

Personnel—General

USAREUR-AF Personnel Readiness Program

*This regulation supersedes AE Regulation 600-8-101, 9 June 2008.

For the Commander:

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Summary. This regulation provides policy and procedures for the USAREUR-AF Personnel Readiness Program, including personnel readiness processing and pre-deployment processing.

Summary of Change. This revision—

- Makes administrative changes throughout.
- Changes terminology from “Soldier readiness” to “personnel readiness” throughout in accordance with Army Directive 2016–07.
- Replaces references to “eMILPO” with “Integrated Personnel and Pay System–Army (IPPS–A)” throughout.
- Replaces references to the Officer Record Brief and Enlisted Record Brief with the Soldier Talent Profile (para B-1b(3), fig B-1).

Applicability. This regulation applies to military personnel in USAREUR-AF and organizations in the USAREUR-AF area of operations that support rear detachments.

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 in the Army Records Information Management System at <https://www.arims.army.mil>.

Supplementation. Organizations will not supplement this regulation without approval of the Plans, Operations, and Exercises Division, Office of the Deputy Chief Staff, G1, HQ USAREUR-AF.

Forms. AE, AEA, and higher level forms are available through the Army in Europe and Africa Publications (AEPUBS) website at <https://intranet.eur.army.mil/aepubs/SitePages/HomeNew.aspx>.

Suggested Improvements. The proponent of this regulation is the Plans, Operations, and Exercises Division, Office of the Deputy Chief Staff, G1, HQ USAREUR-AF (mil 537-1051). Users may suggest improvements to this regulation by sending DA Form 2028 to HQ USAREUR-AF (AEPE-M), Unit 29531, APO AE 09014-9351, or by email to usarmy.wiesbaden.usareur.list.odcs-g1-policy@army.mil.

Distribution. This regulation is available electronically and is posted in AEPUBS at <https://intranet.eur.army.mil/aepubs/SitePages/HomeNew.aspx>.

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SECTION I GENERAL

1. PURPOSE

This regulation—

- a. Prescribes policy and procedures for the USAREUR-AF Personnel Readiness Program.
- b. Makes commanders responsible for overall personnel readiness.
- c. Directs installation activities to provide personnel readiness processing (PRP) and pre-deployment processing (PDP) support to tenant organizations.

NOTE: In the continental United States (CONUS), the term “personnel readiness processing” is used for the readiness processing that occurs when a unit prepares to deploy outside the continental United States (OCONUS). In USAREUR-AF, “personnel readiness processing” refers to the annual event that verifies deployment readiness. The readiness processing that occurs when a unit in USAREUR-AF is identified for deployment is referred to as “pre-deployment processing.” These definitions will be used throughout this regulation (also see the Glossary).

2. REFERENCES

Appendix A lists references.

3. EXPLANATION OF ABBREVIATIONS AND TERMS

The glossary defines abbreviations and terms.

4. RESPONSIBILITIES

a. The USAREUR-AF G1 is responsible for the USAREUR-AF Personnel 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 PRP and unscheduled PDP events. Medical personnel at MTFs and medical clinics will use information from the individual's medical record, CDC Form 731 (individual shot records), and DD Form 2766 to complete and update medical and other required data in the immunization (IMM) module, the individual medical readiness (IMR) module, and the unit medical readiness (UMR) report module in MEDPROS. Personnel who enter data will require a password (para 29 provides details).

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 PRP and unscheduled PDP events. Medical personnel at battalion aid stations will use information from the individual's medical record, CDC Form 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 that Internet connectivity is provided throughout the entire PRP and PDP process.

(2) Medical clinics will provide automation equipment (X-ray picture archiving, communications system equipment "Z-PACs," tablets, and other accessories) to support all PRPs and PDPs for both table of distribution and allowances (TDA) and modified 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 Services Delivery Redesign personnel in personnel staff offices and heads of IMCOM-Europe personnel-support sections will provide personnel and equipment to form the personnel readiness processing team (PRPT) for scheduled PRP and unscheduled PDP events to perform administrative review and processing.

e. United States Army garrisons (USAGs) will—

(1) Appoint a PRPT 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 PRPs with tenant units and supported agencies (for example, personnel services battalions, legal offices, medical units) at least 60 calendar days in advance so that PRP events can be added to long-range planning calendars at USAGs, supporting agencies, and tenant units.

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

(b) USAGs will provide the Force Health Protection Office (FHPO), Medical Readiness Command, Europe, a list of PRP activities at least 60 calendar days before the PRP event 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 coordination with the PRPT for required resources and equipment that are provided or supported by the USAG and needed to prepare the PRP and PDP site as well as for the resources required by the unit for conducting the PRP. Proper coordination will help ensure that Soldiers can complete processing. Adequate Internet connectivity must be provided to supporting agencies.

