

MEDDAC/DCC Regulation 600-8-1*

Personnel - General Medical/Dental Soldier Readiness Processing

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Department of the Army
Headquarters
United States Army Medical Department Activity
2480 Llewellyn Avenue
Fort George G. Meade, Maryland 20755-5800

*This regulation supersedes MEDDAC/DCC Regulation 600-8-1, dated 19 April 1998.

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History. The regulation was first published on 17 November 1996. This publishes the third revision.

Summary. This regulation prescribes the procedures for conducting the medical and dental portion of soldier readiness processing. This revision updates the regulation with regard to the identification of certain activities within the U.S. Army Medical Department Activity, Fort George G. Meade (MEDDAC) which have recently undergone name changes.

Applicability. This regulation applies to the MEDDAC headquarters and all elements of the Fort Meade Dental Clinic Command (DCC) involved in soldier readiness processing at Fort Meade. It also applies to all units on Fort Meade and any U.S. Army Reserve units assigned or designated to use Kimbrough Ambulatory Care Center as their soldier readiness processing site.

Proponent. The proponent of this regulation is the Deputy Commander for Nursing (DCN).

Suggested improvements. Users of this publication are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) directly to the Commander, U.S. Army Medical Department Activity, ATTN: MCXR-DCN, 2480 Llewellyn Ave., Fort George G. Meade, MD 20755-5800.

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Glossary

Chapter 1 Introduction

1-1. Purpose

This regulation prescribes policies, procedures and responsibilities for conducting all levels of medical and dental soldier readiness processing.

1-2. References

Required and related publications are listed in appendix A. Prescribed and referenced forms are also listed in appendix A.

1-3. Explanation of abbreviations and terms

Abbreviations and special terms used in this regulation are explained in the glossary.

Chapter 2 Responsibilities

2-1. The MEDDAC commander

The MEDDAC commander has overall responsibility for the medical portion of soldier readiness processing (SRP).

2-2. The Deputy Commander for Clinical Services (DCCS)

The DCCS will monitor the implementation of the medical portion of SRP.

2-3. The Officer in Charge (OIC), Epes Dental Clinic

The OIC, Epes Dental Clinic will coordinate all dental support for SRP.

2-4. The DCN

The DCN will--

- a. Implement the medical portion of SRP.
- b. Designate an SRP OIC and an SRP noncommissioned officer in charge (NCOIC).

2-5. The Chief, Department of Primary Care (DPC)

The Chief, DPC will coordinate physician support for levels 3 and 4 SRP.

2-6. The Chief, Preventive Medicine Service (PM)

The Chief, PM will--

- a. Be responsible for presenting medical threat briefings for deployment.
- b. Advise the Immunization Clinic as to required immunizations for general and specific area deployments as well as recommendations to physicians for chemoprophylaxis prior to deployment.

2-7. The Chief, Logistics Division (LOG)

The Chief, LOG will ensure that support is available to maintain all equipment in working order.

2-8. The Chief, Pharmacy Service

The Chief, Pharmacy Service will ensure that medications are available and filled or refilled for deploying soldiers as prescribed.

2-9. The Chief, Operations and Staff Development Division (PTM&S)

The Chief, PTM&S will--

- a. Coordinate the medical appendix to the Fort George G. Meade (FGGM) mobilization plan with the Directorate of Plans, Training, Mobilization and Security (DPTMS), U.S. Army Garrison (USAG), FGGM.
- b. Coordination of SRP operations with the FGGM Military Personnel Division (MPD), Directorate of

Personnel and Community Activities (DPCA), FGGM.

- c. Notify the SRP OIC.

2-10. The Chief, Laboratory Service (LS)

The Chief, LS will--

- a. Accomplish Composite Health Care System (CHCS) order entry of lab tests. (The ordering physician will be determined before each SRP at Level 3 or 4. During Level 1 or 2, the normal procedures will be followed for physician order entry; that is, the Chief, PM will be listed as the ordering physician for routine Human Immunodeficiency Virus (HIV) Forces Testing, and the Chief, Physical Exams will be listed as ordering physician for all other lab tests.)
- b. Maintain a unit level standing operating procedure (SOP) for SRP and an instruction sheet for the SRP site.

