWER OF ATTORNEY

a. **Definition.** A POA authorizes a person to act on behalf of the grantor of the POA as his or her attorney-in-fact or agent. The agent has the power to bind the grantor legally to third parties, normally without assuming any obligation on his or her own part, other than toward the grantor of the POA. Because POAs may be misused, they should be written and granted carefully. Special POAs should be granted for the least amount of time needed to accomplish the specific task. POAs normally should not be granted for more than 1 year.

b. **Types of POA.**

(1) **General.** A general POA gives a wide range of power to the agent. There is no restriction or control on the agent’s authority.

(2) **Special.** A special POA provides authority to perform only the specific act or acts described in the POA.

D-3. WILLS

a. **Definition.** A will is a legal statement of what the requester wants done with his or her property or children when he or she dies. Property includes real estate, money, and personal items.

b. **Revocation.** A will may be revoked any time before death. A will does not go into effect until death. Because of this, requesters should review their wills from time to time to ensure the will still applies to their present situation.

c. **Death Without a Will.** If people die without a valid will, their property is distributed according to the laws of the State of their legal residency. This procedure is based entirely on governing State laws and may not be the same as the individual’s wishes. States vary as to how they distribute property among spouses, children, and parents.
APPENDIX E
MEDICAL STATION PROCESSING CHECKS

E-1. GENERAL
Medical station representatives will bring medical records to the Soldier readiness processing (SRP) or the predeployment processing (PDP) site for Soldiers who will undergo processing. Representatives at this station will—

   a. Check all items listed in DA Form 7425, section IX (medical).

   b. Request and verify connectivity to the Internet before the SRP or PDP to access the Medical Protection System (MEDPROS) website to enter immunization and predeployment information.

   c. Ensure that enough laptops, desktop computers, and other data-entry devices are at the SRP or PDP site.

**NOTE:** Clinics must contact the medical treatment facility (MTF) information management directorate manager to request support if more equipment and accessories are needed.

   d. Use the QWS3270 Secure (Pentagon mainframe online), MEDPROS, or the Remote Information Data Entry System-Enhanced (RIDES-E) to enter immunization (IMM), individual medical readiness (IMR), and unit medical readiness (UMR) data. For actual PDP events, RIDES-E can be used to create deployment forms.

E-2. FORMS
Medical station representatives will initiate a DD Form 2766 (yellow-trim folder), which will be used as a medical deployment folder, separate from the Soldier-readiness folder for Soldiers who are deploying. The Soldier or the commander’s representative must handcarry this folder to the servicing MTF in the deployed area. All deployment-related medical documentation that the Soldier receives must be placed in the Soldier’s DD Form 2766 and maintained at the supporting MTF in the deployment area of operation.

   a. The primary method to submit the original DD Form 2795 is through MEDPROS. Once the form is completed, print it and place it in the DD Form 2766. The online version will go directly to the Army Medical Surveillance Activity (AMSA). If a receipt of confirmation is not received within 48 hours after sending, files must be resent until confirmation is received.

   b. If Internet connectivity is not available, have the Soldier complete DD Form 2795 on paper. Once the form is completed, make a copy.

      (1) Place the original DD Form 2795 in the Soldiers’ permanent medical records.

      (2) Place the copy in the DD Form 2766.

   c. Medical station representatives will ensure that Soldiers fully understand that DD Form 2796 must be completed 30 days before leaving the deployment area, and 30 days after redeployment.
d. DD Form 2795 and DD Form 2796 must also be completed for—

(1) Reserve component personnel who are called to active duty for 30 days or more for deployment outside the continental United States (OCONUS).

(2) Active Army personnel who deploy under a Joint Chiefs of Staff or Unified Command deployment order for 30 continuous days or more to a land-based location OCONUS that does not have a permanent U.S. MTF.

e. DD Form 2795 and DD Form 2796 may be required for individuals or groups traveling to underdeveloped or high-disease-threat areas for 10 days or more based on an assessment by preventive-medicine personnel. These forms are not required for individuals involved in routine shipboard operations that do not include field operations ashore for 30 days or more, or for deployments to or training exercises in developed areas and training sites in Europe.

f. The Force Health Protection Office, United States Army Europe Regional Medical Command (DSN 371-2737/3296/3349), may be contacted for more information on DD Form 2795 and DD Form 2796.

