


Exhibit Type	Exhibit Name	Exhibit File
<b>O. Forms</b>		
O-1	O-1 Form 15-R Fort Bliss Medical Readiness Out Processing Commander's Screening Parts I and II (example) 5 JUN 14	 Form 15-R (example)



**PART I**  
**Ft. Bliss Military Personnel Division Medical Readiness Checklist**  
*For Individual Soldier, Unit Commander, and S-1 Use Only*  
(Use this form for verifying the medical readiness of Soldiers PCSing)

**PRIVACY ACT STATEMENT**

Authority: Title 10, USC, Sections 3010, 8012 and 5031, and Title 5, USC, Section 301  
Principal Purpose: For personnel service support  
Routine Uses: (1) To conduct initial screening of medical readiness to determine Soldier's eligibility to be re-assigned, and (2) basis for initiating specific assignment processing (*deletion/deferments; additional service; or any other special processing required*).  
Disclosure: Disclosure of information is voluntary. However, failure to disclose this data may result in unnecessary hardship on the Soldier and/or family members. Failure to disclose data will not automatically exempt Soldier from selected reassignment.

This form must be completed and returned to the Strength Management Section located in Building 500A, Room 207 **no later than 10 business days after assignment notification**. Failure to provide this form will cause delays in the release of Soldier's orders from re-assignment.

<b>Section I: Individual Soldier Personal Information</b>			
1. Name:	2. Rank:	3. LAST 4 SSN:	4. LOSING UIC:
<b>Section II: Unit Commander Please Complete Questions 5-19 by selecting Yes, No, or NA and Sign Block 23</b>			
5. Does the Soldier have or have they had a Temporary Profile within the last 90 days? (If Yes please attach copy)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
6. Does the Soldier have a Permanent Profile? (If Yes please attach copy)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
7. Does the temporary or permanent profile have geographic or climate duty limitation? <sup>i</sup>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
8. Does the temporary or permanent profile preclude the Soldier from deployment? <sup>i</sup>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
9. If the Soldier has a P3 or P4 Profile has the Soldier attended an MAR2 or Medical/Physical Evaluation Board (MEB/PEB)? (Please attach MAR2 or MEB/PEB results) <sup>ii</sup>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
10. Did the MAR2 or MEB/PEB find the Soldier permanently non-deployable? <sup>i</sup>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
11. Is the Soldier's MEDPROS Data Green in all areas to include Dental, Vision, Hearing, Physical Assessment, Deployment Limitations, Labs, and Immunizations?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
12. Is the Soldier considered "At Risk" by experiencing a significant life altering event or exposed to any environmental factors? <sup>iii</sup> (If Yes see Note below)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
13. Is the Soldier pregnant or less than 6 months postpartum?	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A	
14. Has the Soldier adopted a child in the last 180 days?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
15. Does the Soldier have an approved family care plan (if applicable)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A	
16. Has the Soldier deployed to a country for combat purposes in the last 12 months?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
17. Does the overseas assignment history on the Soldier's ERB/ORB reflect this deployment? (If no please have Soldier provide documents showing the deployment period such as TCS orders or an award covering the time of deployment to the Unit S-1 for update)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
18. Is Soldier medically ready to be re-assigned?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
<b>19. Unit Commander: Printed Last Name, First Name, MI:</b>	<b>Rank:</b>		
<b>Signature</b>	<b>Date:</b>		

**Signature signifies that the information presented above is true and correct to the best of your knowledge**

<b>20. Battalion Commander: Printed Last Name, First Name, MI:</b>	<b>Rank:</b>
<b>Signature</b>	<b>Date:</b>

FB Form 0015-R-E-1 (DHR) 08 MAY 2012 PREVIOUS EDITIONS ARE OBSOLETE (See additional instructions on back for questions marked with an End Note)

## Additional Instructions

### MRC Code Definitions:

MR 1 – Meets all Requirements and Dental Readiness Class 1 or 2 (Green)

MR 2 – Correctable within 72 hours (Amber). Soldier is Deficient in one of the following:

DNA

HIV

Immunizations (Routine Adult Immunization Profile)

Individual Medical Equipment (IMI, 2pr eye glasses, MCEP-I, MWT, and Hearing Aid /Batteries if required)

MR 3A - Correctable within 30 Days (Red). Soldier is Deficient in one of the following:

Dental Readiness Class 3

Temporary profiles with a 3 or 4 in the PULHES series that is less than 31 days-DL6

MR 3B - Correctable in more than 30 days (Red). Soldier is Deficient in one of the following:

Permanent Profile with a completed board and/or Profile Code of “F, X, V” - DL1

Permanent Profile with a 3/4 in the PULHES series pending MAR2 - DL2

Permanent Profile with a 3/4 in the PULHES series pending MEB/PEB - DL3

Temporary profile with a 3/4 in the PULHES series that is greater than 30 days - DL4

Pregnant - DL5

MR 4 – Status is unknown (Red). Soldier is Deficient in one of the following:

Periodic Health Assessment

Dental Readiness Class 4

### ENDNOTES:

<sup>i</sup> Soldiers who have marked YES in the indicated questions should contact their gaining unit to see if they are deploying and request deletion as required.

<sup>ii</sup> Soldiers who have marked NO in the indicated question should contact the MEB office or MAR2 office as required. MEB office number is 569-2726, MAR2 office number is 568-1121.

<sup>iii</sup> If any of the following situations applies (a. Soldier is unable to perform their duties. b. Causes the Soldier to be a threat to themselves or others. c. Will cause undue financial hardship for the Soldier) due to the Environmental factors that include but are not limited to those listed below:

Loss of an immediate family member within the last 12 months, undergoing or recently divorced within the last 12 months, history of family or personal violence/abuse, first term enlistment, witnessed a fellow Soldier killed or seriously injured, extreme stress brought on by relationship, financial, or legal problems, affiliation with friends/clubs/gangs not supporting Army Values, history of addiction (alcohol, drug, gambling, etc), family history of suicide, transition of leadership – particularly rear detachment, 1 or more deployments within past 12 months.

**Commanders, Marking YES in Question 12 of Medical Readiness Checklist requires the Commander to request deletion to the Soldiers assignment. If disapproved by HRC Commanders will ensure that the Soldier’s needs are taken care of and this form is provided to the Strength Management Section, Bldg 500, Room 207.**





## **PART II**

### **Fort Bliss Medical Readiness Out-Processing Medical Screening Letter of Instruction**

You are receiving these instructions because you have been identified as having a profile **AND/OR** requiring Medical Readiness updates. Failure to complete the following Medical Readiness Screening requirements may delay the issuance of PCS orders and/or Installation clearance.

#### **FOR TEMPORARY OR PERMANENT PROFILES**

1. If you have or have had a temporary or permanent profile, please schedule an appointment with your BDE Provider or Assigned Care Provider within 30 days of receiving your assignment notification for those on a CONUS assignment. For those on an OCONUS assignment please schedule an appointment within 30 days of attending the Levy Brief. Also Section III of the Military Personnel Medical Readiness Checklist and the Medical Readiness Clearance Out-processing Memorandum (Forms Attached) must be completed.

#### **FOR DENTAL READINESS**

2. If you require a dental examination please see your assigned Dental Clinic within 30 days of receiving your assignment notification for those on a CONUS assignment. For those on an OCONUS assignment please schedule an appointment within 30 days of attending the Levy Brief. Also Section IV of the Military Personnel Medical Readiness Checklist and the Medical Readiness Clearance Out-processing Memorandum (Forms Attached) must be completed.

#### **FOR VISION, HEARING, IMMUNIZATIONS, LABS**

**Call the SRP site for an appointment: 742-6802**

3. If you require other medical readiness updates (i.e.: Vision, Hearing, Immunizations, Labs, etc...) please see the SRP Site within 30 days of receiving your assignment notification for those on a CONUS assignment. For those on an OCONUS assignment please schedule an appointment within 30 days of attending the Levy Brief. Also Section V of the Military Personnel Medical Readiness Checklist and the Medical Readiness Clearance Out-processing Memorandum (Forms Attached) must be completed.

4. Provide copies of Part II FB Form 0015-R-E-2, and Medical Readiness Clearance Out-processing Memorandum to BDE/Unit S-1 within 7 days of Medical Readiness completion **OR** DHR Strength Management Office for issuance of PCS orders and/or Installation Clearance.

5. Ensure all follow-up medical treatments and requirements have been completed prior to clearing the Installation.

**Questions concerning this form or use of this form can be directed to Strength  
Management at 568-6827/4242/1310**

**PART II**  
**Fort Bliss Military Personnel Division Medical Readiness Checklist**  
*For BDE Provider, Assigned Care Provider, Dental Provider and SRP Site Use Only*  
 (Use this form for verifying the medical readiness of Soldiers PCSing)

**PRIVACY ACT STATEMENT**

Authority: Title 10, USC, Sections 3010, 8012 and 5031, and Title 5, USC, Section 301  
 Principal Purpose: For personnel service support  
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This form must be completed and returned to the DHR Strength Management Section. Failure to provide this form will cause delays in issuance of PCS orders and/or Installation Clearance.