2-11. The Chief, Physical Exams Clinic (PX)

The Chief, PX will--

- a. Process individually deploying soldiers; that is, those soldiers not being deployed as part of a Level 3/4 SRP.
- b. Notify the Chief, PTM&S whenever there is a need to coordinate processing of groups greater than 20, or instruct the unit commander to coordinate SRP actions through MPD or DPTMS.
- c. Be the final physician reviewer during Level 3/4 (deployment) SRPs.
- d. Develop a process to expedite SRP for individually deploying soldiers.
- e. Maintain a unit level SOP for SRP and an instruction sheet for the SRP site.

2-12. The Chief, Optometry Clinic

The Chief, Optometry Clinic will maintain a unit level SOP for SRP and an instruction sheet for the SRP site.

2-13. The Chief, Outpatient Records (OPR)

The Chief, OPR will--

- a. Be the custodian of the medical records and as such will store and secure medical records for pre-screening and for handling during the SRP.
- b. Maintain a sufficient stock of SRP-related blank forms at all times.
- c. In coordination with the SRP NCOIC, transport medical records to the SRP site.
- d. Maintain a unit level SOP for SRP and an instruction sheet for the SRP site.

2-14. The SRP OIC and NCOIC

- a. The SRP OIC and NCOIC will--
 - (1) On behalf of the DCN, implement the medical portion of SRP by--
 - (a) Identifying and notifying team members.
 - (b) Training screeners.
 - (c) Coordination of personnel requirements for the announced level of SRP.
 - (2) Ensure that each section of the medical station has an up to date instruction sheet printed and available at the site.
- b. The SRP NCOIC will--
 - (1) Supervise the site set-up and ensure each section is fully operational from start time to end time, to include adequate supplies and equipment.
 - (2) Attend the initial in progress review (IPR), 90 days out, and the final IPR, three weeks out from SRP.
 - (3) Collect statistical data and prepare an after action report (AAR), utilizing feedback from each medical section of the SRP.
 - (4) Furnish names of delinquent soldiers to unit commanders within five working days of the start of the SRP.

2-15. The NCOIC, Allergy/Immunization Clinic

The NCOIC, Allergy/Immunization Clinic will maintain a unit level SOP for SRP and an instruction sheet for

the SRP site.

2-16. The NCOICs of designated areas

The NCOIC's of designated areas have responsibility for ensuring maintenance is completed and that equipment is available and in working order.

Chapter 3

Soldier Readiness Processing -- Levels 1 and 2

3-1. Scheduling Levels 1 and 2 SRP dates and sites

a. Preliminary coordination. The Chief, MPD, FGGM will request establishment of an SRP date based on requests from unit commanders for biannual, scheduled SRP. MPD will coordinate requests with PTM&S, Kimbrough Ambulatory Care Center (KACC). Requests for medical support must be received by PTM&S not later than (NLT) 60 days prior to the date of the SRP. Exceptions to the 60-day notification will be coordinated between the Chief, MPD and the Chief, PTM&S. MPD will then inform the unit(s) to send a unit roster(s) to KACC and to coordinate supplying unit personnel to pull the medical records of the members of the unit.

b. Medical processing. The medical portion of the SRP includes a variety of special tasks to be performed by various KACC activities. Within one working day after receiving a request for SRP, PTM&S will contact NS. Within two days of receiving notification from PTM&S, DCN will advise PTM&S whether the request can be supported. Requests will be supported based on notification time, SRP regulations, screening results and availability of personnel. SRPs are not routinely scheduled on Thursdays because of Purified Protein Derivative (PPD) reading requirements, that is, the PPD test must be read within 48 to 72 hours.

(1) SRP requests received 60 days or more in advance. Medical participation will include personnel from NS, Immunizations, OPR and Laboratory. Approval of requests require that units undergoing SRP provide unit personnel to pull health records at least four weeks in advance. Pre-screening of records begins four weeks prior to the SRP date, using MEDDAC Overprint 305 (Screening Checklist for SRP), which is provided by the OPR. Upon notification of the SRP date, the SRP OIC/NCOIC will coordinate the assembly of a screening team to screen the records. This includes OPR, NS personnel and other personnel as coordinated with other departments and services. Units must have all medical records available for pre-screening at KACC, to include hand carried records.

