



UNITED STATES FORCES KOREA INSTRUCTION

FKSG

USFKI 4200.01

DISTRIBUTION: A, B, C

30 September 2022

INDIVIDUAL MEDICAL READINESS (IMR)

Reference(s): See Enclosure C for References

1. Purpose. To prescribe policies, assign responsibilities and establish reporting procedures to monitor individual and unit medical readiness according to Individual Medical Reporting (IMR) requirements identified in this instruction and pursuant to references listed in Enclosure C.
2. Superseded/Canceled. This instruction supersedes USFK Regulation 40-7, dated 1 May 2015.
3. Applicability. This instruction applies to the United States Forces Korea (USFK), component commands, major subordinate commands and all U.S. military organizations attached or assigned to USFK.
4. Vision. To set reporting requirements and establish defined, measurable medical elements, standards, and goals for medical readiness for USFK, service components, major subordinate commands and units attached or assigned to USFK. Develop a medical readiness construct that enables commanders and higher headquarters the ability to continuously monitor the medical readiness and deployability of all assigned forces.
5. Policy.
 - a. IMR assessment is a continuous process that will be monitored and reported to the USFK Surgeon monthly to provide leaders the ability to ensure a healthy and fit force, and evaluate the readiness of USFK Service Members to participate in the full range of military activities and operations.
 - b. Commanders and leaders at all levels will emphasize the importance of improving and maintaining medical readiness and will use the USFK IMR program to monitor individual and unit medical readiness.

c. USFK, service components and major subordinate commands will obtain and maintain 75 percent or better FMR status as documented in the Service specific IMR electronic tracking system or 90 percent combined for FMR and PMR categories.

d. Commanders and leaders will ensure IMR requirements are entered and reported in the service specific IMR electronic tracking system, and SORTS/DRRS to facilitate readiness and deployability assessments.

e. The PHA will be used to appraise, validate, and rectify IMR deficiencies; and substantiate compliance with various elements of deployment health to include: pre-deployment health assessments, post-deployment health assessments, and the post-deployment health reassessment.


6. Responsibilities. See Enclosure A

7. Records Management. Records must be dispositioned in accordance with the CJCSM 5760.01A Volume II, Joint Staff and Combatant Commands Records Management Manual-Disposition Schedule.

8. Summary of Changes. N/A

9. Releasability. This instruction is approved for public release, distribution is unlimited. DOD components other federal agencies, and the public may obtain copies of this manual through the internet from the USFK home page <https://www.usfk.mil/Resources/USFK-Publications/> or on NIPRNet at https://pacom.deps.mil/cmds/usfk/USFK_Publications/Pages/Home.aspx.

10. Effective Date. This instruction is effective upon receipt.


BRAD SULLIVAN
Major General, USAF
Chief of Staff

Enclosures:

- A – Responsibilities
- B – Individual Medical Readiness Program
- C – References
- GL – Glossary

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ENCLOSURE A
RESPONSIBILITIES

1. Service Component Commanders and Major Subordinate Commands

The USFK IMR Program is a Commander's program that will improve the medical readiness of Service Members. Service Component Commanders and their major subordinate commands will support and give emphasis to the USFK IMR Program by accomplishing the following:

- a. Utilize service specific immunization tracking systems to capture, manage and report medical readiness status. Identify an appropriate IMR Program Manager to monitor, track and report individual and unit medical readiness to USFK Surgeon.
- b. Ensure subordinate units designate primary unit IMR Program Managers and prescribe the necessary resources and authority to enable them to effectively monitor and report IMR status.
- c. Establish a command expectation that subordinate commanders and individuals will be responsible for meeting and maintaining IMR requirements and readiness goals.
- d. Ensure appropriate action is taken regarding units and individuals with excessive IMR delinquencies.
- e. Ensure subordinate commanders and leaders work closely with supporting medical treatment facilities to obtain and maintain a high level of medical readiness.
- f. Ensure Permanent Change of Station (PCS) reporting instructions require inbound personnel to meet USFK IMR elements as contained in USFK Regulation 40-9 to include special immunizations prior to reporting to Korea.
- g. Ensure new USFK service members arriving on the Korean peninsula complete an IMR element screening during in-processing.
- h. Assure unit medical readiness meets and maintains the USFK goal of 75 percent or better Fully Medically Ready (FMR) status or greater than 90 percent of individuals classified as Fully or Partially Medically Ready (PMR) as established by this instruction and reference (3).
- i. Implement procedures to ensure IMR information is reported into the Status of Resources and Training System (SORTS)/Defense Readiness Reporting System (DRRS) to facilitate readiness and deployability assessments.