(5) Establish procedures for the central processing facility (CPF) to set up the personnel readiness folder (PRF) (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.

f. Battalion and company commanders will—

(1) Ensure that 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 PRFs each quarter and correct any readiness deficiencies.

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

(5) Schedule one PRP event each year.

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

(7) Determine the unit's storage requirements for privately owned vehicles (POVs) and—

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

(b) Coordinate with the SJA, the USAG, and the servicing registry of motor vehicles to develop storage procedures and policies (including turn-in and delivery procedures, inspection forms

and procedures, registration procedures, private insurance requirements, and claims procedures and limitations).

(c) Notify the USAREUR-AF 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).

(d) Coordinate with the SJA to determine the applicability of AR 27-20 and DA Pamphlet 27-162 to vehicles that incur loss or damage 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 servicing transportation office to develop plans and procedures for personal property storage and retrieval.

(c) Coordinate with the SJA and the servicing 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 personal property that incurs loss or damage 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 PRPT so that the PRPT may update or replace tags.

(11) Provide the following:

(a) A Human Resources Authorization Report (HRAR) (extracted from the integrated Personnel and Pay System—Army (IPPS—A)) to medical, dental, and personnel support agencies within the times specified by USAG policy. This action will ensure that records are available at the PRP site.

(b) A list of attached units (supporting units based on task force organization) and any updated HRAR at least 7 calendar days before the annual PRP event.

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 PRP event and conduct more complete, unit-deployability checks using individual PRFs.

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

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

g. Supervisors and leaders will—

- (1) Review and update PRFs each quarter with the Soldier.
- (2) Ensure deployment deficiencies are resolved as quickly as possible.

h. The PRPT OIC or NCOIC will—

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

(2) Ensure that supporting agencies receive a copy of the HRAR within the times specified by USAG policy.

(3) Ensure that facilities can support the equipment needed to conduct PRP or PDP events (for example, local area network and email connections; electrical outlets).

(4) Coordinate PRP 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 PRFs.

5. PHILOSOPHY

a. Unit commanders conducting PRPs—

(1) Are responsible for personnel 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 PRP programs each year to ensure that—

(1) Units stay ready.

(2) Individual readiness and unit deployability is assessed.

(3) Major training events support individual readiness and unit deployability. Unit commanders may schedule PRP events based on convenience, and on unit, USAG, or USAREUR-AF requirements.

(4) PRFs 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-AF 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 that 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). Paragraph 10 describes 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.

8. STANDARDS

AR 600-8-101 provides Army policy on deployability. The deployability standard in USAREUR-AF is for 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. PRP events must be conducted each year. This requirement is in addition to the PDP requirement 30 calendar days before deployment. Commanders should conduct more than one PRP event a year to ensure their units meet deployability standards. Each Soldier will attend at least one PRP event each year.

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

d. USAG commanders may schedule PDP or PRP dates for deploying units without deployment orders.

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

f. The PRPT will use appendixes B through I to conduct PRP. The PRPT will make as many on-the-spot corrections as possible.

g. USAGs will supervise PRP activities and coordinate facilities and other required support (for example, network connections) for units in their area of operations. 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 USAREUR-AF:

(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 valid passport.

(b) Area-specific immunizations.

(c) A completed DD Form 2795.

(d) A valid physical examination, that is, a current periodic examination on file documented in MEDPROS for Soldiers 30 years or older, or as required for flight and special skills.

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

(f) Knowledge of local laws.

(g) Attended antiterrorism briefings.

b. The following terms apply to the 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 operations 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 (para 29b) and review medical readiness (by individual or unit) reports using the command drilldown reporting option.

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 the number of 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 that newly arrived Soldiers meet readiness requirements before they are sent to their units for duty.

13. REQUIREMENTS

a. USAG commanders will ensure that CPFs—

(1) Create a PRF for each Soldier who inprocesses.

(2) Complete DA Form 7425 and send it with the PRF to the Soldier’s unit.

(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) testing results) to the appropriate blocks on 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. Medical personnel at the CPF 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 that—

(1) A PRF 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 5-3) and filed with DA Form 7425 in the PRF.

(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 PERSONNEL READINESS FOLDER

14. GENERAL

Each Soldier must have a PRF (app B) with documents that support his or her readiness status. A complete PRF raises the level of assurance that Soldiers meet the readiness level required to deploy.

15. CONFIDENTIALITY

Disclosure of the information required for the PRF is voluntary. The PRF includes personal information that is protected by the Privacy Act (5 USC 552a), 32 CFR Part 2002, and AR 25-22. Information and documents in the PRF must be marked as Critical Unclassified Information (CUI) when disclosed, and may be disclosed only as authorized by the Privacy Act; and for routine uses established for the system of records (69 Federal Register 791, 6 Jan 04, A0001bAHRC.)