(2) SRP requests received less than 60 days in advance. Such requests for SRPs will be supported based on availability of medical assets. As a minimum, KACC will provide on-site medical records screening.

(3) Other SRP-related support. Tenant unit commanders have the option to coordinate laboratory and immunization support based on potential deployment situations or SRP record screening results, and also to support known deficiencies from previous SRP's. A team can be formed to perform deoxyribonucleic acid (DNA), glucose 6 phosphate dehydrogenase (G6PD) and human immunodeficiency virus (HIV) testing and immunization support either at KACC or the unit. Since HIV and DNA specimen collection is a unit's responsibility to monitor, any soldier needing HIV/DNA testing will bring a memorandum from the unit commander. The memo will be annotated by laboratory personnel and returned to the soldier, after completion of the required testing.

c. Dental Processing. This includes screening of dental records prior to the SRP and movement of dental records to the SRP site for all soldiers being processed. When sufficient notification is given, an on-site dentist will clinically screen all Class 1 and 2 soldiers. Soldiers identified as Class 3 will be referred to Epes Dental Clinic to make appointments for the required treatment. Soldiers in Class 4 will be sent to Epes Dental Clinic for complete dental examinations and appropriate radiographs. Units must provide accurate rosters with soldiers' full names and social security numbers (SSNs).

3-2. Procedure for establishing Levels 1 and 2 SRP sites

a. The members of the SRP team will be contacted by the SRP, OIC/NCOIC. Schedules will be coordinated with supervisors to provide needed support. Pre-screening of records will be done in the Medical Records Section using MEDDAC Overprint 305 to facilitate consistency and security of records.

b. Fact sheets written for each medical SRP station will be updated, printed and ready for use at each station by assigned personnel. The SRP NCOIC will ensure that all forms used during the SRP process are provided in adequate amounts. The SRP NCOIC will obtain the most current MPD SRP checklist to facilitate briefing of the team members.

c. On the day of the SRP, the team will assemble at the SRP site 30 minutes before start time and receive a detailed briefing from the SRP NCOIC regarding the process, updated requirements, and any other information necessary to accomplish the SRP. The screeners will be given refresher training on what to look for in the medical record.

d. The team members will assist in setting up the medical station and to ensure that all supplies are on hand in their section. (See appendix B.)

e. The SRP OIC and NCOIC will ensure that the soldiers undergoing SRP flow smoothly through the medical station, troubleshooting problems as they arise. See figure 3-1 for the basic set-up of the medical station at the SRP site.

f. The final portion of the medical station will involve the last review of the medical requirements. A senior NCO or experienced screener will complete the soldier's SRP checklist from MPD; that is, the checklist one that goes back to the unit with the soldier.

g. The SRP OIC/NCOIC will conduct an after action meeting within five working days to evaluate the process, suggest improvements, etc.

h. Summary of time lines.

(1) SRP minus 60 days: Units request SRP through MPD; MPD notifies PTM&S.

(2) SRP minus 30 days: Units provide personnel to pull medical records; pre-screening at KACC begins.

(3) SRP: 12-station SRP conducted; aggregate data collected for medical portion.

(4) SRP plus five days: Data reported to units through MPD.

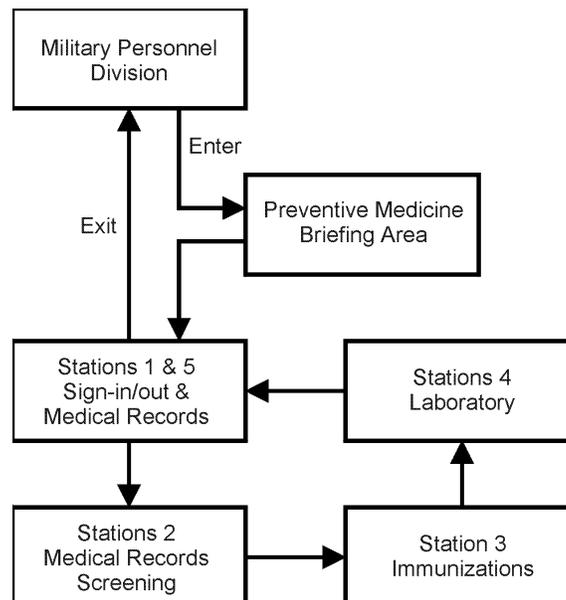


Figure 3-1
Levels 1 and 2 SRP Staging Area Layout

Chapter 4

Soldier Readiness Processing -- Levels 3 and 4 (Actual Deployment)