E-3. ANTHRAX VACCINE IMMUNIZATION PROGRAM
If the theater of operations is in an officially designated high-threat area for anthrax, all deploying Soldiers will be enrolled in and begin the anthrax immunization series at least 60 days before deployment to comply with the Anthrax Vaccine Immunization Program (AVIP). The AVIP status of all deploying Soldiers must be checked. Soldiers currently enrolled in the AVIP who are due to receive vaccinations during the deployment will be directed to continue to receive the vaccinations on arrival in the high-threat area by their individual series schedule. During deployment, AVIP Soldiers must continue the immunization series on schedule to comply with the AVIP. All actions concerning AVIP depend on the status of the AVIP at the time of deployment.

E-4. POSTDEPLOYMENT HEALTH REASSESSMENT

a. The Assistant Secretary of Defense for Health Affairs directed an extension of the current Postdeployment Health Assessment (PDHA) Program to provide a postdeployment health reassessment (PDHRA) of global health with a specific emphasis on mental health at 3 to 6 months after deployment from a combat zone.

b. Each Soldier in the eligibility window (90 to 180 days after redeployment) will complete DD Form 2900 in MEDPROS or through Army Knowledge Online. Completion of the demographics section of DD Form 2900 followed by an interview with a qualified healthcare professional constitutes fulfillment of the PDHRA requirement.
APPENDIX F
PROVOST MARSHAL PROCESSING CHECKS

PROVOST MARSHAL QUESTIONNAIRE

Privacy Act Statement (Privacy Act of 1974)

**Authority:** 10 USC 3013, Secretary of the Army; and EO 9397 (SSN)

**Purpose:** To provide supervisors or unit commanders a ready source of information for day-to-day operations and administrative determinations pertaining to assigned and attached personnel.

**Routine uses:** In addition to those disclosures generally permitted under 5 USC 552a(b) of the Privacy Act, these records or information contained therein may specifically be disclosed outside the DOD as a routine use pursuant to 5 USC 552a(b)(3) as follows: The DOD Blanket Routine Uses set forth at the beginning of the Army’s compilation of systems of records notices also apply to this system.

**Disclosure:** Voluntary. However, failure to provide or update requested information may impede processing time and deployability.

**PLEASE ANSWER ALL QUESTIONS**

<table>
<thead>
<tr>
<th>Vehicle Registration</th>
<th>CIRCLE ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Do you or your Family members have privately owned vehicles (POVs) registered as operational? If yes, list registration numbers and expiration dates: __________________</td>
<td>YES NO</td>
</tr>
<tr>
<td>2. Do you or your Family members have POVs registered as nonoperational? If yes, list registration numbers, expiration dates, and storage facilities: __________________</td>
<td>YES NO</td>
</tr>
<tr>
<td>3. Have you appointed an agent using AE Form 190-1AD?</td>
<td>YES NO</td>
</tr>
<tr>
<td>4. Have you appointed your spouse as an agent by a general power of attorney?</td>
<td>YES NO</td>
</tr>
<tr>
<td>5. Have you made arrangements for your POV insurance payments while you are deployed? <strong>NOTE:</strong> Soldiers may cancel POV insurance only if the vehicle has been stored or registered nonoperational. The liability insurance may be canceled legally only after the Soldier has AE Form 190-1S showing the nonoperational registration or storage status of the POV. The insurance company is not allowed to cancel the policy unless the company has received AE Form 190-1S.</td>
<td>YES NO</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Drivers License Checks</th>
<th>CIRCLE ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Do you have a U.S. Forces POV drivers license? If yes, list the license number and expiration date: __________________ exp: __________</td>
<td>YES NO</td>
</tr>
<tr>
<td>7. How many nonmilitary Family members do you have at your present duty station?</td>
<td>1 2 3 4 more than 4</td>
</tr>
<tr>
<td>8. Do your Family members have U.S. Forces POV drivers licenses? If yes, list the license numbers and expiration dates: __________________ exp: __________</td>
<td>YES NO</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Privately Owned Firearm Checks</th>
<th>CIRCLE ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>9. Do you or your Family members have privately owned firearms registered in the European theater? If yes, list registration numbers, expiration dates, and storage facilities: __________________</td>
<td>YES NO</td>
</tr>
</tbody>
</table>