16. PROCEDURES

a. CPF personnel will create a PRF for each inprocessing Soldier as prescribed in appendix B.

b. Appendix B—

(1) Lists required documents for the PRF.

(2) Describes where the documents should be placed in the PRF (fig B-1).

c. Unit responsibilities include—

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

(2) Ensuring that Soldiers and their leaders review PRFs each quarter and correct readiness deficiencies. Leaders will annotate any deficiencies found and deficiencies corrected on DA Form 7425 after each PRF 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 PRF.

(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 PRP, the unit will coordinate directly with the servicing MTF 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 PRP event).

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

d. HQDA and HQ USAREUR-AF may direct that additional deployability information be filed in the PRF.

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

17. TRANSFER

a. When a Soldier is reassigned within the European theater, the PRF and a digital medium 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 PRF and 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 PRF until the Soldier or unit redeploys to home station.

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

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

SECTION V PRE-DEPLOYMENT PROCESSING STATIONS

18. GENERAL

This section establishes required PDP stations in order of precedence (para 19), lists optional PDP stations based on deployment-specific circumstances (para 20), and describes PDP responsibilities.

19. REQUIRED STATIONS

The following stations must be staffed for PDP:

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

(1) Check the name of each Soldier present for PDP on the HRAR to show that the Soldier has started the PDP process.

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

(3) Provide the completed HRAR to the PRPT OIC.

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

(1) Bring the PRF 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 that 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 forms will be prepared and a copy will be given to the Soldier.

(5) Review FCPs.

(6) Ensure that 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 a panoramic x-ray.

(3) Pre-screen records to identify Soldiers who are in dental fitness categories 3 or 4. Soldiers in categories 3 or 4 will schedule appointments for a dental examination or panoramic 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 PRP 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 that Soldiers have processed through all stations and that DA Form 7425 is complete.

(2) Check the Soldiers' names off the HRAR. QA personnel will review each DA Form 7425 and compile a list of overall PRF deficiencies (for example, "no go" blocks that were checked on the form). This list will be provided to the unit commander and PRPT OIC or NCOIC after the PDP is completed.

20. OPTIONAL STATIONS

The following stations 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 PERSONNEL READINESS PROCESSING TEAM

Agencies supporting the PRPT 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 PRFs 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 RESPONSIBILITIES

Before arriving at the PRP or PDP site, unit commanders will—

a. Conduct the checks in appendix G, if practical.

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

c. Review unit PRFs to ensure completeness and consistency.

23. CONDUCTING PRP OR PDP EVENTS

a. Units must report to the PRP 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 PRPT OIC or NCOIC will brief Soldiers on the PRP or PDP before processing begins (app I).

c. Soldiers will proceed through stations according to PRPT OIC or NCOIC instructions.

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

24. EVALUATION

a. The PRPT OIC or NCOIC and a deploying unit OIC or NCOIC will discuss PRP or PDP and PRF 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 PRP or PDP.

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

(3) Deficiencies are corrected.

SECTION VI

USING THE INTEGRATED PERSONNEL AND PAY SYSTEM–ARMY TO UPDATE DD FORM 93 AND USE OF DA FORM 7425

25. IPPS–A.

a. IPPS–A is used to prepare and maintain data of Family members on DD Form 93.

b. The Army must notify Families of wounded and deceased Soldiers in a timely manner. IPPS–A 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) 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. IPPS–A will provide commanders and military personnel offices the capability of monitoring their units to ensure personnel readiness through accurate and timely submission of DD Form 93. The IPPS–A database can be queried to identify Soldiers without DD Form 93 information or to identify outdated information. To do this, users will 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 IPPS–A during inprocessing, outprocessing, PRPs, and redeployment processing.

26. DA FORM 7425

DA Form 7425 guides Soldiers through PRP checks. Appropriate parts of DA Form 7425 must be completed at each processing station during PRP or PDP.

27. SOURCE DOCUMENTS

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

(1) DD Form 93, as updated in IPPS–A.

(2) VA Form SGLV-8286.

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

(a) SF 600.

(b) 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, CDC Form 731, or online MEDPROS IMM module reports.)

NOTE: The MEDPROS website (<https://medpros.mods.army.mil/medprosnew/>) includes individual and unit reports on DNA information, HIV-test status, 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 PRF (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 DD Form 2795 on file at the Armed Forces Health Surveillance Division (AFHSD).