4-1. General

This level of SRP requires full medical support including laboratory and physician support on site. All

soldiers undergoing SRP are required to have documentation of a completed DNA test in their medical records. Soldiers must have a negative HIV test within six months of deployment. MPD will inform the SRP OIC of any unit/mission specific requirements for deployment.

4-2. Scheduling of Levels 3 and 4 SRP

a. Units. Units follow the procedure for notification in para 3-1a above, except that the time lines are flexible. Units must contact MPD as soon as possible after notification for deployment is received. As soon as PTM&S is notified by MPD, PTM&S will call NS and the entire process is accelerated. The SRP date will be negotiated to facilitate the deploying unit(s) and/or individuals. The unit(s) are required to provide the following information to MPD. MPD will in turn provide the rosters to KACC.

(1) Unit roster with full names, sex, and SSNs. A list of deploying female soldiers is necessary to order pregnancy tests. (The females' names may be annotated on the unit roster.)

(2) List, or annotation on the unit roster, of all soldiers who require eye glasses and who do not have two pairs of military glasses and one insert for the chemical protective mask.

(3) List, or annotation on unit roster, of all soldiers who have not had a complete physical since the last 5th anniversary of their birth year.

b. Individuals. Individually deploying soldiers, and groups of deploying soldiers (less than 20), will be medically processed as follows. Four working days are required to complete the processing.

(1) Soldiers will be sent to MPD with deployment orders/ instructions. MPD will complete applicable section of DA Form DA 4036-R (Medical and Dental Preparation for Overseas Movement), to include item 10, and coordinate with PX, KACC, for an appointment for processing on the next duty day. Soldiers will be instructed by MPD to fast after 1900 on the day before the appointment and report to Physical Exam Section at 0730 on the day of the appointment.

(2) At 0730 on the scheduled day of appointment, soldiers will be pre-screened by PX. MEDDAC Overprint 305 will be used for the pre-screening. If more than five soldiers are being pre-screened, PX will notify NS, and NS will provide assistance.

(3) After the soldiers have been pre-screened, they will be instructed to report to the following areas, which correspond to the stations represented at an SRP site:

(a) Optometry Clinic.

(b) LS.

(c) Audiology Service.

(d) OPR.

(e) Allergy/Immunization Clinic.

(4) If required, Phase I of a physical exam will be initiated.

c. Items that soldiers are required to bring to SRP site. Soldiers will bring the following items (as applicable) with them to the medical station of the SRP site, or to PX, KACC, if being individually deployed:

(1) PHS Form 731 (International Certificates of Vaccination).

(2) Two pairs of prescription eye glasses.

(3) One pair of prescription eye glass inserts for mask. (Units may supply a verified list of inserts stored at the unit.)

(4) Medical warning (allergy) tags.

(5) Hearing aid(s) and batteries.

(6) Containers of medications currently being taken. (To enable refill prescriptions to be written for deploying soldiers.)

d. Unit/mission specific requirements. MPD will inform the SRP OIC of any unit/mission specific requirements for deployment.

4-3. Specific procedures for Levels 3 and 4 SRP

a. Medical station configuration. The medical station for levels 3 and 4 SRP will be set up as show in figure 4-1. This configuration differs from that for Levels 1 and 2 SRP (see figure 3-1) in that additional sections for the laboratory to collect HIV and/or DNA specimens, physician interviews and the final review by the Chief, Physical Exam Section have been added. The lab, physician interviewer(s) and final physician reviewer are placed at the end of line in this order. See appendix B for staffing and equipment requirements, to include the number of physicians needed per number of deploying soldiers. The last stop

will be the final physician reviewer, who will review the entire medical section of the SRP checklist supplied by MPD, and complete his/her portion.