Figure F-1. Provost Marshal Questionnaire
APPENDIX G
UNIT CHECKS

G-1. PREDEPLOYMENT PROCESSING CHECK
Units will use this appendix to prepare for and conduct unit predeployment processing (PDP) checks.

G-2. FAMILY-CARE PLAN
AR 600-20 provides guidance on Family care plans (FCPs). Single-Soldier parents and dual-military couples with Family members must provide an FCP.

G-3. POSTAL
During PDP events conducted for actual deployments, the unit or community mailroom mail clerk must take part in PDP as part of the unit station. The mail clerk will inform Soldiers of the following:

a. The types of items that may be sent by mail to or from the continental United States (CONUS) and Europe to deployed Soldiers (for example, letters, parcels, postcards, personal video recordings, voice cassette tapes).

b. The use of the Military Postal Service (MPS), which authorizes postage-free delivery of personal correspondence and parcels weighing up to 70 pounds to and from most APO and FPO locations. The local postmaster can answer questions as to whether or not a specific APO or FPO is an MPS destination.

c. The requirement for parcels to have a customs form.

d. That deployed personnel will be informed if and when free mail service is approved. When free mail service is approved, deployed Soldiers may mail letters, postcards, personal video recordings, and voice cassette tapes that are 13 ounces or less free of charge. The word “FREE” must be handwritten in the upper-right corner of the item. Free mail may not be used with extra services such as certified, insured, or registered mail. These services must be paid for.

e. Alcoholic beverages, chemicals, firearms, hazardous materials, knives, narcotics, perishable items, pornography, and war trophies may not be sent through the mail.

f. Deploying Soldiers will be advised to contact the following concerning postal issues:

(1) Unit mail clerk.

(2) Unit postal officer.

(3) Local APO postal officer.

(4) Rear detachment commander or Family readiness group.

G-4. MAIL DISPOSITION

a. The unit or community mailroom mail clerk will ensure that deploying Soldiers choose an appropriate mail-disposition option and provide forms for choosing options. Deploying Soldiers will return these forms to the mail clerk at the unit station. Mail-disposition options include the following:
(1) Providing a forwarding address or instructions for the disposition of mail. Soldiers who choose this option must complete DD Form 2258.

(2) Designating a specific individual other than a Family member to receive the deployed Soldier’s mail. Soldiers who choose this option must complete Postal Service (PS) Form 3801. This form must be signed in the presence of a mailroom employee or supervisor by the requesting individual. The individual may obtain the signatures of the individuals who will be designated to pick up mail before delivering the form to the mailroom. Soldiers or individuals desiring to have authorized individuals pick up their mail must ensure that the person they are authorizing is an authorized mail recipient and has an equivalent level of service. (For example, local nationals are not authorized MPS privileges and thus may not pick up mail for an authorized MPS recipient.)

(3) Leaving a contact e-mail address (preferably Army Knowledge Online or other .mil extension) with the servicing mailroom.