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 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 DD Form 2766 (AR 40-66).

c. Commanders will ensure that enough personnel are formally trained for MEDPROS with "write capability" to maintain and update the database as needed.

d. Use of computers at the PRP 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 that Internet is available.

e. DD Form 2795 and DD Form 2796 must be completed electronically and sent to AFHSD as described 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 and Environmental Health Readiness System - Hearing Conservation will be used to conduct hearing tests. All Soldiers 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. One of the following methods must be used:

(1) Online Medical Operational Data System (MODS) website using the Remote Immunization Data Entry System-Enhanced (RIDES-E) application.

(2) Military personal digital assistant (handheld).

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

NOTE: The latter two methods require file downloading and emailing on a daily basis, whenever possible. Pre- or post-deployment health assessment forms may be accessed at <http://www.mods.army.mil> by clicking on the MHA (PHA/DHA/Referral Tracking) link.

29. PROCEDURES FOR REQUESTING MEDPROS ACCESS

a. MEDPROS data is updated in MEDPROS Web Data Entry (MWDE). The local MWDE administrator will provide access upon request. The MWDE administrator is available by military 314-590-2253 or civilian 011-49-6371-9464-2253.

b. For MEDPROS read-only access, users can go to <https://authentication.mods.army.mil/MCP/> and request access to MEDPROSNEW. The requester will be required to enter the email address of his or her supervisor in case supervisor approval is needed (civilians, contractors, and Soldiers in the rank of E5 and below require supervisor approval). Requests of Soldiers in the rank of E6 and above do not require supervisor approval, but requesting Soldiers must have a valid reason for access, for example, if they are responsible for medical readiness monitoring or reporting.

SECTION VIII SOLDIER AND FAMILY READINESS GROUPS

30. GENERAL

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

31. RESPONSIBILITIES

a. Battalion and company commanders will—

(1) Establish and assist Soldier and Family readiness groups (SFRGs).

(2) Provide time, facilities, and administrative assistance to develop and maintain SFRGs.

(3) Include SFRG leaders in nonsensitive pre-deployment, deployment, and re-deployment unit briefings and activities.

(4) Provide command information to SFRGs and promote the “chain of concern” information process.

(5) Help with SFRG activities and foster cooperation between SFRGs and rear detachment commanders (RDCs) who serve as Family readiness liaisons (FRLs).

(6) Ensure that each unit has an RDC appointed at all times. The RDC must be trained before a deployment. The 7th Army 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.

b. During routine PRP and actual deployment PDP events, battalion and company commanders may ask Family members to participate in appropriate PRP or PDP activities with the deploying sponsor.

SECTION IX RESERVE COMPONENT SOLDIERS

32. 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).

33. RESERVE COMPONENT POLICY

a. TPU commanders will ensure that TPU members attend a PRP each year. TPU commanders may coordinate with the local USAG for TPU members to attend a PRP 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 PRFs for TPU members. The PRF will include the same documents as for Active Army Soldiers, and the following documents (or copies):

- (1) Child support documents to prove that 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, as applicable.
- (5) Marriage certificate, as applicable.

(6) Housing rental contract, as applicable.

(7) DD Form 93.

(8) Copies of all DD Form 214, DD Form 214-1, DD Form 215, DD Form 220, and National Guard Bureau (NGB) Form 22.

(9) DA Form 4187 showing the number of sharers for overseas housing allowance consideration and the declaration of cost of living allowance and Family members.

(10) DA Form 5960.

(11) An approved DA Form 5305, if required.

(12) VA Form SGLV 8286.

(13) VA Form 21-8951-2.

c. When directed by USAREUR-AF, the 7th Mission Support Command will activate the Mobilization Support Center (MSC) to support mobilization and deployment operations for European-based RC Soldiers. IRR, IMA, and retiree PRFs 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 PRF for IRR members, IMAs, and retirees are the same as for TPU members.

d. TPU members will review their PRF each year.

e. IPPS-A is the standard United States Army Reserve Command automation system for assessing RC personnel readiness. Unit personnel will enter information from the completed DA Form 7425 in IPPS-A within 2 weeks after completing a PRP.

f. RC units will use MEDPROS to maintain and update IMM information and IMR (deployment surveillance) data. RC unit commanders will ensure that—

(1) Completed IMM, IMR, and UMR data are 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).