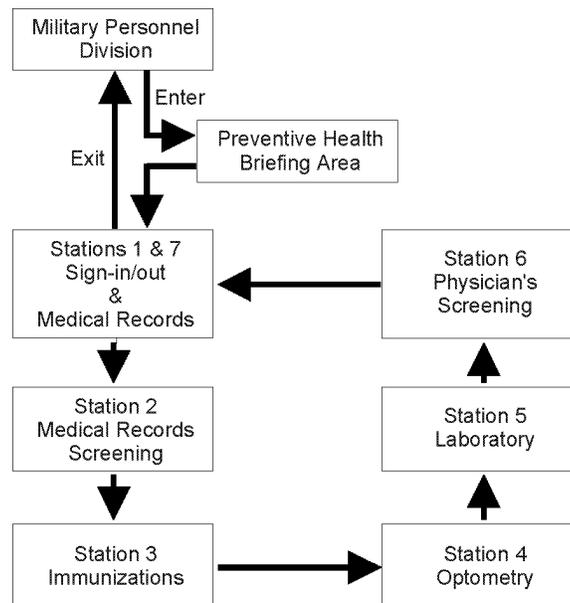
b. Visual testing device. The optometry technician will bring a vision testing device to the SRP, and will fill in the appropriate section of the DA Form 8007 (Individual Medical History).

c. Forms completed during the medical portion of the SRP. Deploying soldiers must have five forms completed during the medical station processing. They are--

(1) MEDDAC Overprint 305. Completed by the pre-screening or on site at the screening table, using the soldier's medical and shot records. Completion of this overprint form is self-explanatory.

(2) SF 93 (Report of Medical History). The soldier will complete items 1 through 24; the rest of the form is completed by a physician at the last part of the medical station.)

(3) DA Form 8007. The soldier will complete the administrative data; dental will complete block 19. Class 3 patients will be given appointments for treatment to get out of Class 3. Class 4 patients will be sent to the dental clinic for a full examination to get out of Class 4. Dentists will transcribe the information on the form and sign other required forms.



**Figure 4-1
Levels 3 and 4 SRP Staging Area Layout**

(4) DA Form 4036-R. The soldier will complete administrative data, dental will complete items 24A through 27A. The dentist will screen the soldier. If not deployable, the soldier will be given an appointment for treatment and will not be deployed until cleared for deployment. The dentist will complete the applicable portions of the form and sign it. The physician will finish the form and sign it.

(5) MEDDAC Overprint 293 (Medical Evaluation for Deployment Checklist). Completed and signed by the physician or final physician reviewer.

d. Consults affecting deployability. If a soldier needs any medical consults that delay or prevent deployment, they will be prepared as 24- or 72-hour consults. MEDDAC Overprint 293 will be held by the final physician reviewer, unsigned, until a determination of deployability status is made.

e. Verification of immunizations. To facilitate the flow, verification of immunizations will be accomplished at the immunization table by an immunization trained staff member.

f. Disposition of medically-related SRP forms. After the soldier has completed his/her SRP--

(1) MEDDAC Overprint 305 will be placed in the soldier's permanent medical record.

(2) The other forms (see paras e(2) through (5) above) will be placed in a temporary medical record that will be prepared at the first part of the medical station.

(3) After the final review by the reviewing physician, the soldier's permanent and temporary medical

records will be retained by the SRP OIC/NCOIC and returned to KACC, where a copy of the temporary medical record will be made immediately. After the temporary medical record has been copied; the original temporary medical record will be given to the soldier at time of deployment. The permanent record will be retained on file at KACC.

Chapter 5

SRP Screening at FGM Start Right Inprocessing

5-1. SRP screening

Twice weekly at Start Right Inprocessing at MPD, FGM, SRP screeners, assigned by the SRP OIC/NCOIC, will screen medical records of personnel newly assigned to FGM. The screeners will use MEDDAC Overprint 305. Completed MEDDAC Overprints 305 will be placed in the soldiers' medical records and used during subsequent SRPs.

5-2. Report to unit commander

A memorandum will be completed on the day of screening by the screener and sent through normal distribution to the soldier's commander.