(4) Having Family members continue to pick up mail in their absence. These Soldiers will not need to complete DD Form 2258 unless there is a specific desire to have the mail separated between spouses. Mail addressed jointly to both parties will be delivered to the primary sponsor unless otherwise directed by the sponsor. If it appears that Family members are not picking up mail, the rear detachment commander will be contacted to determine if the Family member is still in country.

b. Deploying Soldiers and other individuals must be specific about mail-delivery and forwarding instructions. Any changes to mail delivery that occur during the deployment must be communicated to the original servicing mailroom as soon as possible.

c. Deploying Soldiers whose Family remain in country and then later decide to return to CONUS until redeployment must contact the servicing mailroom and complete DD Form 2258. The mailroom must contact the deployed Soldier by Army Knowledge Online to confirm changes in the temporary mail-disposition instruction.

d. If personnel are hospitalized and desire to authorize someone else to pick up their mail, they must notify their servicing mailroom. PS Form 3801 can be completed by calling the mailroom. Requests may also be made by letter or e-mail. The mailroom must confirm requests.
APPENDIX H
ITEMS TO BRING TO SOLDIER READINESS PROCESSING OR PREDEPLOYMENT PROCESSING

H-1. SOLDIERS
Soldiers must bring the following items to the Soldier readiness processing (SRP) or predeployment processing (PDP) site:

a. U.S. Forces Certificate of License number and expiration date for themselves, their spouses, and other eligible Family members.
b. Copies of powers of attorney to be used during a deployment.
c. Home address of next of kin.
d. ID card.
e. ID tags (“dog tags”) with long and short chains.
f. Life insurance policy numbers (for DD Form 93) (optional).
g. Medical-alert tags (if applicable).
h. Medical and dental records (if the Soldier has them).
i. Medical profiles (if applicable).
j. Military and civilian glasses, two pairs (if applicable).
k. Copy of AE Form 190-1A for each privately owned vehicle.
l. Copy of passport photograph and title pages (if the Soldier has a passport).
m. Department of Health and Human Services (HHS) Form PHS 731.
n. Protective mask (with optical inserts installed, if applicable).
o. Registration number and storage location of privately owned firearms.

H-2. UNITS
Units should bring the following things to the SRP or PDP site:

a. Computer capable of updating and printing DD Form 93.
b. Soldier-readiness folders.
c. Blank DA Form 7425.
d. Blank ID tags (“dog tags”).
I-1. PREBRIEFING
The prebriefing is optional and should be done when time and resources permit. The following are guidelines for prebriefing Soldiers at the Soldier readiness processing (SRP) or predeployment processing (PDP) site:

   a. The Soldier readiness processing team (SRPT) officer in charge (OIC) or noncommissioned officer in charge (NCOIC) will welcome Soldiers and briefly explain the SRP or PDP process.

       b. The personnel detachment representative will discuss Servicemembers’ Group Life Insurance (SGLI) and DD Form 93. Soldiers will review these forms at the personnel station. The personnel detachment representative will explain the definition of “unusual beneficiaries.”

**NOTE:** Soldiers will process through the legal station before completing DD Form 93 and Department of Veterans Affairs (VA) Form SGLV-8286.

   c. The legal station representative will explain—

       (1) Factors that deploying Soldiers should consider about wills and powers of attorney (POAs). Legal representatives will give Soldiers who choose to make a will or POA a worksheet to complete before arriving at the legal station.

       (2) The distinction between “testamentary beneficiaries” and “insurance beneficiaries.”

       (3) SGLI beneficiary-designation procedures.

       (4) Soldier rights under the Soldiers and Sailors Civil Relief Act (SSCRA) and the Uniformed Services Employment and Reemployment Rights Act (USERRA).

   d. Medical station representatives will explain the deployment area-specific immunizations (referred to as a profile) to be given, human immunodeficiency virus (HIV) testing requirements, optical requirements, and requirements for completing DD Form 2795 and DD Form 2796. The preventive-medicine section of the servicing medical treatment facility (MTF) will give Soldiers a health-threat and preventive-medicine countermeasures briefing to provide information on health risks in the deployment area and on how to stay healthy. Handouts must be available that address operation-specific health issues and preventive measures. This briefing will also include a portion addressing deployment issues for female Soldiers.

   e. The dental station representative will explain dental-correction procedures and will document issues using the Corporate Dental Application (CDA) Program.

   f. The finance station representative will explain entitlements such as Family-separation pay, hostile-fire pay, and per diem.
I-2. STATION SUMMARY  
Table I-1 provides a summary of SRP and PDP stations and their responsibilities.