2. Commanding General, Eighth Army (8A)

- a. Establish procedures to guarantee accuracy of data entry into the Medical Protection System (MEDPROS) for electronic tracking of IMR elements.
- b. Monitor IMR status and report IMR requirements that are due or overdue to the appropriate unit commanders or their designated unit IMR Program Manager at least monthly.
- c. Track and report to unit commanders the names of individual unit service members who fail to take action to meet IMR requirements after notifications to the member and unit.
- d. Coordinate with subordinate unit commanders or their designated unit IMR Program Manager to maximize the number of unit personnel classified as FMR.
- e. Provide training on MEDPROS data entry, maintenance, and tracking and monitoring of unit status, to unit commanders, their designated IMR Program Manager, and data entry personnel.
- f. Provide quarterly IMR reports with summarized readiness elements and final classifications to USFK Surgeon via email at FKSG_reports@army.mil. Quarterly medical readiness reports to the USFK Surgeon will include:
 - (1) The overall readiness category for each service component and all major subordinate commands.
 - (2) Compliance with special immunizations and/or chemoprophylaxis requirements as determined by the most recent health threat assessment for the Korean Theater of Operation (KTO).

3. Commander, Seventh Air Force (7th AF)

- a. Establish procedures to guarantee accuracy of data entry into the Aeromedical Services Information Management System (ASIMS) for electronic tracking of IMR elements.
- b. Monitor IMR status and report IMR requirements that are due or overdue to the appropriate unit commanders or their designated unit IMR Program Manager at least monthly.
- c. Track and report to unit commanders the names of individual unit service members who fail to take action to meet IMR requirements after notifications to the member and unit.

- d. Coordinate with subordinate unit commanders or their designated unit IMR Program Manager to maximize the number of unit personnel classified as FMR.
- e. Provide training on ASIMS data entry, maintenance, and tracking and monitoring of unit status, to unit commanders, there designated IMR Program Manager, and data entry personnel.
- f. Provide quarterly IMR reports with summarized readiness elements and final classifications to USFK Surgeon via email at FKSG_reports@army.mil. Quarterly medical readiness reports to the USFK Surgeon will include:
 - (1) The overall readiness category for each service component and all major subordinate commands.
 - (2) Compliance with special immunizations and/or chemoprophylaxis requirements as determined by the most recent health threat assessment for the KTO.

4. Commander, Naval Forces Korea (CNFK)

- a. Establish procedures to guarantee accuracy of data entry into the Medical Reporting Readiness System (MRRS) for electronic tracking of IMR elements.
- b. Monitor IMR status and report IMR requirements that are due or overdue to the appropriate unit commanders or their designated unit IMR Program Manager at least monthly.
- c. Track and report to unit commanders the names of individual unit service members who fail to take action to meet IMR requirements after notifications to the member and unit.
- d. Coordinate with subordinate unit commanders or their designated unit IMR Program Manager to maximize the number of unit personnel classified as FMR.
- e. Provide training on MRRS data entry, maintenance, and tracking and monitoring of unit status, to unit commanders, there designated IMR Program Manager, and data entry personnel.
- f. Provide quarterly IMR reports with summarized readiness elements and final classifications to USFK Surgeon via email at FKSG_reports@army.mil. Quarterly medical readiness reports to the USFK Surgeon will include:
 - (1) The overall readiness category for each service component and all major subordinate commands.
 - (2) Compliance with special immunizations and/or chemoprophylaxis requirements as determined by the most recent health threat assessment for the KTO.

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5. Commander, Marine Forces Korea (MARFOR-K)

- a. Establish procedures to guarantee accuracy of data entry into the Medical Reporting Readiness System (MRRS) for electronic tracking of IMR elements.
- b. Monitor IMR status and report IMR requirements that are due or overdue to the appropriate unit commanders or their designated unit IMR Program Manager at least monthly.
- c. Track and report to unit commanders the names of individual unit service members who fail to take action to meet IMR requirements after notifications to the member and unit.
- d. Coordinate with subordinate unit commanders or their designated unit IMR Program Manager to maximize the number of unit personnel classified as FMR.
- e. Provide training on MRRS data entry, maintenance, and tracking and monitoring of unit status, to unit commanders, their designated IMR Program Manager, and data entry personnel.
- f. Provide quarterly IMR reports with summarized readiness elements and final classifications to USFK Surgeon via email at FKSG_reports@army.mil. Quarterly medical readiness reports to the USFK Surgeon will include:

(1) The overall readiness category for each service component and all major subordinate commands.