(2) Sufficient personnel are formally MEDPROS-trained 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)

Part 2002, Title 32, Code of Federal Regulations

Uniformed Services Employment and Reemployment Rights Act

Army Directive 2016-07 (Redesign of Personnel Readiness and Medical Deployability)

AR 27-3, The Army Legal Assistance Program

AR 25-22, The Army Privacy and Civil Liberties Program

AR 27-20, Claims

AR 40-66, Medical Record Administration and Healthcare Documentation

AR 600-8-101, Personnel Readiness Processing

AR 600-20, Army Command Policy

DA Pamphlet 27-162, Claims Procedures

DA Pamphlet 40-501, Army Hearing 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, Chronological Record of Medical Care

SF 601, Immunization Record

DD Form 93, Record of Emergency Data

DD Form 214, Certificate of Uniformed Service

DD Form 214-1, Certificate of Uniformed Service, Reserve Component Addendum

DD Form 215, Correction to DD Form 214/214-1, Certificate of Uniformed Service

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

DD Form 2796, Post-Deployment Health Assessment (PDHA)

DD Form 2900, Post-Deployment Health Re-assessment (PDHRA)

DA Form 2028, Recommended Changes to Publications and Blank Forms

DA Form 3955, Change of Address and Directory Card

DA Form 4187, Personnel Action

DA Form 5305, Family Care Plan

DA Form 5960, Basic Allowance for Housing (BAH) Authorization and Dependency Declaration

DA Form 7425, Readiness and Deployment Checklist

National Guard Bureau (NGB) Form 22, National Guard Report of Separation and Record of Service

CDC Form 731, International Certificate of Vaccination or Prophylaxis (“WHO Yellow Card”)

Postal Service (PS) Form 3801, Standing Delivery Order

VA Form 21-8951-2, Notice of Waiver of VA Compensation or Pension to Receive Military Pay and Allowances

VA Form SGLV 8286, Servicemembers’ Group Life Insurance Election and Certificate

AE Form 190-1A, U.S. Forces POV Registration/Title/POL Authorization/*Zulassungsschein/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

PERSONNEL READINESS FOLDER

B-1. REQUIREMENTS

Personnel readiness folders (PRFs) must be reviewed and updated each quarter. When deploying, the Soldier will hand-carry the complete PRF to the deployment site. The deployed servicing personnel office will maintain the PRF until the Soldier or unit redeploys to the home station. The PRF will be assembled as follows:

a. Outside. CONTROLLED UNCLASSIFIED INFORMATION must be stamped on the outside of the PRF, and a label with the following information must be attached:

- (1) The Army Records Information Management System (ARIMS) file number (1ii).
- (2) The Privacy Act System notice number A0001bAHRC.
- (3) The Soldier's first and last name, middle initial, and DOD identification number.

b. Inside Left. The following will be attached inside the PRF 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 PRF. These documents describe—

- (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 provides guidance on FCPs. Single-Soldier parents and dual-military couples with dependent Family members must provide an FCP.

- (3) The Soldier Talent Profile.
- (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 PRF on the right side (fig B-1):

(1) Soldier deployability record (DD Form 2796).

(2) The most current DA Form 7425.

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

(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 PRF due to Health Insurance Portability and Accountability Act compliance requirements.

(b) DD Form 1833.

(c) Deployment orders.