<table>
<thead>
<tr>
<th>Station</th>
<th>Summary of Responsibilities</th>
</tr>
</thead>
</table>
| **Station 1: Unit Control** | Check each Soldier present for SRP or PDP processing on the Unit Personnel Accountability Report (AAA-162) indicating that the Soldier has started the process.  
Give each Soldier his or her Soldier-readiness folder and a blank DA Form 7425.  
Give the completed AAA-162 to the SRPT OIC. |
| **Station 2: Personnel**  | Bring DA Form 201 to the SRP or PDP site for Soldiers undergoing processing. All items on DA Form 7425, section I (deployment validation) (part A and part B), will be checked and validated.  
Check ID cards and issue new ones if required.  
Ensure Soldiers have two ID tags. ID tags will be issued if required. Units will supply blank tags.  
Screen VA Form SGLV-8286 and DD Form 93. These forms will be reviewed and initialed by the Soldier, or a new one will be prepared and a copy will be given to the Soldier.  
Review Family care plans.  
Ensure Soldiers complete DA Form 3955, DD Form 2258, or PS Form 3801 during a PDP conducted for an actual deployment. |
| **Station 3: Finance**    | Have Soldiers complete a finance processing questionnaire (fig C-1) if they have not already done so, and collect completed questionnaires.  
Check and validate all items on DA Form 7425, section XII (finance).  
Certify emergency-pay authorizations.  
Help Soldiers resolve pay-related problems.  
Ensure Soldiers are receiving the correct entitlements. |
| **Station 4: Legal**      | Inform Soldiers of SGLI beneficiary designations.  
Prepare and notarize POAs.  
Prepare and execute or make appointments to prepare and execute wills. |
<p>| <strong>Station 5: Supply and Logistics</strong> | Responsibilities at this station are unit-unique. |</p>
<table>
<thead>
<tr>
<th>Station</th>
<th>Summary of Responsibilities</th>
</tr>
</thead>
</table>
| Station 6: Medical | Initiate DD Form 2766 if one is not filed in the permanent medical record. Ensure that all required IMR information is documented in the appropriate block.  
Administer and record required immunizations on Department of Health and Human Services Form PHS 731, in CHCS, and in MEDPROS. A blood sample will be drawn to screen for HIV, collect DNA and G6PD information, if needed. Test results must be entered into the permanent medical records, CHCS, DD Form 2766 (yellow-trim folder), and the MEDPROS IMR and UMR modules. Once all data has been updated in MEDPROS, a printout of IMM, IMR, and UMR data must be made and filed with the DD Form 2766 for deployment with the Soldier.  
Screen for permanent and temporary profiles, MMRBs, PEBs, “red dog tags,” and hearing aid backup.  
Perform vision readiness screening as prescribed in the Vision Readiness Screening Guide available through MEDPROS. The chief of optometry, unit surgeon, or medical commander will provide training for unit screeners when requested by unit commanders.  
Screen optical records and identify requirements. Soldiers should have two pairs of glasses and one pair of protective-mask inserts, if applicable. Appointments will be made for Soldiers to obtain these items if they need them.  
Initiate an electronic DD Form 2795 and place a copy in the DD Form 2766 of each person who is actually deploying for 30 days or longer. An original printout of the electronic DD Form 2795 will be placed in the individual’s medical record. Electronic transmission to AMSA must be verified by receipt of an e-mail indicating receipt of files to ASMR or on viewing the form online.  