(2) Compliance with special immunizations and/or chemoprophylaxis requirements as determined by the most recent health threat assessment for the KTO.

6. Commander, Special Operations Command, Korea (SOCKOR)

- a. Establish procedures to guarantee accuracy of data entry into service specific IMR electronic tracking system.
- b. Monitor IMR status and report IMR requirements that are due or overdue to the appropriate unit commanders or their designated unit IMR Program Manager at least monthly.
- c. Track and report to unit commanders the names of individual unit service members who fail to take action to meet IMR requirements after notifications to the member and unit.
- d. Coordinate with subordinate unit commanders or their designated unit IMR Program Manager to maximize the number of unit personnel classified as FMR.

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e. Provide training on service specific data entry, maintenance, and tracking and monitoring of unit status, to unit commanders, there designated IMR Program Manager, and data entry personnel.

f. Provide quarterly IMR reports with summarized readiness elements and final classifications to USFK Surgeon via email at FKSG_reports@army.mil. Quarterly medical readiness reports to the USFK Surgeon will include:

(1) The overall readiness category for each service component and all major subordinate commands.

(2) Compliance with special immunizations and/or chemoprophylaxis requirements as determined by the most recent health threat assessment for the KTO.

7. USFK Command Surgeon

a. Serve as proponent for USFK IMR policy and procedures, evaluate the program's effectiveness, recommend changes and/or revisions to policy as necessary, and maintain program oversight.

b. Monitor IMR medical support capabilities and services, and work with Service Component Command Surgeons to correct discrepancies as appropriate. Evaluate the effectiveness and implementation of the IMR Program and oversee the program.

c. Receive and summarize IMR quarterly status reports from respective service component IMR Program Managers. Ensure quarterly and annual metric goals for the separate IMR elements and for the overall IMR category are met. As mandated in this instruction, the minimum goal for overall medical readiness for USFK and component commands is more than 75% of service members are FMR; or more than 90% are classified as FMR or PMR.

d. Through the Regional Defense Health Agency Immunization Specialist, synchronize immunization compliance reports for USFK and Component Commands to identify trends, determine gaps and recommend areas of focus to ensure maximum immunization coverage levels are maintained throughout the KTO.

e. Provide the Commander, USFK with quarterly IMR status reports for Service Components. Report should adequately address component status along with data from individual medical readiness elements compared to measures of success established by this instruction.

f. Provide appropriate guidance, training, and support to Service Components to implement the requirements of this instruction.

8. Personnel Required to Complete USFK IMPR Requirements

All U.S. military personnel assigned or attached to USFK or any subordinate command within the Republic of Korea must complete IMR requirements and maintain a high level of medical readiness and deployability at all times as prescribed in DOD guidance and USFK Regulation 40-9, Force Health Protection Requirements for the Korean Peninsula.

ENCLOSURE B
INDIVIDUAL MEDICAL READINESS PROGRAM

1. USFK IMR Elements and Requirements

The Department of Defense has established requirements for tracking IMR. The six IMR elements as defined by DOD Instruction 6025.19, Individual Medical Readiness (IMR) and the established USFK IMR requirements are:

a. **Periodic Health Assessment (PHA)** – An annual PHA is required for all USFK service members to monitor their health status and provide timely preventive healthcare, counseling, treatment, or testing, as appropriate. New USFK Service Members arriving on the Korean peninsula will be screened during in-processing for PHA compliance, and scheduled to complete their PHA, as required. Furthermore, the PHA will be performed within 30 days of each service member's birth month, when feasible, but no later than 60 days following the due month. Completion of the PHA will be documented in the service specific IMR electronic tracking system.

b. **Dental Readiness** – Service Members are required to maintain a Dental Fitness Category 1 or 2 status with no major dental work required, and will have a panoramic dental x-ray on file. An annual dental examination is required and will be synchronized and documented with the annual PHA, when feasible.

c. **Medical Readiness Laboratory Studies** – The basic laboratory studies required for all USFK service members in Korea are blood type and Rh (Rhesus) factor, Glucose-6-Phosphate Dehydrogenase (G6PD) status (normal or abnormal), Deoxyribonucleic Acid (DNA) specimen (verified as received and acceptable by the Armed Forces Institute of Pathology repository), and Human Immunodeficiency Virus (HIV) antibody status (as tested and documented by the receiving DOD lab). The HIV antibody testing will be repeated every two years or in accordance with Service-specific requirements, and synchronized as part of the annual PHA. Service-specific policies or specific occupational health requirements may identify additional readiness laboratory test.