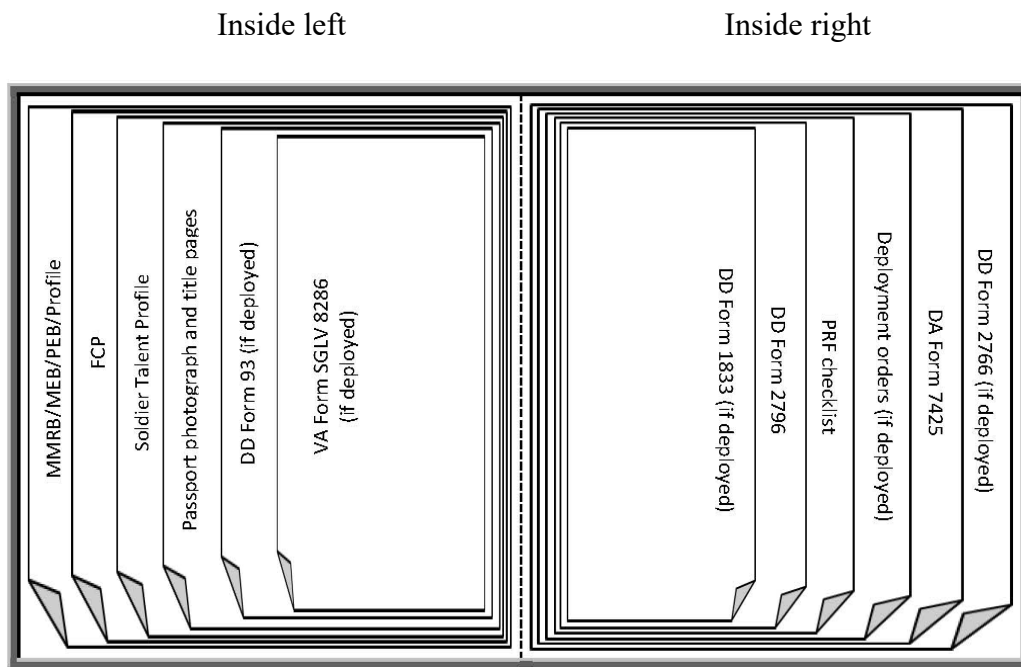


Figure B-1. PRF Contents

B-2. PRF CHECKLIST

Leaders will review personnel readiness using the PRF 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 B-1 PRF Checklist			
Inside Left		Inside Right	
Document Review			
Statement of profile and MMRB, MEB, or PEB documents, if applicable		DD Form 2766 (yellow-trim folder) (if actually deploying)	
FCP		DA Form 7425	
Soldier Talent Profile		Deployment Orders (if actually deploying)	
Copy of photograph and title pages of passport (if applicable)		DD Form 2795 (inside DD Form 2766)	
DD Form 93 (if deploying)		DD Form 2796 (inside DD Form 2766)	
VA Form SGLV-8286 (if deploying)		DD Form 1833	
Equipment Inspection			
Valid ID card		One pair of optical inserts (if applicable)	
Two ID tags with chains		Hearing aids with batteries (if applicable)	
Two pairs of eyeglasses (if applicable)		Two red medical warning ID tags (if applicable)	
Optional Requirements			
Allotments for support or to a financial institution		Last will and testament	
Current power of attorney			

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 personnel readiness folder (PRF).
- b. Check and validate all items on DA Form 7425, section 2 (*Finance*).
- c. Certify emergency pay authorizations.
- d. Help Soldiers solve pay-related problems.
- e. Ensure that Soldiers are receiving the correct entitlements.

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

FINANCE PROCESSING QUESTIONNAIRE			
Privacy Act Statement (Privacy Act of 1974)			
<p>Authority: 10 USC 3013, Secretary of the Army, and EO 9397 (SSN)</p> <p>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.</p> <p>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 <i>Blanket Routine Uses</i> set forth at the beginning of the Army’s compilation of systems of records notices also apply to this system.</p> <p>Disclosure: Voluntary. However, failure to provide or update requested information may impede processing time and deployability.</p>			
PLEASE ANSWER ALL QUESTIONS			Circle one
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	

C-1. Finance Processing Questionnaire

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

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 pre-deployment 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 POAs.

(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 that 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. State laws 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 personnel readiness processing (PRP) or the pre-deployment processing (PDP) site for Soldiers who will undergo processing. Representatives at this station will—

a. Check all items listed in DA Form 7425, section 2 (*Medical*).

b. Request and verify connectivity to the Internet before the PRP or PDP to access the Medical Protection System (MEDPROS) website to enter immunization and pre-deployment information.

c. Ensure that enough laptops, desktop computers, and other data-entry devices are at the PRP 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 Immunization 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 DD Form 2766 (yellow-trim folder), which will be used as a medical deployment folder, separate from the personnel readiness folder (PRF) for Soldiers who are deploying. The Soldier or the commander's representative must hand-carry 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 operations.

a. The primary method to submit the original DD Form 2795 is through MEDPROS. Once the form is completed, it will be printed and placed 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, the Soldier will complete DD Form 2795 on paper. Once DD Form 2795 is completed—

(1) The original will be placed in the Soldier's permanent medical records.

(2) A copy will be placed 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 in 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, Medical Readiness Command, Europe (mil 590-2123), 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, 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. POST DEPLOYMENT HEALTH REASSESSMENT

a. The Assistant Secretary of Defense for Health Affairs directed an extension of the current Post Deployment Health Assessment Program to provide a post-deployment 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. 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**

Figure F-1 shows the Provost Marshal Questionnaire.

PROVOST MARSHAL QUESTIONNAIRE			
Privacy Act Statement (Privacy Act of 1974)			
<p>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 <i>Blanket Routine Uses</i> 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 deploy ability.</p>			
PLEASE ANSWER ALL QUESTIONS			circle one
Vehicle Registration			
1.	Do you or your Family members have privately owned vehicles (POVs) registered as operational? If yes, list registration numbers and expiration dates: _____	YES	NO
2.	Do you or your Family members have POVs registered as nonoperational? If yes, list registration numbers, expiration dates, and storage facilities: _____	YES	NO
3.	Have you appointed an agent using AE Form 190-1AD?	YES	NO
4.	Have you appointed your spouse as an agent by a general power of attorney?	YES	NO
5.	Have you made arrangements for your POV insurance payments while you are deployed? NOTE: 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.	YES	NO