Ensure each Soldier in the eligibility window (90 to 180 days after redeployment) completes a DD Form 2900 electronically in MEDPROS or through Army Knowledge Online. Completion of the demographics section of DD Form 2900 followed by an interview with a qualified healthcare professional fulfills the PDHRA requirement, since health disclosure is voluntary.  
Give health-threat and preventive-medicine countermeasures briefing that includes distributing handouts for the operational area. This briefing must be coordinated with the servicing MTF. |
<table>
<thead>
<tr>
<th>Station</th>
<th>Summary of Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Station 7: Dental</td>
<td>Bring dental readiness information to the SRP or PDP site for Soldiers who will undergo processing.</td>
</tr>
<tr>
<td></td>
<td>Explain dental deployability criteria and identify personnel who do not have panographic x-ray confirmation at the central processing facility.</td>
</tr>
<tr>
<td></td>
<td>Prescreen records to identify personnel who are in dental fitness category 3 or 4. Personnel in category 3 or 4 will schedule appointments for a dental examination or panographic x-ray at the supporting dental clinic.</td>
</tr>
<tr>
<td></td>
<td>During actual deployments, provide enough time to process the unit and to provide required examinations and treatment required to ensure Soldiers are deployable (cat 1 or 2).</td>
</tr>
<tr>
<td>Station 8: Training</td>
<td>Responsibilities at this station are unit-unique.</td>
</tr>
<tr>
<td>Station 9: Security</td>
<td>Responsibilities at this station are unit-unique.</td>
</tr>
<tr>
<td>Station 10: Provost</td>
<td>Ensure Soldiers review and update POV insurance and registration.</td>
</tr>
<tr>
<td>Marshall</td>
<td>Ensure all personally owned weapons are stored properly.</td>
</tr>
<tr>
<td></td>
<td>Check all registered POV and plans for storage during deployment</td>
</tr>
<tr>
<td>Station 11: Quality</td>
<td>Ensure Soldiers have completed the SRP or PDP.</td>
</tr>
<tr>
<td>Assurance (Unit Checks)</td>
<td>Inspect and collect SRFs and maintain a list of deficiencies.</td>
</tr>
<tr>
<td></td>
<td>Check Soldiers off the AAA-162, collect checklists, and verify information.</td>
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<tr>
<td></td>
<td><strong>NOTE:</strong> Leaders from the unit conducting the SRP will staff this station.</td>
</tr>
<tr>
<td>Station 12: Army</td>
<td>Stations 11 through 18 are optional. Local needs and deployment-specific circumstances will determine required stations, items to be checked, and services to be provided in these areas.</td>
</tr>
<tr>
<td>Community Service</td>
<td></td>
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<tr>
<td>Station 13: American Red</td>
<td></td>
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<tr>
<td>Cross</td>
<td></td>
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<tr>
<td>Station 14: Bank or</td>
<td></td>
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<tr>
<td>Credit Union</td>
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<tr>
<td>Station 15: Chaplain</td>
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<tr>
<td>Station 16: Family</td>
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<tr>
<td>Readiness Group</td>
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<tr>
<td>Station 17: Housing</td>
<td></td>
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<tr>
<td>Office</td>
<td></td>
</tr>
<tr>
<td>Station 18: Transportation</td>
<td></td>
</tr>
</tbody>
</table>
## GLOSSARY