d. **Immunization Status** – USFK Service Members are required to maintain the following essential immunizations for Korea in order to be medically ready (or they must have the appropriate medical and/or administration exemption from specific immunizations documented in their health record). Vaccinations are overdue 30 days after their due date, with the exception of seasonal influenza vaccination, which is overdue if not received before January 1 of the current flu season. Special immunizations, screening tests, and threat or occupational specific immunizations are required for select service members based on their assigned location and/or identified occupational hazards. The following vaccinations should be obtained prior to arrival (as needed) and is the responsibility of the losing CONUS/OCONUS command. Immunization compliance will be reviewed and updated annually during the member's PHA.

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- (1) Anthrax. Series complete, or at least one dose prior to arriving on peninsula.
- (2) COVID-19. Series complete 14 days prior to arriving on peninsula.
- (3) Hepatitis A. Series complete or at least one dose prior to arriving on peninsula.
- (4) Hepatitis B. Series complete or documented immunity prior to arriving on peninsula.
- (5) Influenza. Current seasonal vaccine.
- (6) Japanese Encephalitis Virus (JEV). Series complete 7 days prior to arriving on peninsula. A booster dose (3rd dose) should be given after 1 year if personnel will remain in theater.
- (7) Measles/Mumps/Rubella (MMR). Series complete or documented immunity prior to arriving on peninsula.
- (8) Polio. One dose as an adult is required. Service members likely received this booster upon accession to the military.
- (9) Rabies. Series recommended for personnel who may be unable to receive prompt medical evaluation and rabies post-exposure chemoprophylaxis within 72 hours of exposure to a potentially rabid animal. Pre-exposure vaccination is required for veterinary personnel, military working dog handlers, animal control personnel, and civil engineers at risk of exposure to rabid animals, laboratory personnel who work with rabies suspect samples, and Special Operations Forces (SOF) per USSOCOM and Service specific policies.
- (10) Smallpox. Series complete prior to arriving on peninsula.
- (11) Tetanus/Diphtheria. Single dose required every 10 years.
- (12) Typhoid. Required every two years (injectable) or every five years (oral).
- (13) Varicella. Series complete, documented infection, sufficient titer, or U.S. citizen born before 1980 (healthcare workers excluded).
- (14) Other Vaccines. Other vaccines as directed by USFK Surgeon with full licensure from Food and Drug Administration and/or mandated by Department of Defense or USINDOPACOM.

e. **Individual Medical Equipment** – Service Members who require corrective lenses will possess gas mask inserts for the model of gas mask and/or ballistic eyewear issued. Similarly, Service Members who require other personal medical

equipment (e.g. hearing aids), will have that equipment. Furthermore, medical warning tags are required for individuals with documented allergies and permanent conditions that would delay medical treatment in the absence of a medical record, or render the routinely indicated course of treatment inappropriate (e.g. diabetes, allergic reaction and hypersensitivity to certain drugs, or insect bites). Service-specific policies may identify additional items of medical equipment.

f. **No Deployment Limiting Conditions** – To be considered medically ready, service members should be free of any deployment limiting conditions.

2. Occupational Specific Health Requirements

Due to the demanding nature of combat operations, select USFK and service component personnel in operational billets will have additional readiness requirements based on certain characteristics of their occupational specialty. FMR status for this group requires the following:

- a. Vision test required every two years with the results documented in the respective service IMR tracking system.
- b. Baseline audiogram documented in the service specific IMR tracking system.
- c. Personnel identified as being on the hearing conservation program have an annual audiogram documented and entered into the IMR tracking system.
- d. Personnel requiring specific periodic occupational physical examinations (e.g. flight, dive, etc.) must have them completed within the required period with results documented in the respective IMR tracking system.

3. USFK IMR Classification

Commanders, the military healthcare system, and the individual service member share responsibility for IMR. The tracking of IMR benefits Service Members and units by ensuring each member of the USFK team is protected against infections and endemic diseases, can safely receive chemoprophylaxis (medications to prevent diseases) and treatments, has the required medical equipment, and possesses an appropriate state of dental readiness. Within USFK, the medical readiness of each service member is classified as follows:

- a. **Green - Fully Medically Ready (FMR):** Service Members are current in all six elements to include Dental Class 1 or 2.
- b. **Yellow (Amber) - Partially Medically Ready (PMR):** Service Members are lacking any readiness immunizations, laboratory studies, or medical equipment, and have a published Dental Class 3 treatment plan.

c. **Red** - *Not Medically Ready (NMR)*: Service Members are in a Dental Class 3 status or possess a chronic or prolonged deployment limiting condition.

d. *Medical Readiness Indeterminate (MRI)*: Inability to determine the medical readiness status because of a missing health record, overdue PHA, or Dental Category 4 status.