Appendix A

References

Section I

Related Publications

AR 40-3

Medical, Dental and Veterinary Care

AR 40-15

Medical Warning Tag and Emergency Medical Identification Symbol

AR 40-66

Medical Record Administration

AR 40-501

Standards of Medical Fitness

AR 40-562

Immunizations and Chemoprophylaxis

AR 220-1

Unit Status Reporting

AR 600-8-101

Personnel Processing (In and Out and Mobilization Processing)

AR 600-60

Physical Performance Evaluation System

AR 600-75

Exceptional Family Member Program

FGGM Reg 55-5
Fort Meade Redeployment Regulation

Memorandum of Instruction
Soldier Readiness Processing Program, U.S. Army Garrison, FGGM, 5 May 95

Section II
Prescribed Forms

MEDDAC Overprint 305
Screening Checklist for SRP (Prescribed in paras 3-1, 4-2 and 4-3.)

Section III
Referenced Forms

DA Form 4036-R
Medical and Dental Preparation for Overseas Movement

DA Form 8007
Individual Medical History

MEDDAC Overprint 293
Medical Evaluation for Deployment Checklist

SF 93
Report of Medical History

Appendix B
Personnel and Supplies Required for Soldier Readiness Processing

Section I
Levels 1 and 2

B-1. Personnel

The following requirements will support a 200-soldier SRP. Additional records screeners and immunization personnel may be needed for groups that exceed 200:

- a. OIC. The OIC is designated by the DCN.
- b. NCOIC. The NCOIC is designated by the DCN.
- c. Optometry technician: 1.
- d. Medical records clerk: 1.
- e. Medical record screeners: 4. (The medical record screeners may be 91B, 91C, RN, LPN, and medical records clerks.)
- f. Immunization-trained personnel: 3. (The Team Leader must have completed the Walter Reed Army Medical Center Allergy/Immunization Course.)
- g. Dentists: 2.
- h. Dental technicians: 2.

B-2. Equipment and supplies

(Note: All tables and chairs are provided by MPD.)

- a. Optometry station.
(1) Table.

- (2) Two chairs.
- (3) Vision screening machine; if unavailable, an eye chart.
- (4) Lens measuring machine.
- (5) Extension cord.
- b. Screeners station.
 - (1) Two tables.
 - (2) Ten or more chairs.
 - (3) Box of SRP clerical supplies maintained in OPR, containing forms, pens, etc.
- c. Immunization station.
 - (1) Two tables.
 - (2) Four chairs.
 - (3) Room designated for privacy, to give injections as appropriate.
 - (4) Litter.
 - (5) Four blankets.
 - (6) Emergency resuscitation kit (furnished and maintained by the Urgent Care Clinic).
 - (7) Supplies.
 - (a) Vaccines. Number of vaccine bottles determined by number of soldiers to be processed and results of pre-screening. Includes the following vaccines as a minimum; others added as per specific instructions (Hepatitis A, etc.):
 - (1) Td.
 - (2) PPD.
 - (3) MMR.
 - (4) MGC.
 - (5) OPV.
 - (6) Typhoid.
 - (b) TB syringes.
 - (c) Insulin syringes.
 - (d) Alcohol pads
 - (e) 2X2 gauze pads.
 - (f) Sharps containers.
 - (g) Regulated medical waste bags.
 - (h) Non-sterile gloves, one box of each size.
 - (i) Ammonia capsules.
 - (j) Benadryl (50 mg/ml injection and epinephrine(1:1000 tubex) as part of resuscitation kit.
 - (k) Oxygen tank and regulator.
 - (l) Nasal cannula (2), face mask (1), and an ambu-bag.
 - (m) IV fluids with IV start kit (0.9% normal saline and Lactated Ringers solution).
 - (n) BP cuff and stethoscope.
 - (o) Ice chest (with ice) to store vaccines.
- d. Dental station.
 - (1) Two tables.
 - (2) Four chairs.
 - (3) Dental operatory chair with dental operating light.
 - (4) Two partitions.
 - (5) Two hundred mouth mirrors, disposable.
 - (6) Two hundred tongue depressors.

Section II
Levels 3 and 4

B-3. Personnel

The personnel requirements for levels 3 and 4 SRPs are the same as those for levels 1 and 2 (see para B-1, above), except that there will be--

- a. One physician for every 20 to 30 soldiers being deployed.
- b. A final physician reviewer.