### SECTION I

### ABBREVIATIONS

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACAP</td>
<td>Army Career and Alumni Program</td>
</tr>
<tr>
<td>AE</td>
<td>Army in Europe</td>
</tr>
<tr>
<td>AEPUBS</td>
<td>Army in Europe Publishing System</td>
</tr>
<tr>
<td>AMSA</td>
<td>Army Medical Surveillance Activity</td>
</tr>
<tr>
<td>APO</td>
<td>Army post office</td>
</tr>
<tr>
<td>ARIMS</td>
<td>Army Records Information Management System</td>
</tr>
<tr>
<td>AVIP</td>
<td>Anthrax Vaccine Immunization Program</td>
</tr>
<tr>
<td>CDA</td>
<td>Corporate Dental Application [Program]</td>
</tr>
<tr>
<td>CHCS</td>
<td>Composite Health Care System</td>
</tr>
<tr>
<td>CONUS</td>
<td>continental United States</td>
</tr>
<tr>
<td>CPF</td>
<td>central processing facility</td>
</tr>
<tr>
<td>DA</td>
<td>Department of the Army</td>
</tr>
<tr>
<td>DNA</td>
<td>deoxyribonucleic acid</td>
</tr>
<tr>
<td>DOD</td>
<td>Department of Defense</td>
</tr>
<tr>
<td>DOEHRS-HC</td>
<td>Defense Occupational Environmental Health Readiness System for Hearing Conservation</td>
</tr>
<tr>
<td>eMILPO</td>
<td>Electronic Military Personnel Office [System]</td>
</tr>
<tr>
<td>ERB</td>
<td>Enlisted Record Brief (AAA-347)</td>
</tr>
<tr>
<td>ERMC</td>
<td>United States Army Europe Regional Medical Command</td>
</tr>
<tr>
<td>ETS</td>
<td>expiration term of service</td>
</tr>
<tr>
<td>FCP</td>
<td>Family care plan</td>
</tr>
<tr>
<td>FHPO</td>
<td>Force Health Protection Office, United States Army Europe Regional Medical Command</td>
</tr>
<tr>
<td>FOUO</td>
<td>For Official Use Only</td>
</tr>
<tr>
<td>FPO</td>
<td>Fleet post office</td>
</tr>
<tr>
<td>FRG</td>
<td>Family readiness group</td>
</tr>
<tr>
<td>FRL</td>
<td>Family readiness liaison</td>
</tr>
<tr>
<td>G6PD</td>
<td>glucose 6-phosphate dehydrogenase</td>
</tr>
<tr>
<td>HHS</td>
<td>Department of Health and Human Services</td>
</tr>
<tr>
<td>HIPAA</td>
<td>Health Insurance Portability and Accountability Act</td>
</tr>
<tr>
<td>HIV</td>
<td>human immunodeficiency virus</td>
</tr>
<tr>
<td>HQDA</td>
<td>Headquarters, Department of the Army</td>
</tr>
<tr>
<td>HQ USAREUR/7A</td>
<td>Headquarters, United States Army Europe and Seventh Army</td>
</tr>
<tr>
<td>ID</td>
<td>identification</td>
</tr>
<tr>
<td>IMA</td>
<td>individual mobilization augmentee</td>
</tr>
<tr>
<td>IMCOM-Europe</td>
<td>United States Army Installation Management Command, Europe Region</td>
</tr>
<tr>
<td>IMM</td>
<td>immunization</td>
</tr>
<tr>
<td>IMR</td>
<td>individual medical readiness</td>
</tr>
<tr>
<td>IRR</td>
<td>Individual Ready Reserve</td>
</tr>
<tr>
<td>ISM</td>
<td>installation support module</td>
</tr>
<tr>
<td>LES</td>
<td>leave and earnings statement</td>
</tr>
<tr>
<td>LID</td>
<td>logon identification</td>
</tr>
<tr>
<td>MEB</td>
<td>medical evaluation board</td>
</tr>
<tr>
<td>MEDPROS</td>
<td>Medical Protection System</td>
</tr>
<tr>
<td>Acronym</td>
<td>Full Form</td>
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<td>---------</td>
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<tr>
<td>MMRB</td>
<td>military medical review board</td>
</tr>
<tr>
<td>MODS</td>
<td>Medical Occupational Data System</td>
</tr>
<tr>
<td>MPS</td>
<td>Military Postal Service</td>
</tr>
<tr>
<td>MSC</td>
<td>Mobilization Support Center</td>
</tr>
<tr>
<td>MTF</td>
<td>medical treatment facility</td>
</tr>
<tr>
<td>MTOE</td>
<td>modification table of organization and equipment</td>
</tr>
<tr>
<td>NCOIC</td>
<td>noncommissioned officer in charge</td>
</tr>
<tr>
<td>NGB</td>
<td>National Guard Bureau</td>
</tr>
<tr>
<td>NISA</td>
<td>Network Infrastructure Service Agency</td>