Figure F-1. Provost Marshal Questionnaire

Driver's License Checks					
6.	Do you have a U.S. Forces Certificate of License?	YES	NO		
	If yes, list the license number and expiration date: _____ exp: _____				
7.	How many nonmilitary Family members do you have at your present duty station?	1	2	3	4
		more than 4			
8.	Do any of your Family members have a U.S. Forces Certificate of License?	YES	NO		
	If yes, list the license numbers and expiration dates: _____ exp: _____				
Privately Owned Firearm Checks					
9.	Do you or your Family members have privately owned firearms registered in the Army in Europe and Africa theater?	YES	NO		
	If yes, list registration numbers, expiration dates, and storage facilities: _____				

Figure F-1. Provost Marshal Questionnaire

APPENDIX G UNIT CHECKS

G-1. PRE-DEPLOYMENT PROCESSING CHECK

Units will use this appendix to prepare for and conduct unit pre-deployment 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 purchased.

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 the Soldier and 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 will 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 enjoys 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 email address (preferably with .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 through the provided email address 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 email. The mailroom must confirm requests.

APPENDIX H ITEMS TO BRING TO PERSONNEL READINESS PROCESSING OR PRE-DEPLOYMENT PROCESSING

H-1. SOLDIERS

Soldiers must bring the following items to the personnel readiness processing (PRP) or pre-deployment 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. CDC Form 731.
- n. Protective mask (with optical inserts installed, if applicable).
- o. Registration number and storage location of privately owned firearms (if applicable).

H-2. UNITS

Units should bring the following items to the PRP or PDP site:

- a. Computer capable of updating and printing DD Form 93.
- b. Personnel readiness folders.
- c. Blank DA Form 7425.
- d. Blank ID tags (“dog tags”).

APPENDIX I

PRE-BRIEFING AND PERSONNEL READINESS PROCESSING OR PRE-DEPLOYMENT PROCESSING SITE SETUP

I-1. PRE-BRIEFING

The pre-briefing is optional and should be done when time and resources permit. The following are guidelines for pre-briefing Soldiers at the personnel readiness processing (PRP) or pre-deployment processing (PDP) site:

a. The personnel readiness processing team (PRPT) officer in charge (OIC) or noncommissioned officer in charge (NCOIC) will welcome Soldiers and briefly explain the PRP 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 provide the definition of "unusual beneficiaries" (glossary).

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 describe—

(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" (glossary) and "insurance beneficiaries" (glossary).

(3) SGLI beneficiary designation procedures.

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

d. Medical station representatives will describe 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 provide Soldiers a health-threat and preventive medicine countermeasures briefing 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 describe dental correction procedures and will document issues using the Corporate Dental Application (CDA) Program.

f. The finance station representative will describe entitlements such as Family separation pay, hostile fire pay, and per diem.

I-2. STATION SUMMARY

Table I-1 provides a summary of PRP and PDP stations and their responsibilities. Abbreviations used in this table are described in the glossary.

Table I-1 PRP and PDP Stations	
Station	Summary of Responsibilities
Station 1: Unit Control	<p>Check each Soldier present for PRP or PDP processing on the HRAR indicating that the Soldier has started the process.</p> <p>Provide each Soldier his or her PRF and a blank DA Form 7425.</p> <p>Provide the completed HRAR to the PRPT OIC.</p>
Station 2: Personnel	<p>All items on DA Form 7425, section I (<i>Personnel</i>) will be checked and validated.</p> <p>Check ID cards and issue new ones if required.</p> <p>Ensure that Soldiers have two ID tags. ID tags will be issued if required. Units will supply blank tags.</p> <p>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 provided to the Soldier.</p> <p>Review Family care plans.</p> <p>Ensure that Soldiers complete DA Form 3955, DD Form 2258, or PS Form 3801 during a PDP conducted for an actual deployment.</p>
Station 3: Finance	<p>Have Soldiers complete a finance processing questionnaire (fig C-1) if they have not already done so, and collect completed questionnaires.</p> <p>Check and validate all items on DA Form 7425, section 2 (<i>Finance</i>).</p> <p>Certify emergency pay authorizations.</p> <p>Help Soldiers resolve pay-related problems.</p> <p>Ensure that Soldiers are receiving the correct entitlements.</p>
Station 4: Legal	<p>Inform Soldiers of SGLI beneficiary designations.</p> <p>Prepare and notarize POAs.</p> <p>Prepare and execute or make appointments to prepare and execute wills.</p>
Station 5: Supply and Logistics	<p>Responsibilities at this station are unit-unique.</p>