1. Name:	2. Rank:	3. Last 4 SSN:	4. Losig UIC:
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**BDE PROVIDER/ASSIGNED CARE PROVIDER**

<b>Section III: BDE Provider or Assigned Care Provider please fill out questions 5 thru 9 and sign</b>		
5. Does Soldier's Temporary or Permanent Profile preclude Soldier from re-assignment or deployment?	YES	NO
6. Does Soldier require further examination or referral to specialty clinic?	YES	NO
7. Has MEDPROS been updated based on treatment or medical readiness screenings conducted at appointment?	YES	NO
8. Do you recommend that the Soldier be deleted or deferred from their assignment?	YES	NO
<b>9. BDE Provider/Assigned Care Provider Printed Last Name, First Name, MI, Rank</b>	<b>Title:</b>	
<b>Signature</b>	<b>Date:</b>	

**\*BDE Provider/Assigned Care Provider please complete attached Medical Readiness Clearance Out-processing Memorandum stating your assessment of the Soldier's Medical Readiness upon arrival at the next duty station.**

**DENTAL CLINIC/PROVIDER**

<b>Section IV: Dental Provider please fill out questions 1 thru 5 and sign</b>		
1. Was dental exam or work conducted during CAT III/IV screening?	YES	NO
2. If answered NO to Question 1 is the Soldier scheduled for an appointment? <b>Date of Appointment:</b>	YES	NO
3. Has Soldier's Dental Category been upgraded to a CAT I/II and reflect in MEDPROS?	YES	NO
4. Does Soldier require dental treatment upon arrival at the next duty station?	YES	NO
<b>5. Dental Provider Printed Last Name, First Name, MI, Rank:</b>	<b>Title:</b>	
<b>Signature:</b>	<b>Date:</b>	

**\*Dental Provider please complete attached Medical Readiness Clearance Out Processing Memorandum stating your assessment of the Soldier's Medical Readiness upon arrival at the next duty station.**

**SRP SITE**

<b>Section V: SRP Site please fill out questions 1 thru 3 and sign</b>		
1. Has Soldier received all required Medical Readiness updates and are all areas in MEDPROS Green?	YES	NO
2. Is Soldier medically ready to be re-assigned or deployed?	YES	NO
<b>3. SRP Site Printed Last Name, First Name, MI, Rank:</b>	<b>Title:</b>	
<b>Signature:</b>	<b>Date:</b>	

**\*SRP Site please complete attached Medical Readiness Clearance Out-processing Memorandum stating your assessment of the Soldier's Medical Readiness upon arrival at the next duty station.**



REPLY TO  
ATTENTION OF:

**DEPARTMENT OF THE ARMY**  
**US ARMY INSTALLATION MANAGEMENT COMMAND**  
**HEADQUARTERS, UNITED STATES ARMY GARRISON, FORT BLISS**  
**1741 MARSHALL ROAD**  
**FORT BLISS, TX 79916-3803**

IMBL-HRM-SM

5 June 2014

MEMORANDUM FOR

SUBJECT: Fort Bliss Medical Readiness Clearance Out-processing Memorandum

1. This memorandum serves as verification that a Medical Readiness Clearance Out-processing Screening was performed on:

Name: Rank: Physical Cat:

2. BDE Provider/Assigned Care provider please circle the appropriate information below concerning the Soldier's medical readiness and sign.

The above named Soldier was examined on (Date: \_\_\_\_\_) and (was/was not) found medically ready and (does/does not) require further medical treatment upon in-processing his/her next duty station to meet Medical Readiness standards.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(BDE Provider/Assigned Care Provider)

3. Dental Clinic/Provider please circle the appropriate information below concerning the Soldier's dental readiness and sign.

The above named Soldier was examined on (Date: \_\_\_\_\_) and (was/was not) found medically ready and (does/does not) require further medical treatment upon in-processing his/her next duty station to meet Medical Readiness standards.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(Dental Provider)

4. SRP Site please circle the appropriate information below concerning the Soldier's medical readiness and sign.

The above named Soldier was examined on (Date: \_\_\_\_\_) and (was/was not) found medically ready and (does/does not) require further medical treatment upon in-processing his/her next duty station to meet Medical Readiness standards.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(SRP Site)