</tr>
<tr>
<td>OCONUS</td>
<td>outside the continental United States</td>
</tr>
<tr>
<td>OIC</td>
<td>officer in charge</td>
</tr>
<tr>
<td>ORB</td>
<td>Officer Record Brief (DA Form 4037)</td>
</tr>
<tr>
<td>PDHA</td>
<td>postdeployment health assessment</td>
</tr>
<tr>
<td>PDHRA</td>
<td>postdeployment health reassessment</td>
</tr>
<tr>
<td>PDP</td>
<td>predeployment processing</td>
</tr>
<tr>
<td>PEB</td>
<td>physical evaluation board</td>
</tr>
<tr>
<td>POA</td>
<td>power of attorney</td>
</tr>
<tr>
<td>POC</td>
<td>point of contact</td>
</tr>
<tr>
<td>POV</td>
<td>privately owned vehicle</td>
</tr>
<tr>
<td>PPDHA</td>
<td>pre- or post-deployment health assessment</td>
</tr>
<tr>
<td>PS</td>
<td>Postal Service</td>
</tr>
<tr>
<td>PSDR</td>
<td>Personnel Services Delivery Redesign</td>
</tr>
<tr>
<td>QA</td>
<td>quality assurance</td>
</tr>
<tr>
<td>RC</td>
<td>Reserve component</td>
</tr>
<tr>
<td>RDC</td>
<td>rear detachment commander</td>
</tr>
<tr>
<td>RIDES-E</td>
<td>Remote Immunizations Data Entry System-Enhanced</td>
</tr>
<tr>
<td>RLAS</td>
<td>Regional Level Application Software</td>
</tr>
<tr>
<td>SF</td>
<td>standard form</td>
</tr>
<tr>
<td>SGLI</td>
<td>Servicemembers’ Group Life Insurance</td>
</tr>
<tr>
<td>SJA</td>
<td>staff judge advocate</td>
</tr>
<tr>
<td>SRF</td>
<td>Soldier-readiness folder</td>
</tr>
<tr>
<td>SRP</td>
<td>Soldier readiness processing</td>
</tr>
<tr>
<td>SRPT</td>
<td>Soldier readiness processing team</td>
</tr>
<tr>
<td>SSCRA</td>
<td>Soldiers and Sailors Civil Relief Act</td>
</tr>
<tr>
<td>SSN</td>
<td>social security number</td>
</tr>
<tr>
<td>TDA</td>
<td>table of distribution and allowances</td>
</tr>
<tr>
<td>TPU</td>
<td>troop program unit</td>
</tr>
<tr>
<td>UMR</td>
<td>unit medical readiness</td>
</tr>
<tr>
<td>U.S.</td>
<td>United States</td>
</tr>
<tr>
<td>USAG</td>
<td>United States Army garrison</td>
</tr>
<tr>
<td>USAREUR</td>
<td>United States Army Europe</td>
</tr>
<tr>
<td>USERRA</td>
<td>Uniformed Services Employment and Reemployment Rights Act</td>
</tr>
<tr>
<td>VA</td>
<td>Department of Veterans Affairs</td>
</tr>
</tbody>
</table>
SECTION II
TERMS

deployable
A readiness status that indicates a Soldier has met all requirements for deployment.

insurance beneficiary
A person, firm, corporation, or legal entity, including a charitable organization or a trust, designated by an insured person to receive the proceeds of a life-insurance policy on his or her death.

nondeployable
A readiness status that indicates a Soldier cannot be deployed.

panographic radiograph
A dental x-ray that shows all the upper and lower teeth and both jaws.

predeployment processing
An event where units and individual Soldiers undergo a centralized administrative review and processing to ensure the unit and its Soldiers meet deployability requirements.

Soldier readiness processing
The scheduled annual readiness processing event coordinated through the United States Army garrison, where Soldier medical readiness processing checks and updates are completed. A set of administrative processing requirements that must be met before Soldiers can deploy, either as individuals or as participants in a unit movement.

Soldier readiness processing team
A team that performs the administrative review and processing at the predeployment processing site or at SRP.

testamentary beneficiary
Anyone to whom the maker of a will (the testator) leaves a portion of his or her property.

unusual beneficiary
An organization or a person other than a Family member or parent who is named as a beneficiary by an insured person.