- c. Two laboratory technicians.

B-4. Equipment and supplies

The requirements below are in addition to those para B-2.

- a. General. Adequate tables and chairs to support any additional personnel.
- b. Optometry station. Vision testing device.
- c. Screeners station. Adequate blank temporary records and copies of the five required forms (see para 4-3c).
- d. Laboratory station.
 - (1) For HIV and G6PD specimens:
 - (a) Three hundred 7ml corvac blood collecting tubes.
 - (b) Three hundred 5 ml EDTA vacutainers.
 - (c) Three hundred 21 gauge multidraw vacutainer needles.
 - (d) Fifty 23 gauge butterfly needles.
 - (e) Four to six needle adapters.
 - (f) Four to six tourniquets.
 - (g) Six packages of 2X2 gauze.
 - (h) Four sharps containers.
 - (i) Four to six boxes of 70% methanol pads.
 - (j) Four large brown 3 mm trash bags.
 - (k) Five boxes of bandages.
 - (l) Four rolls of 1-inch wide paper tape.
 - (m) Four racks, 90-hole.
 - (n) Twelve 10 ml syringes.
 - (o) Five or more boxes of non-sterile latex gloves.
 - (p) Two chairs.
 - (q) One table.
 - (r) One 1-liter bottle of 10% bleach solution (for potential blood spills).
 - (s) Lab slip, requesting test.
 - (2) For DNA testing:
 - (a) 220 DNA collection sets. (The 10% overage is to compensate for mistakes.)
 - (b) Two tables.
 - (c) Six chairs.
 - (d) One box of #2 pencils, sharpened.
 - (e) Six disposable ink pads.
 - (f) Four boxes of 70% methanol pads.
 - (g) Two large brown 3 mm trash bags.
 - (3) For processing of DNA tests:
 - (a) Table.
 - (b) Drying lamp.
 - (c) Heat sealer.
 - (d) Power cables.
 - (e) 200 DNA storage pouches.
 - (f) Four boxes of disposable transfer pipettes.
 - (g) Two 3.5 gallon sharps containers.

Glossary

Section I Abbreviations

AAR

after action report

CHCS

Composite Health Care System

DA

Department of the Army

DCC

Fort Meade Dental Clinic Command

DNA

deoxyribonucleic acid

DPC

Department of Primary Care

DPCA

Directorate of Personnel and Community Activities

DPTMS

Directorate of Plans, Training, Mobilization and Security

FGGM

Fort George G. Meade

G6PD

glucose 6 phosphate dehydrogenase

HIV

human immunodeficiency virus

IPR

in progress review

JCAHO

Joint Commission on Accreditation of Healthcare Organizations

KACC

Kimbrough Ambulatory Care Center

LOG

Logistics Division

LS

Laboratory Service

MEDDAC

U.S. Army Medical Department Activity, FGGM

MPD

Military Personnel Division, DPCA, USAG, FGGM

NCOIC

noncommissioned officer in charge

NS

Nursing Services

OIC

officer in charge

OPR

Outpatient Records

PTM&S

Operations & Staff Development Division

PM

Preventive Medicine Service

PPD

purified protein derivative

PX

Physical Exams Clinic

SOP

standing operating procedure

SRP

soldier readiness processing

SSN

social security number

USAG

U.S. Army Garrison

Section II**Terms****Level 1 SRP**

Assesses compliance with requirements for reassignment to OCONUS longer than 179 days, attendance at military schools, or being placed on orders to Ranger, Special Operations or rotating COHORT units (during peacetime only).

Level 2 SRP

Screening for any condition that prevents soldiers from going outside of the continental United States (CONUS) or on a CONUS to CONUS unit move for combat or contingency missions. Includes Level 1 requirements.

Level 3 SRP

More comprehensive clinical evaluation of any medical condition that may preclude deployment. Includes Level 1 and 2 requirements.

Level 4 SRP

Assessment of compliance with any other additional requirements unique to the deployment location and/or mission, e.g. geographic-specific immunizations. Includes levels 1-3.

Level 5 SRP

Assessment of compliance with requirements for normal permanent changes of station or transition out of the Army.