ENCLOSURE C
REFERENCES

1. Required Publications

- a. DOD Directive 6200.04, Force Health Protection (FHP), 23 April 2007.
- b. DOD Directive 6205.02, DoD Immunization Program, 23 July 2019.
- c. DOD Instruction 6025.19, Individual Medical Readiness (IMR), 13 July 2022.
- d. DOD Instruction 6200.05, Force Health Protection (FHP) Quality Assurance (QA) Program, 21 December 2017.
- e. AR 40–562/BUMEDINST 6230.15B/AFI 48–110_IP/CG COMDTINST M6230.4G, Immunizations and Chemoprophylaxis for the Prevention of Infectious Diseases, 7 October 2013.
- f. USFK Regulation 40-9, Force Health Protection (FHP) Requirements for the Korean Peninsula, 20 October 2021.

2. Related Publications

- a. DOD Instruction 6490.03, Deployment Health, 19 Jun 2019
- b. Assistant Secretary of Defense (Health Affairs) Policy Memorandum 03-009, Policy for Individual Medical Readiness Metrics, 2 May 2003.
- c. Assistant Secretary of Defense (Health Affairs) Policy Memorandum 06-006, Periodic Health Assessment Policy for Active Duty and Selected Reserve Members, 16 February 2006.

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GLOSSARY

1. Abbreviations

7th AF	Seventh Air Force
ASIMS	Aeromedical Services Information Management System
CNFK	Commander, Naval Forces Korea
COVID-19	Coronavirus Disease of 2019
DOD	Department of Defense
DNA	Deoxyribonucleic Acid
DRRS	Defense Readiness Reporting System
FHP	Force Health Protection
FKSG	Office of the Command Surgeon, USFK
FMR	Fully Medically Ready
G6PD	Glucose-6-Phosphate Dehydrogenase
HIV	Human Immunodeficiency Virus
HQ	Headquarters
IMR	Individual Medical Readiness
ITS	Immunization Tracking System
IPV	Inactivated Polio Vaccine
MARFOR-K	US Marine Forces Korea
MEDPROS	Medical Protection System
MRRS	Medical Readiness and Reporting System
MMR	Measles, Mumps and Rubella
MRI	Medical Readiness Indeterminate

PCS	Permanent Change of Station
PHA	Periodic Health Assessment
PMR	Partially Medically Ready
PPD	Purified Protein Derivative
Rh	Rhesus
SORTS	Status Of Resources and Training System
Td/Tdap	Tetanus, Diphtheria, and Acellular Pertussis
TST	Tuberculin Skin Test
U.S.	United States
USFK	United States Forces Korea

2. Terms

Chemoprophylaxis. The administration of a chemical agent to prevent the development of diseases.

Dental Readiness. A service member's dental health as it relates to their preparedness to participate in the full range of military activities, operations and world-wide deployments.

Force Health Protection (FHP). Includes all measures taken by commanders, supervisors, individual Service Members, and the military health system to promote, protect, improve, conserve, and restore the mental and physical well-being of service members across the full range of military activities and operations. These measures enable the fielding of a healthy and fit force, the prevention of injuries and illness, and protection of the force from health threats; and the provision of highly effective medical and rehabilitative care to those who become sick or injured.

Immunization. The process of rendering an individual immune to specific disease-causing agents. Immunization most frequently refers to the administration of a vaccine to stimulate the immune system to produce an immune response.

Individual Medical Readiness (IMR). The extent to which a service member is medically ready to participate in the full range of military activities and operations—to include operational deployments, as measured by six key elements: a current periodic health assessment; the absence of deployment-limiting health conditions; a favorable dental readiness classification; currency in required immunizations; the completion of readiness-related laboratory studies; and the availability of individual medical equipment.

Periodic Health Assessment (PHA). An annual assessment for changes in health status, especially those that could impact a member's ability to perform military duties.

Rhesus Factor (Rh Factor). A classification factor to describe blood types in humans.

Vaccination. The administration of a vaccine to an individual for inducing immunity.

Vaccine. A preparation that contains one or more components that when administered, induces a protective immune response against a pathogen (infectious agent).

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