**Table I-1
PRP and PDP Stations—Continued**

Station	Summary of Responsibilities
<p>Station 6: Medical</p>	<p>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.</p> <p>Administer and record required immunizations on CDC Form 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.</p> <p>Screen for permanent and temporary profiles, MMRBs, PEBs, “red dog tags,” and hearing aid backup.</p> <p>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.</p> <p>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.</p> <p>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 email indicating receipt of files or that the form has been viewed online.</p> <p>Ensure that each Soldier in the eligibility window (90 to 180 calendar days after redeployment) completes a DD Form 2900 electronically in MEDPROS. 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.</p> <p>Provide a health threat and preventive medicine countermeasures briefing that includes distributing handouts for the operational area. This briefing must be coordinated with the servicing MTF.</p>

Table I-1 PRP and PDP Stations—Continued	
Station	Summary of Responsibilities
Station 7: Dental	<p>Bring dental readiness information to the PRP or PDP site for Soldiers who will undergo processing.</p> <p>Describe dental deployability criteria and identify personnel who do not have panoramic x-ray confirmation at the central processing facility.</p> <p>Prescreen records to identify personnel who are in dental fitness categories 3 or 4. Personnel in categories 3 or 4 will schedule appointments for a dental examination or pantographic x-ray at the supporting dental clinic.</p> <p>During actual deployments, provide enough time to process the unit and to provide required examinations and treatment required to ensure that Soldiers are deployable (cat 1 or 2).</p>
Station 8: Training	Responsibilities at this station are unit unique.
Station 9: Security	Responsibilities at this station are unit unique.
Station 10: Provost Marshall	<p>Ensure that Soldiers review and update POV insurance and registration.</p> <p>Ensure that all personally owned firearms are stored properly.</p> <p>Check all registered POVs and plans for storage during deployment</p>
Station 11: Quality Assurance (Unit Checks)	<p>Ensure that Soldiers have completed the PRP or PDP.</p> <p>Inspect and collect PRFs and maintain a list of deficiencies.</p> <p>Check Soldiers off the HRAR, collect checklists, and verify information.</p> <p>NOTE: Leaders from the unit conducting the PRP will staff this station.</p>
Station 12: Army Community Service	Stations 12 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.
Station 13: American Red Cross	
Station 14: Bank or Credit Union	
Station 15: Chaplain	
Station 16: Family Readiness Group	
Station 17: Housing Office	
Station 18: Transportation	

GLOSSARY

SECTION I ABBREVIATIONS

AE	Army in Europe
AEA	Army in Europe and Africa
AEPUBS	Army in Europe and Africa Publications
AFHSD	Armed Forces Health Surveillance Division
AMSA	Army Medical Surveillance Activity
APO	Army post office
ARIMS	Army Records Information Management System
AVIP	Anthrax Vaccine Immunization Program
CDA	Corporate Dental Application [Program]
CHCS	Composite Health Care System
CONUS	continental United States
CPF	central processing facility
CUI	controlled unclassified information
DA	Department of the Army
DNA	deoxyribonucleic acid
DOD	Department of Defense
ETS	expiration term of service
FCP	Family care plan
FHPO	Force Health Protection Office
FPO	Fleet post office
FRL	Family readiness liaison
G1	Deputy Chief of Staff, G1
G6PD	glucose 6-phosphate dehydrogenase
HIV	human immunodeficiency virus
HRAR	Human Resources Authorization Report
HQDA	Headquarters, Department of the Army
ID	identification
IMA	individual mobilization augmentee
IMCOM-Europe	United States Army Installation Management Command, Europe
IMM	immunization [module]
IMR	individual medical readiness [module]
IPPS–A	Integrated Personnel and Pay System-Army
IRR	Individual Ready Reserve
LES	leave and earnings statement
MEB	medical evaluation board
MEDPROS	Medical Protection System
MMRB	military medical review board
MODS	Medical Occupational Data System Operational
MPS	Military Postal Service
MSC	Mobilization Support Center
MTF	medical treatment facility
MTOE	modified table of organization and equipment
NCOIC	noncommissioned officer in charge
NGB	National Guard Bureau
OCONUS	outside the continental United States

OIC	officer in charge
PDP	pre-deployment processing
PEB	physical evaluation board
POA	power of attorney
POC	point of contact
POV	privately owned vehicle
PRF	personnel readiness folder
PRP	personnel readiness processing
PRPT	personnel readiness processing team
PS	Postal Service
QA	quality assurance
RC	Reserve component
RDC	rear detachment commander
RIDES-E	Remote Immunizations Data Entry System-Enhanced
SF	standard form
SFRG	Soldier and Family readiness group
SGLI	Servicemembers' Group Life Insurance
SJA	staff judge advocate
SSN	Social Security number
TDA	table of distribution and allowances
TPU	troop program unit
U.S.	United States
UMR	unit medical readiness [module]
USAG	United States Army garrison
USAREUR-AF	United States Army Europe and Africa
VA	Department of Veterans Affairs

SECTION II

TERMS

Pre-deployment 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.

Personnel 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.